STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365238	A. BUILDING _____ B. WING _____	10/14/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WAPAKONETA MANOR	1010 LINCOLN AVE WAPAKONETA, OH 45895

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 -** Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews with staff and Local Health Department (LHD) personnel, review of staffing schedule, review of Coronavirus 2019 (COVID-19) staff screening logs, review of personnel timecard, review of facility policy, review of electronic mail (email) communication and review of information from the Centers for Disease Control and Prevention (CDC), the facility failed to send a State tested Nurse Aide (STNA #500) home pending COVID-19 test results after having symptoms of COVID-19 to potentially prevent the spread of COVID-19. This had the potential to affect 10 (#1, #2, #4, #5, #6, #7, #8, #9, #10 and #11) residents whom resided on B-Hall and 24 (#12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34 and #35) residents whom resided on D-Hall. Additionally, the facility failed to immediately report confirmed or suspected cases of COVID-19 to the LHD. This had the potential to affect all 67 residents residing at the facility. The facility census was 67. Findings include: 1. Interview on 10/08/20 at 1:40 P.M. the Administrator confirmed STNA #500 called off on 09/26/20 and 09/27/20 due to having a sore throat. The Administrator further confirmed STNA #500 did not have COVID-19 symptoms on 09/29/30 and 09/30/20 and was permitted to work on those day. The Administrator verified STNA #500 was tested on [DATE] and they received positive results on 09/30/20. The facility confirmed this had the potential to affect 10 (#1, #2, #4, #5, #6, #7, #8, #9, #10 and #11) residents who resided on B-Hall and 24 (#12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34 and #35) residents who resided on D-Hall. Interview on 10/08/20 at 2:00 P.M. LHD Personnel #100 confirmed STNA #500 had onset of symptoms of COVID-19 on 09/25/20 and called off work on 09/26/20 and 09/27/20. LHD Personnel #100 confirmed STNA #500 worked at the facility on 09/29/20 and 09/30/20. LHD Personnel #100 stated the expectation was the facility should have had STNA #500 tested for COVID-19 prior to returning to work. Interview on 10/08/20 at 3:28 P.M. STNA #500 confirmed she had symptoms of a sore throat starting on 09/25/20. STNA #500 stated she was not scheduled to work on 09/25/20 and she had called off on 09/26/20 and 09/27/20 due to the sore throat. STNA #500 confirmed she was not directed to her primary care physician to be tested prior to returning to work. STNA #500 reported she worked on 09/29/20 and 09/30/20 and was tested by the facility on 09/28/20. STNA #500 further confirmed she did not have symptoms of COVID-19 on 09/29/20 or 09/30/20. STNA #500 stated she was escorted out of the facility on 09/30/20 due to testing positive for COVID-19. STNA #500 could not remember for sure which hallways she worked on 09/29/20 and 09/30/20. Review of staffing schedule dated 09/29/20 revealed STNA #500 was scheduled to work from 3:00 P.M. to 11:00 P.M. on the B-Hall. Review of STNA #500's timecard revealed STNA #500 was punched in from 2:55 P.M. to 11:12 P.M. on 09/29/20 and was scheduled to work on B-Hall. Further review revealed STNA #500 was punched in from 2:55 P.M. to 6:55 P.M. on 09/30/20 and was scheduled to work D-Hall. Review of COVID-19 staff screening logs revealed STNA #500 was screened prior to working on 09/29/20 and 09/30/20. Review of facility's staff testing log revealed STNA #500 was tested on [DATE] and positive results were received on 09/30/20. Review of facility policy titled, HCF COVID-19 Protocol, updated 10/01/20, revealed if an employee with symptoms is identified as potential COVID-19, the employee should be referred to their personal physician or health care provider for [DIAGNOSES REDACTED]. Interview on 10/08/20 at 2:00 P.M. LHD Personnel #100 revealed the facility had taken up to a day and a half to report positive COVID-19 cases and sometimes notification was coming from the hospital rather than the facility. E-mail received on 10/11/20 from the Administrator verified there was no record kept of when the LHD was contacted regarding positive COVID-19 cases. Interview on 10/13/20 at 9:19 A.M. the Administrator confirmed the facility has 10 active and confirmed residents with COVID-19. The Administrator further confirmed there was no evidence of positive COVID-19 cases being reported to the LHD immediately, but that e-mails would be sent to the LHD going forward. The facility confirmed this had the potential to affect all 67 residents residing in the facility. Review of facility policy titled, HCF COVID-19 Protocol, updated 08/06/20, revealed the care community must notify the LHD when COVID-19 is suspected or confirmed in a resident or health care provider and to document date and time of notification. Review of information from the CDC (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html) revealed the health department should be notified about residents or health care professionals (HCP) with suspected or confirmed COVID-19, residents with severe respiratory infection resulting in hospitalization or death, or three residents or HCP with new-onset respiratory symptoms within 72 hours of each other.

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