STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366125	A. BUILDING _____ B. WING _____	05/19/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LAURELS OF SHANE HILL	10731 STATE ROUTE 118 ROCKFORD, OH 45882

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, review of Center for Medicare/Medicaid Services (CMS) policy memo, review of Centers for Disease Control and Prevention (CDC) training policy, and review of the World Health Organization (WHO) brochure on hand hygiene, the facility failed to ensure proper hand hygiene was performed while delivering room trays. This had the potential to affect seven residents (#4, #5, #6, #7, #8, #9 and #10) receiving room trays from the same rolling cart. The facility census was 65. Findings include: Observation on 05/19/20 at 11:25 A.M. revealed State tested Nursing Assistant (STNA) #100 entered the room of Resident #3 and placed a meal tray onto the over the bed table. Resident #3 requested a tea bag from the top drawer of the dresser. STNA #100 opened the drawer, moved items around and removed a packet with a tea bag. STNA #100 opened the outer packet and allowed Resident #3 to remove the tea bag. Resident #3 then requested butter for her meal. STNA #100 exited the room without performing hand hygiene. STNA #100 removed a tray from the top of a rolling cart, retrieved the butter, and reentered the room to give the butter to Resident #3. STNA #100 then performed hand hygiene with alcohol-based hand sanitizer and exited the room. The rolling cart was observed to hold undelivered meal trays for Residents #4, #5, #6, #7, #8, #9 and #10. Interview on 05/19/20 immediately after the 11:25 A.M. observation, STNA #100 stated she did not recall performing hand hygiene after touching personal items of Resident #3. STNA #100 proceeded to remove the contaminated tray and take it to the kitchen to be discarded and cleaned. Review of CMS policy memo QSO-20-14-NH, revised 3/13/20, NS 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 CDC training titled, Hand Hygiene in Nursing Homes, dated 02/25/19, revealed hand hygiene is an element of standard precautions. It is an important Infection Prevention Control (IPC) practice for breaking the chain of infection. Hand hygiene protects both residents and staff. Hand hygiene is 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 WHO 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.