

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
NAME OF PROVIDER OF SUPPLIER OTTERBEIN NEW ALBANY		STREET ADDRESS, CITY, STATE, ZIP 6690 LIBERATION WAY NEW ALBANY, OH 43054	
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	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, facility policy review and staff interview the facility failed to maintain acceptable infection control practices during the provision of care for Resident #31 and Resident #2 identified to be in contact isolation to prevent the spread of infection. This affected two sampled residents (#31 and #2) and had the potential to affect all 13 residents (#1, #2, #3, #12, #30, #31, #32, #33, #34, #35, #36, #37 and #38) residing in House 3 and House 5. The facility census was 38. Findings include: 1. Review of the medical record for Resident #31 revealed the most current readmission date of [DATE] with [DIAGNOSES REDACTED]. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment for Resident #31 dated 04/20/20 revealed the resident was admitted from the community on 09/19/19. The resident had moderate cognitive impairment with a Brief Interview for Mental Status (BIMS) score of 10. The assessment revealed the resident required extensive assistance from staff for activities of daily living, including bathing. Review of Resident #31's care plan revised on 05/31/20 revealed the resident required extensive assistance from one staff person for bathing and showering. On 06/02/20 at 7:48 A.M. observation of Resident #31's room revealed there was a sign with a lady bug on it (which was indicative of isolation precautions), dated 05/21/20 posted outside of Resident #31's room. There was no cart placed outside of the resident's room with any type of personal protective equipment (PPE) in it. At the time of the observation, State tested Nursing Assistant (STNA) #109 entered Resident #31's room without putting on an isolation gown or gloves. On 06/02/20 at 8:00 A.M. interview with the Director of Nursing (DON) confirmed a sign with a lady bug on it indicated the resident was on contact precautions. The DON revealed the resident was on contact precautions for 14 days from the date listed on the sign. The DON revealed facility staff should wear a medical mask (KN95 or N95), an isolation gown and gloves before entering the room. The DON revealed any resident that was a new admission or had left the facility and returned was placed on a 14-day quarantine and on contact precautions as a preventative measure. On 06/02/20 at 8:11 A.M. interview with Licensed Practical Nurse (LPN) #66 revealed if a resident was on contact precautions, there would be a sign on the resident's door with a lady bug on it and a date. The LPN revealed there should be a cart with PPE in it outside of the resident's room and staff should put a mask, gown, and gloves on before entering the room. On 06/02/20 at 8:26 A.M. STNA #109 was observed to exit Resident #31's room. The STNA had a medical mask and hair covering on at this time. STNA #109 went to the sink in the kitchen area and washed her hands with soap and water. On 06/02/20 at 8:28 A.M. interview with STNA #109 revealed (at the time of the earlier observation) she had assisted Resident #31 with taking a shower. The STNA verified the resident did have a sign with a lady bug on it posted outside of her room. The STNA revealed the sign indicated the resident was not supposed to leave the room for 14 days and should have her body temperature and oxygen levels checked. The STNA stated she thought she only needed to wear a mask when entering the room and did not know she needed to wear additional PPE. Review of the facility policy titled Isolation Precaution Process, revised 12/04/19 revealed contact precautions are required when the possibility of the spread of infection was by person to person. The use of personal preventative equipment (PPE) including a gown and gloves upon entering the resident's room was required. 2. Review of Resident #2's medical record revealed the resident was readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #2's current physician's orders revealed the resident had a current order for isolation for 14 days and an order to wear mask with direct care two times a day. Review of the five day Minimum Data Set 3.0 assessment, dated 05/29/20 revealed Resident #2 was admitted from an acute hospital on [DATE]. The resident had moderate cognitive impairment with a BIMS score of 11. The assessment revealed the resident required extensive assistance from one to two staff for activities of daily living. Review of Resident #2's care plan, revised 06/01/20 revealed the resident received [MEDICAL CONDITION] related to the [DIAGNOSES REDACTED] diagnosis. On 06/02/20 at 8:00 A.M. interview with the Director of Nursing (DON) revealed a sign with a lady bug on it indicated the resident was on contact precautions. The DON revealed the resident was on contact precautions for 14 days from the date listed on the sign. The DON revealed facility staff should wear a medical mask (KN95 or N95), an isolation gown and gloves before entering the room. The DON revealed any resident that was a new admission or had left the facility and returned was placed on a 14-day quarantine and on contact precautions as a preventative measure. On 06/02/20 at 8:48 A.M. observation of Resident #2's room revealed a sign with a lady bug on it and a date of 05/27/20 written on it posted outside Resident #2's room. There was a cart with PPE, including gloves and gowns placed outside of the resident's room. At the time observation, STNA #98 used hand sanitizer and then entered Resident #2's room. The STNA applied clean gloves before entering the room. The STNA was observed at the resident's bedside, near the head of the bed, conversing with the resident, then moved the bedside table away from the resident's bed, adjusted the resident's covers and then moved the bedside table back to the bedside for the resident. The STNA removed her gloves, threw them in the trash before leaving the room and went to the sink to wash her hands with soap and water. The STNA was observed wearing a white cloth mask and not a medical mask. On 06/02/20 at 8:55 A.M. interview with STNA #98 verified Resident #2 had a lady bug sign on the door which indicated the resident was quarantined for 14 days. The STNA revealed the resident left the facility for [MEDICAL CONDITION] appointments and when he returned, he was quarantined and placed on contact precautions. STNA #98 stated she should wear a mask and gloves anytime the room was entered and a gown if direct care was going to be provided. STNA #98 confirmed at the time of the above observation she was wearing a cloth mask and not a medical mask. STNA #98 stated, I should have put on my N95 mask. I forgot. Review of the facility policy titled COVID 19 Policy and Procedures, dated 05/07/20 revealed partners will use appropriate PPE when they are interacting with residents, to the extent PPE is available and per Centers of Disease Control (CDC) guidance on conservation of PPE. For the duration of the state of emergency all personnel should wear a face mask while in the building. Cloth face coverings are not considered personal protective equipment.</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.