STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366297	A. BUILDING _____ B. WING _____	**06/11/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LIMA CONVALESCENT HOME	**1650 ALLENTOWN ROAD LIMA, OH 45805**

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 -** Some	**Provide and implement an infection prevention and control program.** Based on observation, staff interview and policy review the facility failed to ensure hand hygiene was performed between resident contact. This had the potential to affect nine residents who resided on the 100 hall and 12 in building A. The facility census was 73. Findings include: Observation on 06/11/20 at 8:05 A.M. revealed State tested Nursing Assistant (STNA) #110, wearing gloves and a mask entered a resident room and assisted STNA #130, also wearing gloves and a mask, reposition a resident in the second bed to sit upright for breakfast. STNA #110 exited the room and had not changed gloves or performed hand hygiene. This surveyor stopped STNA #110 just inches from touching another residents breakfast tray. Observation on 06/11/20 at 8:11 A.M. revealed STNA #130, wearing gloves and a mask, entered a resident room and was assisted by STNA #110 to reposition a resident in bed for breakfast. STNA #130 proceeded to assist the other resident in the room to reposition and had not changed gloves or performed hand hygiene. STNA #130 then exited the room and was stopped just inches from touching another residents tray with contaminated gloves. Observation on 06/11/20 at 8:25 A.M. revealed Staff #120, wearing gloves and a mask, exited a resident room and entered the kitchenette. Staff #120 proceeded to pick up a dinner plate. Staff #120 verified she should have changed gloves and performed hand hygiene. Interview on 06/11/20 at 8:10 A.M. with STNA #110 verified the lack of hand hygiene. STNA #110 stated she knew she should have performed hand hygiene and change gloves between residents. Interview on 06/11/20 at 8:15 A.M. with STNA #130 verified the lack of hand hygiene. STNA #130 stated she knew she should have performed hand hygiene and change gloves between residents. Review of the facility policy titled Policy and Procedure in the Management of Standard Precautions dated 09/17 revealed hand hygiene will be completed immediately after gloves are removed, between resident contact.

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