

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365821</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WALNUT CREEK NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5070 LAMME ROAD KETTERING, OH 45439</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on medical record review, observations, staff and resident interviews, review of facility policy, review of online resources from Ohio Department of Health (ODH), Centers for Medicare and Medicaid (CMS) and Centers for Disease Control and Prevention (CDC), the facility failed to ensure staff wore the recommended personal protective equipment (PPE) to prevent the potential spread of COVID 19. The facility currently did not have any residents with COVID 19, but two staff members tested positive during August 2020. This affected one Resident (#20) and had the potential to affect all 92 residents residing in the facility. Findings include: Review of the medical record for Resident #20 revealed the resident was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was cognitively intact and required extensive assist of two staff with activities of daily living. Observation of numerous floor staff on 08/12/20 from 6:45 A.M. to 8:20 A.M. revealed the staff wore only cloth masks while they provided direct resident care. Interview with Resident #20 on 08/12/20 at 8:20 A.M. revealed the staff members wore cloth masks when they provided personal care. Observation of incontinence care for Resident #20 on 08/12/20 at 8:25 A.M. revealed State tested Nursing Assistant (STNA) #40 was wearing a cloth face covering while she completed direct resident care. Interview with STNA #40 at the time of the observation verified she only wore a cloth mask while she provided incontinence care for Resident #20. Interview with the Administrator on 08/12/20 at 8:39 A.M. verified there were currently floor staff working on 08/12/20 who were wearing cloth face coverings instead of surgical masks or N95 masks. The Administrator verified the facility had both surgical masks or N95 masks available. The Administrator stated staff wore cloth masks instead of surgical masks or N95 masks in order to conserve PPE. Review of the CMS memo titled Nursing Home Guidance, dated 04/02/20, revealed all nursing homes shall ensure they are complying with all CMS and CDC guidance related to infection control. Review of the facility's policy titled COVID 19 Protocol Measures, dated 05/16/20, revealed all staff in the facility would wear facemasks to prevent the spread of COVID 19. Review of an undated facility policy titled COVID-19 Outbreak Policy revealed the facility will take proactive steps to protect the workplace in the event of an infectious disease outbreak, such as COVID-19. Review of the coronavirus.ohio.org on 08/18/20 revealed the local county where the facility was located was at a level three (red) public emergency (very high exposure and spread). Review of an online resource from the CDC <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html</a> revealed staff at minimum were to wear a surgical/medical facemask. Review of an online resource from the CDC (<a href="https://www.cdc.gov/Coronavirus/2019-ncov/hcp/long-term-care-strategies.html">https://www.cdc.gov/Coronavirus/2019-ncov/hcp/long-term-care-strategies.html</a>) revealed the following guidance regarding facemask's: ensure all healthcare care personnel (HCP) wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect HCP is unknown. Cloth face coverings should not be worn instead of a respirator or facemask if more than source control is required. This deficiency substantiates Complaint Number OH 851.</p>		

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.