STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365275	A. BUILDING _____ B. WING _____	06/17/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PARK VISTA NURSING & REHAB BY MCARE HEALTH	1216 5TH AVE YOUNGSTOWN, OH 44504

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 observations, interview, review of the facility's Coronavirus (COVID-19) policy, review of the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) Memo QSO-20-14-NH (revised 3/13/20), review of the World Health Organization (WHO) hand hygiene brochure, and review of the Centers for Disease Control and Prevention (CDC) guidelines, the facility failed to ensure extended use of disposable isolation gowns was consistently implemented to potentially prevent the spread of COVID-19 infections. This affected all 33 residents (Residents #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, #57, #58, #59, #60, #61) residing in the Skilled Nursing 1 Unit. The facility also failed to ensure hand hygiene was consistently implemented to potentially prevent the spread of COVID-19 infections. This affected all 73 residents residing in the facility. Findings include: Observation on 06/17/20 at 12:42 P.M. of State tested Nursing Assistant (STNA) #95 entering resident room [ROOM NUMBER] wearing disposable gloves and carrying a lunch tray. STNA #95 assisted the resident to sit up in bed and prepared the lunch tray for the resident to eat. STNA #95 walked out of the room, and did not remove gloves, wash hands, or use hand sanitizer. STNA #95 walked to the meal cart, removed another tray and walked into resident room [ROOM NUMBER] and delivered the lunch tray. STNA #95 walked out of room [ROOM NUMBER] and did not remove gloves, wash hands or use hand sanitizer. Interview on 06/17/20 at 12:46 P.M. with STNA #95 confirmed that gloves were not removed, hands were not washed, and hand sanitizer was not used between residents. Observation on 06/17/20 at 12:46 P.M. revealed there was a bottle of hand sanitizer sitting on a table next to the meal cart. Observation on 06/17/20 at 1:05 P.M. of Skilled Nursing 1 Unit revealed Droplet Precautions signs posted on the doors of resident room numbers 180, 184, 186, 187, 189 and 190. No observations of plastic carts outside of the rooms stocked with Personal Protective Equipment (PPE) supplies. Observation of one blue plastic disposable gown hanging on a hook just inside the doorway of each resident room [ROOM NUMBER] and 190. Interview on 06/17/20 at 1:20 P.M. with STNA #91 revealed PPE supplies were kept in the resident rooms, and extra PPE was kept in the locked medication room located on the unit. Interview on 06/17/20 at 1:25 P.M. with Registered Nurse (RN) #92 confirmed if a resident on droplet precautions needed care, staff would don the gown on the hook just inside their door before assisting the resident. Observation on 06/17/20 at 1:26 P.M. of the medication room revealed a cart with a cardboard box sitting on top of it containing a few plastic disposable gowns along with other PPE. Interview on 06/17/20 at 1:28 P.M. with Licensed Practical Nurse (LPN) #93 revealed resident rooms 180,186,187, and 189 did not have a disposable gown hanging on a hook inside the doorway, but had one blue plastic disposable gown hanging on a hook on the back of the bathroom door. Disposable gloves were also located in the bathroom. LPN #93 further stated staff donned the gown before giving care to the residents and doffed it, hanging it back on the hook before exiting the resident room. Interview on 06/17/20 at 2:00 P.M. with the Director of Nursing (DON) confirmed residents on droplet precautions (Residents #31,#32, #33, #36, #37, #41, #42, #46, #47, #52, #54, #55, #56, #59, #60, #61) had a blue plastic disposable gown hanging on a hook just inside the doorway of their room or on a hook on the back of bathroom door. Gloves were also located in the bathrooms. The DON confirmed the gown was used by all staff members needing to give care to the resident or residents residing in the room. The DON confirmed all the residents on droplet precautions were Covid-19 positive or had been Covid-19 positive and were now awaiting the results of additional testing. The other residents on Skilled Nursing Unit 1 had been Covid-19 positive and were now Covid-19 negative. The DON stated there was no set schedule to dispose of gowns. The gowns were worn until they were soiled, and then discarded. The DON stated these strategies were put in place to conserve gowns using Center for Disease Control (CDC) guidance. Interview on 06/17/20 at 4:22 P.M. with local Health Department Official #94 revealed the local health department had provided isolation gowns to the facility but had given no guidance on the use of the gowns. Review of the facility Coronavirus (COVID-19) policy revealed appropriate measures would be utilized for the prevention and control of the COVID-19 virus. The policy titled Coronavirus (COVID-19), revised 03/14/2020, stated real time updates can be found at the CDC link on the internet, such as updates to guidance for using PPE. Review of the CDC guidance titled Strategies for Optimizing the Supply of Isolation Gowns, Crisis Capacity Strategies revealed consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same HCP when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). Review of CMS policy memo QSO-20-14-NH revised 3/13/20 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, and to reinforce strong hand-hygiene practices. Review of the Centers for Disease Control and Prevention (CDC) training titled, Hand Hygiene in Nursing Homes, dated 02/25/19 revealed hand hygiene was an element of standard precautions. It was an important Infection Prevention Control (IPC) practice for breaking the chain of infection. Hand hygiene protects both residents and staff. Hand hygiene was a simple and effective method for preventing the spread of pathogens by direct and indirect contact. The hands of staff members may become transiently contaminated with pathogens after touching a resident or surfaces in their environment. Staff members can transfer those pathogens to themselves and they can also transfer those pathogens to other residents or surfaces. Performing hand hygiene removes pathogens and protects both staff and residents. Since staff cannot tell whether their hands have been contaminated with a pathogen, hand hygiene should be consistently performed. Review of the World Health Organization (WHO) Hand Hygiene brochure titled Hand Hygiene: Why, How, and When?, revised August 2009, revealed hands are the main pathways of germ transmission during health care and hand hygiene is therefore the most important measure to avoid the transmission of harmful germs and prevent health care-associated infections. The brochure further revealed hand hygiene is indicated after touching any object or furniture when leaving the patient surroundings to protect the health-care environment against germ spread.

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.