STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365907	A. BUILDING _____ B. WING _____	**10/06/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
FRANCISCAN CARE CTR SYLVANIA	**4111 HOLLAND SYLVANIA RD TOLEDO, OH 43623**

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, staff interview, review of facility policy, and review of the Center for Disease Control and Prevention guidelines, the facility failed to ensure appropriate signage identifying isolation was in place and failed to ensure healthcare personnel applied appropriate personal protective equipment (PPE) for residents on transmission based precautions for five (#2, #3, #59, #60, and #66) residents identified on transmission based precautions. The facility census was 68. Findings include; Observation on 10/06/20 at 9:00 A.M. noted LPN#103 standing in the entrance of Resident #2's room obtaining medications from the medication cart. LPN #103 had a KN95 mask and protective goggles applied. LPN #103 proceeded to enter Resident #2's room and obtain vital signs, and provide medications. No additional personal protective equipment (PPE) was applied. Additional observation at the time identified an isolation cart located inside the room. Interview with LPN #103 at the time of the observation revealed Resident #2 was recently readmitted to the facility from the hospital and was in quarantine. LPN #103 confirmed she did not apply a protective gown or gloves when entering the room and no signage was posted at the door indicating isolation or type of isolation was in place. LPN #103 also indicated the KN95 mask she had applied was provided to her by the facility. Observation on 10/06/20 at 9:48 A.M. and interview with the Director of Nursing identified the facility PPE storage room contained multiple full boxes of KN95 masks with the coding Q/LRJH001-2020 listed on the boxes. The KN95 masks were equipped with ear loops. No KN95 was identified with fasteners that were applied over the head to enable a seal to be formed. Interview with the Director of Nursing revealed he was unaware if the KN95 mask were approved for healthcare use. No further documentation provided by the facility indicated the KN95 masks were approved for use in the healthcare setting. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Observation on 10/06/20 at 10:30 A.M. identified an isolation cart outside Resident #3's room. A label affixed to the resident name plate at the door entry had the date 10/08/20 written on the label. No signage was placed at the door entry indicating the type of isolation in place. Interview on 10/06/20 at 10:32 A.M., STNA #201 revealed she was unaware the type of isolation in place or the required PPE to enter Resident #3's room. Interview on 10/06/20 at 10:37 A.M., LPN #102 revealed Resident #3 was in airborne isolation. LPN #102 verified no sign was posted at the door entry and no direction was provided indicating any isolation was in place. Observation on 10/06/20 at 10:40 A.M. discovered the rooms for Resident #59, #60, and #66 with empty isolation carts located outside the rooms. No signage was posted indicating isolation was in place and the doors were all in the open position. Interview on 10/06/20 at 11:05 A.M., STNA #202 revealed she wears the KN95 mask provided by the facility when providing care to Resident #59, #60, and #66 and no additional PPE was required. Review of facility policy titled Infection Prevention and Control Policy [DIAGNOSES REDACTED]-CoV-2 Coronavirus Disease 2019, revised 09/18/20, revealed new admissions or suspected COVID residents are to be under standard and transmission based precautions. Healthcare Personnel who enter resident rooms with known or suspected COVID-19 must utilize approved N95/KN95 mask, gown, gloves, and eye protection. Review of the Centers for Disease Control and Prevention website (https://www.cdc.gov/niosh/npptl/usernotices/counterfeitResp.html), updated 08/25/20, revealed per CDC information and guidelines: Counterfeit respirators are products that are falsely marketed and sold as being NIOSH-approved and may not be capable of providing appropriate respiratory protection to workers. Signs that a respirator may be counterfeit included the filtering facepiece respirator has ear loops instead of headbands Interview on 10/07/20 at 2:00 P.M., Corporate Registered Nurse (CRN) #1 revealed no documentation could be provided indicating the KN95 mask being utilized by staff when working with isolated residents were approved for healthcare use. This deficiency is an example of continued non-compliance from the 09/17/20 survey.

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