STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365996	A. BUILDING _____ B. WING _____	**09/29/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
OHIO LIVING SWAN CREEK	**1650 SWAN CREEK LANE TOLEDO, OH 43614**

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 record review, staff interview, observation and review of the recommendations from the Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC), the facility failed to implement the recommended transmission-based precautions for one (#15) newly admitted resident who's COVID-19 status was unknown. This had the potential to affect 15 residents who were in the same unit with the newly admitted resident who was in quarantine. The facility census was 31. Findings include: Review of the medical record for Resident #15 revealed an admission date of [DATE]. [DIAGNOSES REDACTED]. Review of the physician orders, dated 09/24/20, revealed the resident was to be placed in contact isolation precautions for 14 days. Further review of the medical record for Resident #15 revealed no evidence the resident received a COVID-19 test or an admission screening for COVID-19 status prior to being admitted to the facility. Observation on 09/28/20 between 9:17 A.M. and 9:35 A.M. during an initial tour of the facility revealed some clinical staff members were wearing KN95 masks that used the loops around the persons ears to secure the mask to their face. Observation on 09/28/20 at 1:51 P.M. revealed State tested Nursing Assistant (STNA) #40 who entered Resident #15's room wearing a KN95 mask and goggles. The KN95 mask worn by STNA #40 was secured to her face with straps that loop around each of her ears. While in the resident room, STNA #40 assisted the resident to sit up and use the telephone. Interview on 09/28/20 at 1:58 P.M. with STNA #40 verified she did not don any additional personal protective equipment (PPE) prior to entering Resident #15's room. STNA #40 stated Resident #15 was not in transmission-based precautions and was only required to stay in his room for 14 days. Interview on 09/28/20 at 2:10 P.M. with Licensed Practical Nurse (LPN) #50 confirmed Resident #15 was not in any type of transmission-based precautions. LPN #50 stated she received in report that the resident was in quarantine as a new admission and the staff were to wear their N95 and eye protection while caring for the resident. Observation on 09/28/20 at 4:35 P.M. with the Administrator of the facility's PPE storage revealed the facility's stockpile of KN95 masks were not National Institute for Occupational Safety and Health (NIOSH) approved masks. All KN95 masks observed in storage were masks with securement straps that were secured around the ears of the person wearing them. The KN95 masks and the sealed boxes they came in were absent for any NIOSH approval symbols or statements. The manufacturing company of the KN95 masks was Company #200. The model number of the masks was GB2626-2006. The Administrator verified the masks and boxes did not contain any NIOSH approval indicators and stated he was unaware of the requirement. The Administrator verified the masks in storage were the same masks being used by the staff in the facility. Review of the facility's policy for COVID-19, dated 07/20/21, revealed all new admissions were to be quarantined for 14 days. The policy was silent for any recommendations regarding use of PPE when caring for new admissions. Review of the CDC recommendations website under the section titled Infection Control for Nursing Homes, dated 06/25/20, revealed nursing home facilities should create a plan for new admissions and readmissions for those whose COVID-19 status is unknown. Healthcare personnel should wear an N95 or higher-level respirator, eye protection, gloves, and a gown when caring for these residents. Review of the section titled Counterfeit Respirators/ Misrepresentation of NIOSH - Approval, last updated 09/29/20, revealed signs that a respirator may be counterfeit include the filtering facepiece respirator has ear loops instead of headbands, no approval (TC) number on filtering facepiece respirator or headband, and no NIOSH markings. It further stated NIOSH-approved N95 respirators that also have been cleared by the FDA are recommended for use by healthcare professional who need protection from both airborne and fluid hazards. Review of the Food and Drug Administration (FDA) Appendix A list for authorized imported non-NIOSH approved respirators manufactured in China, revealed the KN95s manufactured by Company #200 were not approved for use in healthcare facilities.

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.