STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366041	A. BUILDING _____ B. WING _____	04/29/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ADDISON HEIGHTS HEALTH AND REHABILITATION CENTER	3600 BUTZ RD MAUMEE, OH 43537

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the unprecedented coronavirus global pandemic that resulted in the Presidential declaration of a State of National Emergency declared [DATE], the Department of Health and Human Services Centers for Medicare & Medicaid Services (CMS) Memo QSO-,[DATE]-NH (revised [DATE]), Nursing Home guidance from the Centers for Disease Control and Prevention (CDC), and observation, interview and record review, the facility failed to ensure that policies and procedures designed to identify and mitigate infections with [DIAGNOSES REDACTED]-CoV-2 virus had been sufficiently developed in accordance with CDC and CMS recommendations; and failed to ensure that interventions to contain and prevent the spread of COVID-19 infections were consistently implemented. This had the potential to affect all 65 residents residing in the facility at the time of the survey. Findings include: Interview of the Administrator on [DATE] at approximately 5pm, revealed there were seven COVID-19 positive residents, two of whom had been transferred to the hospital, no presumptive cases of COVID-19, five COVID-19 positive staff and two staff whose test results for COVID-19 were pending. During an observation on [DATE] at 5pm, R1 was observed walking in the corridors of both the 200 Unit and the 300 Unit. R1 was wearing a surgical face mask, however, R1's face mask was pulled down below her nose. During the observation, the Administrator reminded R1 to cover her nose with the face mask, but R1 did not comply. R1 was observed walking the corridors multiple times during the two-day survey period from [DATE] - [DATE], each time with her face mask positioned below her nose. On [DATE] at 5:30pm, an assortment of personal protective equipment (PPE) that included gloves, masks and multiple bottles of hand sanitizer were observed being stored uncovered on a table in the hallway outside the COVID-19 Unit. Also uncovered, were hospital gowns that were observed hanging on the outside of the entrance door to the COVID-19 Unit. During that same observation, R2, who resided inside the contained COVID-19 Unit, was observed touching and picking up all of the linens that were stacked and sitting on a table in the middle of the COVID-19 unit. LPN1 verified that the linens R2 was observed handling were ready for resident use. LPN1 verified that R2 resided in the unit because she had tested positive for the [DIAGNOSES REDACTED]-CoV-2 virus. On [DATE] at 6pm, NA1 was observed as she was passing dinner trays on the 100 Unit. NA1 went into room [ROOM NUMBER] two times to deliver dinner trays to the residents in bed 1 and bed 2. NA1 exited room [ROOM NUMBER], and proceeded to pass a dinner tray to each of the residents in rooms 103, 105 and 107 without performing hand hygiene after her encounter with each resident. When asked about performing hand hygiene, NA1 stated, I wash my hands when I'm finished passing all the trays. After the interview, NA1 went to use the hand sanitizer outside room [ROOM NUMBER], only to find that the hand sanitizer dispenser was empty. During the same interview with NA1, the surveyor asked NA1 if resident's hands were washed or sanitized before meals. NA1 stated that resident's hands were not washed or sanitized prior to eating meals. During an observation on [DATE] at 6:12pm, LPN2 entered room [ROOM NUMBER] with a dinner tray for one resident, placed the tray next to the resident's bed and proceeded to assist the resident in the next bed without performing hand hygiene between her encounter with the two residents. Observation on [DATE] at 6:20pm, revealed that NA2 failed to perform hand hygiene prior to taking a resident tray out of the dining cart on the 200 Unit. Observation of the kitchen on [DATE] at approximately 6:30pm, revealed that Dietary Aide 1 (DA1) was plating food onto the dishes at the tray line. DA1 was not wearing a hair restraint. The Administrator, who was present during the observation, directed DA1 to put a hair restraint on. DA1 went to the hand sink and put a hair restraint on, however, DA1's hair was still not restrained in the back or on the sides. DA1 washed his hands, dried his hands with a paper towel and took the paper towel(s) used to dry his hands back into the kitchen, and placed the used paper towel(s) on top of the dish warming cart where the dishes were stored and ready to be used for the next serving. When corrected by the Administrator, DA1 took the used paper towel(s) and placed them in his pants pocket. During this same observation, the Food Service Supervisor (FSM) was noted to be wearing gloves. The FSM went to the refrigerator, took out a food item, returned to the tray line, touched the rim of the drinking glass and adjusted items on the food tray without changing his gloves. Observation of NA3 went into the COVID-19 Unit to pass dining trays. NA3 did not perform hand hygiene prior to donning PPE to enter the COVID-19 Unit. NA3 was observed wearing a gown, gloves and a mask as she went into five different resident rooms in the COVID-19 Unit without changing her gloves and/or performing hand hygiene. When asked why she did not change her gloves or wash her hands, NA3 replied, It is the COVID Unit, so everyone has it (COVID-19). I don't need to change my gloves. Observation on [DATE] at 6:40pm on the 300 Unit and 400 Unit, revealed that NA3 went into room [ROOM NUMBER], 308, 301, 408, 404, 403 and 405 to pass dinner trays. During the observation, it was noted that NA3 failed to perform hand hygiene between residents. In rooms [ROOM NUMBERS], NA3 was observed as she set up the dining tray, touched her hair and mask, and left the room without performing hand hygiene. Observation on [DATE] at 6:45pm, revealed that NA4 was passing trays in the 300 and 400 Units. NA4 failed to perform hand hygiene in rooms 310, 305, 306, 304, 302, 403, 408, 409, 410 and 405. NA4 went from the dining carts to the ten resident rooms, touched the dietary cart, and various items in each resident's room as she placed the trays on each resident's over bed table and then exited each room without performing hand hygiene. During an interview on [DATE] at 10:15am, Housekeeper 1 (E1) was asked to identify the areas that were considered 'high touch areas' and was also asked about the frequency of cleaning high touch areas. E1 defined high touch areas as walls, cobwebs and over bed light as being cleaned once a day and/or every other day. Observation on [DATE] at 10:30am, revealed that Laundry Aide (E2) was walking down the 300 Unit without wearing a face mask. When questioned about the lack of a face mask, E2 stated, It hurts my chin. This observation was in the presence of the Housekeeping Supervisor who did not direct E2 to wear her face mask. During an interview with the Housekeeping Supervisor on [DATE] at 10:45am, the Housekeeping Supervisor stated that Nursing is cleaning the COVID Unit. Housekeepers don't do (clean) the (COVID-19) Unit. When asked about the cleaning procedure on the COVID-19 Unit, the Housekeeping Supervisor reported she did not know how the nurses were cleaning the unit. Observation on [DATE] at 11:00am of the COVID-19 Unit revealed that a bag of soiled gowns was stored directly on the floor in a plastic bag situated next to the red bio-hazard bin. A discarded soiled face mask was noted on the floor next to the plastic bag of soiled gowns. On [DATE] at 10:30am, R3 was observed seated in the TV Room without wearing a face mask. Even though the Housekeeping Supervisor instructed R3 to put his face mask on, R3 failed to follow instructions. On [DATE] at 10:35, R4 was observed seated in a recliner in front of the Nurses Station without a face mask. During an interview on [DATE] at approximately 7:15pm, the Regional Nurse verified that facial masks are required to be worn by all staff according to a mandate issued by the Governor of Ohio a couple of weeks ago. During an interview with the Director of Nurses (DON) on [DATE] at 12:15pm, the DON reported that it was the facility's policy for staff to wear gowns, masks, face shields, booties and gloves when distributing meal trays to residents in the COVID-19 unit, to wash resident's hands with alcohol based hand sanitizer or with soap and water, and then to remove their gloves, perform hand hygiene themselves, and don new gloves after contact with each resident when passing meal trays. The DON reported that education, including competency testing, had been provided for all staff on hand hygiene after the first COVID-19 positive case was determined. During an interview on [DATE] at approximately 10:30am, the surveyor reviewed the infection control concerns with the Medical Director who stated his agreement that staff should be changing gloves and handwashing should be conducted after trays were passed to each resident

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	(continued... from page 1) in the COVID-19 unit; that hand hygiene should be performed during all general activities between residents including passing meal trays; that PPE supplies outside the COVID-19 unit should have been contained in a manner to protect them from contamination; and that hand hygiene should be performed for all residents prior to consuming their meals. A request for current COVID-19 related policies and procedures yielded a combination of general infection control policies with dates ranging from 2001 - 2018 and some current COVID-19 related policies. The majority of infection control policies submitted were not specific to management and mitigation of COVID-19. The COVID-19 related policies and procedures that were provided were notably silent on the following critical recommendations by the CDC and CMS for mitigation of COVID-19 infections: The process for inter-facility transfers that included notifying transport personnel and receiving facilities about a resident's suspected or confirmed diagnosis; infection control policies that outlined the recommended transmission based precautions that should be used when caring for residents with confirmed or suspected COVID-19; Identification of Key public health points of contact during the COVID-19 outbreak; Identification of the person(s) assigned responsibility for communications with public health authorities during the COVID-19 outbreak; communication plans for informing staff, family members and other persons coming into the facility about the status of COVID-19 in the facility; provision and location of supplies and resources such as alcohol-based hand sanitizers, signage postings on resident rooms to designate appropriate precautions and required use of PPE, the process to monitor supply levels; the process for identification and management of ill residents upon admission, readmission and daily during their stay at the facility; protocol for active surveillance among residents and healthcare personnel; criteria and plan for notifying the health department of clusters of infections; protocol for limiting symptomatic and exposed residents to their rooms; process for enabling communication between visitors and residents; the facility's respiratory protection plan; plan for management of healthcare personnel with fever and symptoms of COVID-19; plan for provision of education to healthcare personnel, residents and family members to help them understand the implications of control measures for COVID-19; and a contingency plan for managing an increased need for postmortem care and disposition of deceased residents Review of the CDC document titled, Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings revealed the following direction for all long term care facilities: Each facility will need to adapt this checklist to meet its needs and circumstances based on differences among facilities This checklist should be used as one tool in developing a comprehensive COVID-19 response plan .Information from state, local emergency management agencies/authorities should be incorporated into the facility's COVID-19 plan .This checklist identifies key areas that long-term care facilities should consider in their COVID-19 planning. Review of a facility log document titled, High Touch Area Disinfecting for the period [DATE] - [DATE], revealed the Best practice is to disinfect the areas listed below at least 3 times daily . Areas listed as high touch areas that required cleaning three times daily included, handrails, room/office door knobs, bathroom door knobs, bathroom grab bars, facility entrance doors, time clocks, hand sanitizer dispensers, hand soap dispensers, refrigerator handles and microwave handles. Review of the CDC document titled, Cleaning and Disinfecting Your Home revealed the following recommendation: Practice routine cleaning of frequently touched surfaces. High touch surfaces include: Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc. The document's recommendations for disinfection of high touch areas included Keeping surface wet for a period of time (see product label). Review of the undated facility policy titled, Cleaning of COVID-19 Protocol revealed that was the responsibility of housekeepers to clean the COVID-19 unit daily, and that cleaning included the following tasks: emptying trash; disinfecting horizontal surfaces defined as table tops, headboards, window sills and chairs; spot clean walls especially by trash cans, light switches and door handles; dust mop entire floor and along baseboards; and damp mop the floor allowing for appropriate solution dwell time. Review of the policy titled, Standard Precautions dated 2018, indicated, 2c. Hand hygiene is performed with ABHR (alcohol based hand rub) or soap and water: 1) before and after contact with a resident 3) after contact with items in the residents room. The policy further indicated, 2h. Personnel assist the resident with hand hygiene before meals . Review of CMS policy memo QSO-,[DATE]-NH revised [DATE] titled, Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes, revealed facilities were to Increase the availability and accessibility of alcohol-based hand rubs, reinforce strong hand-hygiene practices Ensure ABHR is accessible in all resident-care areas including inside and outside resident rooms. Review of the CDC directive titled, Interim Infection Prevention and Control Recommendations for Patients with suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings dated [DATE], revealed the following guidance regarding the use of face masks for residents: Patients and visitors should, ideally, be wearing their own cloth face covering .which should be worn while they are in the facility. They should also be instructed that if they must touch or adjust their cloth face covering they should perform hand hygiene immediately before and after .Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when other (e.g.,HCP (healthcare personnel), visitors) enter the room. This document further directs in the section titled, 2. Adhere to Standard and Transmission-Based Precautions that HCP should perform hand hygiene .before putting on and after removing PPE, including gloves .Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location. The same policy further directs that staff are to Put on clean, non-sterile gloves upon entry into the patient room or care area Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene. Regarding the use of gowns, the CDC directed that staff should Remove and discard the gown in a dedicated container (as opposed to lying on the floor) for waste or linen before leaving the patient room or care area. Review of the 2017 Food Code published by the U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration (FDA), revealed the following requirement in Section ,[DATE].11 regarding the use of hair restraints: (A) Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens . Review of the Bloodborne Pathogen Standard issued by the Occupational Safety and Health Administration (OSHA) defines contaminated laundry as laundry which has been soiled with blood or other potentially infectious material . Per OSHA, healthcare facility laundry poses exposure to blood or other potentially infectious materials through contaminated linen that was improperly labeled or handled .contaminated laundry must be placed and transported in bags or containers .