

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365833	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2020
NAME OF PROVIDER OF SUPPLIER JUDSON CARE CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP 2373 HARRISON AVENUE CINCINNATI, OH 45211	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, staff interview, and review of facilities smoking policy, the facility failed to ensure residents engaged in safe smoking practices during staff supervised smoke breaks. This affected three (#10, #15 and #20) out of seven residents observed smoking during the survey. Facility census was 80. Findings include: 1. Review of the medical record for the Resident #10, revealed an admission date of [DATE]. [DIAGNOSES REDACTED]. Review of the most recently completed Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #10 was cognitively intact, required set up assistance and required supervision or limited assistance with activities of daily livings (ADL's). Review of plan of care for Resident #10 dated 05/26/20 revealed resident was a supervised smoker and facility was to maintain a safe smoking environment. Interventions included educate resident about smoking risks, hazards and about smoking cessation aids if applicable and initiate smoking contract upon admission and as needed. Review of smoking assessment for Resident #10 dated 05/05/20 revealed resident required supervision to smoke. 2. Review of the medical record for the Resident #15 revealed the resident was admitted on [DATE]. [DIAGNOSES REDACTED]. Review of the MDS assessment, dated 06/27/20, revealed the resident was cognitively intact, required one-person physical assist and required supervision of ADL's. Review of plan of care for Resident #15 dated 07/13/20 revealed resident was at risk for injury related to smoking and facility was to maintain a safe environment during smoking. Interventions included provide supervision at all times. Review of smoking assessment for Resident #15 dated 06/27/20 revealed resident required supervision to smoke. 3. Review of the medical record for the Resident #20, revealed the resident was admitted on [DATE]. [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS) assessment, dated 06/16/20 revealed resident had severely impaired cognition, required one-person physical assist and required limited or extensive assistance with ADL's. Review of plan of care for Resident #20 dated 07/07/20 revealed resident was at risk for injury related to smoking and facility was to maintain a safe environment during smoking. Interventions included provide supervision at all times. Review of smoking assessment for Resident #20 dated 06/03/20 revealed resident required supervision to smoke. Observation of resident's smoke break on 09/15/20 at 11:48 A.M. revealed Resident #10, #15 and #20 were actively smoking. Resident #10 and Resident #20 had their facemask's hanging from their ear and Resident #15's facemask was positioned just below her chin. Further observation also revealed Housekeeping Aide #13 had her head down talking on a mobile phone. Interview with Housekeeping Aide #13 on 09/15/20 at 11:54 A.M. indicated she was tasked with supervising the smokers. Housekeeping Aide #13 stated she was on a personal call while she supervised smoking. Housekeeping Aide #13 stated she was not able to identify any of the residents in the courtyard due to them being from the second floor and she worked the first floor. During interview with Housekeeping Aide #13, Resident #10, #15 and #20 identified themselves. Housekeeping Aide #13 verified Resident #10 and #20 had their facemask hanging from her ear and Resident #15 had her paper facemask below her chin while actively smoking and stated she was not aware residents were required to remove their masks while smoking. Further observation of resident's smoke break on 09/15/20 at 1:45 P.M. revealed Resident #10, #15 and #20 were actively smoking. Resident #10 and #20's facemask hanging from her ear and Resident #15's facemask was positioned just below her chin. Observation also revealed State tested Nurses Aide (STNA) #48 on walking around the courtyard talking on a mobile phone. Interview with STNA #48 on 09/15/20 at 1:50 P.M. indicated she was tasked with supervising smokers. STNA #48 stated she was on a personal call while she supervised smokers. STNA #48 verified Resident #10 and #20's were smoking with their mask hanging from her ear and Resident #15 was smoking with her facemask positioned below her chin. STNA #48 stated she was not aware residents had to remove their masks while smoking. Review of a facility policy titled Smoking Policy dated 05/15/18 revealed the facility would maintain safe resident smoking practices.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, staff interviews, review of facility policy, and review of online resources from Centers for Medicare and Medicaid (CMS), Centers for Disease Control (CDC) Ohio Department of Health (ODH), revealed three randomly observed facility staff (State tested Nursing Assistant (STNA) #40, STNA #44 and STNA #45) failed to appropriately wear and/or utilize an appropriate facemask to potentially prevent the spread of Coronavirus Disease 2019 (COVID-19). Facility census was 80. Findings include: 1. Observation of the second-floor resident hallway on 09/15/20 at 6:30 A.M. revealed STNA #40 was observed walking in hallway with a home-made cloth mask on. Interview with STNA #40 verified she had a cloth mask and stated she was not aware she could not wear a cloth mask and had to wear at minimum a surgical/procedural mask. 2. Observation of the second-floor resident hallway on 09/15/20 at 6:35 A.M. revealed STNA #44 was observed walking in hallway with her surgical/procedure mask positioned just below her chin. Interview with STNA #44 verified she had her mask positioned just below her chin. STNA #44 stated she had mask positioned below chin because she was hot. 3. Observation of first floor resident hallway on 09/15/20 at 6:38 A.M. revealed STNA #45 was walking in hallway with a home-made cloth mask on. Interview with STNA #45 verified she had a cloth mask and stated she was not aware she could not wear a cloth mask and had to wear at minimum a surgical/procedural mask. Interview with Director of Nursing (DON) on 09/15/20 at 8:00 A.M. indicated all staff should have worn a surgical/procedure mask or N95 mask. DON stated the facility had plenty of surgical/procedure type masks and they were handed out at screening and as needed. Review of an online resource from the CDC https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html revealed staff at minimum were to wear a surgical/medial facemask. Review of Centers for Medicare and Medicaid Services (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 an online resource from the CDC (https://www.cdc.gov/Coronavirus/2019-ncov/hcp/long-term-care-strategies.html) 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. Further review of online resource from the CDC (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html) revealed staff at minimum were to wear a surgical/medial facemask. Review of the ODH Coronavirus website (https://coronavirus.ohio.gov/wps/portal/gov/covid-19/public-health-advisory-system/) revealed (NAME)County was at a Level Two (orange) Public Emergency indicating increased exposure and spread of COVID-19. Review of undated facility policy titled Infectious Diseases revealed the facility will protect the resident's, families, and staff from harm resulting from exposure to an emergent infectious disease while they are in facility.		
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.