STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365933	A. BUILDING _____ B. WING _____	03/11/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BUCKEYE TERRACE REHABILITATION AND NURSING CENTER	140 N STATE STREET WESTERVILLE, OH 43081

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 observation, medical record review, resident interview, staff interview and facility policy and procedure review, the facility failed to provide portable water in resident rooms/bathrooms for Resident #2 and Resident #3, portable water in the upstairs and west resident shower rooms, soap in the lobby bathroom, and a comprehensive water management plan to prevent the contraction of possible Legionella for Resident #6. This affected two of four Residents (#2, #3, #5 and #6) reviewed for portable water in bedrooms/bathrooms. It also had the potential to affect 43 residents (#2, #3, #4, #5, #6, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45 and #46) who used the upstairs and west shower rooms. Furthermore, it had the potential to affect all residents, staff and visitors who use the lobby bathroom and all residents who use water in the building. The census was 60. Findings include: 1. An interview and observation on 03/09/20 at 1:20 P.M. with Resident #3, revealed she had no water in her bathroom to wash her hands for multiple days, and staff had only put hand sanitizer in her room that morning. She stated she hadn't had sanitizer in her room before. She stated she only got to wash her hands on her shower days, which were two days out of the week. She further stated she wished she had water in her bathroom so she could wash her hands. Resident #3 shared a room and bathroom with Resident #2. This observation was confirmed with State tested Nurse Assistant (STNA) #35 at that time. An interview on 03/09/20 at 3:30 P.M. with Resident #2 revealed she had sanitizer and soap in her room, but they didn't always have water for hand washing. 2. An observation on 03/09/20 at 1:00 P.M. of the lobby bathroom revealed no soap in the bathroom available for residents, staff and visitors to wash their hands. There was a hanging soap dispenser, but the lever was broken, making it unavailable for use. An observation and interview on 03/10/20 at 9:10 A.M. with the Administrator confirmed the hanging soap dispenser lever was broken. She stated staff knew to push directly on the bag through a small one inch by one inch hole in the soap dispenser to force soap out of the dispenser. She also confirmed there was no directions for how to use the broken dispenser, and the staff knew how to use it, but visitors would not know how. Observation on 03/10/20 at 9:13 A.M. revealed Maintenance Director #37 placed a new working soap dispenser on the wall of the lobby bathroom. 3. Interviews and observations on 03/09/20 at 1:35 P.M. of the Upstairs Shower Room and on 03/09/20 at 1:40 P.M. of the East Shower Room revealed no portable water in the shower rooms available for staff to wash their hands. This was confirmed with Registered Nurse (RN) #36 at those times. An interview on 03/11/20 at 12:35 P.M. with the Director of Nursing (DON) revealed East residents, East Private residents and Center residents used the East shower room, and the Upstairs residents used the Upstairs shower room. 43 residents (#2, #3, #4, #5, #6, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45 and #46) used the East and Upstairs shower rooms. 4. A review of the medical record for Resident #6 revealed an admission date of [DATE]. The resident was discharged to the hospital on [DATE] and returned to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the admission Minimum Data Set (MDS) 3.0 assessment, dated 01/24/20, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. The resident required extensive two staff assistance with transfers, bed mobility, dressing, locomotion, toilet use and personal hygiene. Review of the plan of care dated 01/29/20 revealed the resident had [MEDICAL CONDITION], A-Fib, history of TIA and high blood pressure. Interventions included check breath sounds and monitor for labored breathing, monitor/document/report signs of [MEDICAL CONDITION], such as a dry cough, lethargy, crackles or wheezes upon lung auscultation, and oxygen per orders. It further revealed the resident had oxygen therapy related to shortness of breath, pneumonia, [MEDICAL CONDITIONS] and [MEDICAL CONDITION] with interventions to provide aerosol treatments per orders, give medications per orders, provide oxygen per orders, monitor oxygen saturations as needed and promote lung expansion and improve air exchange by positioning with proper body alignment and head of bed at 30 degrees if tolerated. It further revealed the resident had a respiratory [MEDICAL CONDITION] with interventions to provide the antibiotic therapy as ordered, document response to treatment, droplet precautions per orders and emphasize good hand washing techniques to all staff. Review of the hospital laboratory test results for Resident #6 from 12/31/19 revealed the resident had a presumptive negative result for the presence of Legionella pneumonia serogroup one [MEDICATION NAME] in urine suggesting no recent or current infection. Review of the local hospital laboratory test result for Resident #6 revealed on 02/19/20 the resident had a presumptive positive for Legionella pneumonia serogroup one [MEDICATION NAME] in urine suggesting current or past infection. Interview on 03/11/20 at 9:30 A.M. with the Administrator revealed on 12/31/19 the resident had a presumptive negative test for Legionella from a hospital and he arrived at the facility on 01/17/20. On 02/18/20 he was sent to a different hospital for respiratory symptoms and a fever. On 02/19/20 the facility was notified by the Franklin County Health Department (FCHD) that Resident #6 had a presumptive positive result for Legionella at the hospital after his admission on 02/18/20. She stated on 02/20/20 the facility purchased and tested with Home Depot test kits. On 02/21/20, the facility tested the water with Superior Lab which tested negative, on 0[DATE] they were notified that the Superior Lab was not a Centers for Disease Control (CDC) Elite lab, so they had to use a different lab service. On 0[DATE] they tested with Cetec labs and tested negative, and on 02/26/20 the facility received direction from FCHD for the proper steps before water could be turned back on. Review of the facility Legionella Environmental Assessment Form, completed 12/18/19, revealed the facility ordered a test kit for Legionella for the following instructions: CDC Developing a Water Management Program to Reduce Legionella Growth and Spread in Building, dated 06/05/17, revealed the facility was utilizing the guide in an attempt to reduce Legionella outbreaks. There were seven total sections to the program: 1. Establish a Water Management Program Team 2. Describe Your Building Water Systems Using Text or a Flow Diagram 3. Identify Areas Where Legionella Could Grow and Spread and Control Measure and Corrective Actions: The Basics 4. Decide Where Control Measure Should Be Applied and Monitored 5. Establish Ways to Intervene When Control Limits are not Met 6. Make Sure the Program is Running as Designed and is Effective 7. Document and Communicate All the Activities of Your Water Management Program. A review of the plan of correction timeline revealed the following: On 0[DATE] water samples were sent to Cetec Laboratories. On 02/26/20 the facility shut off all hot and cold water to the resident rooms and purchased and installed filters for the showers and ice machine. They also implemented the use of emergency water. On 02/27/20 the FCHD Division Manager for Environmental Health #39 assessed the facility. Vendors were called to clean the ice machine (completed on 03/03/20), and vendors were called for quotes for a mixing valve to be added to the water heater. On 03/04/20 and 03/05/20 two difference companies gave quotes for the mixing valve. On 03/06/20 FCHD Division Manager for Environmental Health #39 sent an email regarding recommended Legionella consultants. On 03/09/20 the facility called all recommended consultants, and they chose Barclay Water Management. The facility notified FCHD Division Manager #39 of the chosen consultant. On 03/10/20 water results were received reading negative for Legionella, and Barclay arrived to complete an onsite assessment. On 02/19/20 through 02/22/20 the facility conducted all resident audits for three days on resident vital signs (respirations, oxygen saturation, and temperature). A review of the Superior Laboratories water test from 02/21/20 revealed the facility water tested negative for Legionella. A review of the Cetec Laboratory water test from 02/27/20 revealed the

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.

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	(continued... from page 1) facility water tested negative for Legionella. Review of the facility Waterborne Pathogens Plan, dated 11/08/17, revealed Legionella growth occurs in water temperatures between 68 degrees Fahrenheit and 122 degrees Fahrenheit, aerator removal and or cleaning should be completed, dead end, water lines should be eliminated, and closed heating loops should be tested twice a year. A review of the email to the Administrator from the FCHD Division Manager #39, dated 03/06/20 revealed the following deficiencies noted at the facility: 1. The water heater that services the patient rooms/floors appears to registering 120 degrees Fahrenheit - recommended setting is 140 degrees Fahrenheit or higher. 2. There is no thermostatic master mixing valve installed on the hot water supply to the patient rooms/floors - do not increase water temperatures in the patient rooms water heater until a thermostatic master mixing valve has been installed (permit required). 3. There are several non-working or missing thermometers on the hot water supply lines from the water heater that services the patient rooms/floors, kitchen and laundry. a. Thermometers should be installed on the hot water tanks, storage tanks, after the mixing valve (if applicable) and on the return line (if applicable). 4. There is no testable backflow prevention device on the main water supply to the building (permit and annual certification required). 5. There is no testable backflow prevention device on the cold-water supply separating the boiler system for heating the building and cold-water supply for the hot water to patient rooms and the food service (permit and annual certification required). 6. There is no flow diagram of the building water supply (hot or cold) which indicates direction of flow and return loops in supply systems. a. At the time of inspection, FCHD Division Manager #39 was unable to identify how water is supplied to the 2nd floor of the facility. 7. There is a concern for dead leg plumbing lines throughout the building where piping may have been terminated or where sinks and other fixtures have little or no use. 8. There was a lack of knowledge or understanding from staff about the water supply system and how it is designed and operates, particularly when it comes to flow and distribution. 9. There was a lack of knowledge or understanding of appropriate water management practices to prevent Legionella growth and respond to Legionella outbreaks. 10. Staff referenced that the facility tests for Legionella on a possible routine basis, but upon discussions, the testing was not conducted by a CDC ELITE laboratory. Testing without the use of an ELITE laboratory would not be recognized as valid by this department or the Ohio Department of Health. Step One of the program was to establish a water management program team. There were five facility members of the water management program team, the administrator, the infection preventionist, the medical director, the director of environmental services and the maintenance director. This step was completed. Step Two of the program was to describe the building water system using text and a flow diagram. A flow diagram was completed. Step Three of the program was to identify areas where Legionella could grow and spread using a flow diagram. The facility had a flow diagram, but it did not identify areas where Legionella could grow and spread. Step Four of the program was to decide how to monitor control measures. This step was not completed. There was no evidence the program contained any information related to the measures the facility would use or the frequency of testing measures to monitor the control measures. The program form gave examples of monitoring including visual inspection, checking disinfectant levels and checking temperatures. However, there was no documentation on the program form as to how often these things would be checked or what acceptable parameters (control limits) would be. Step Five of the program was to establish ways to intervene when control limits were not met. However, the program failed to document any type of plan to intervene when control limits were not met. Step Six of the program was to make sure the program was running as designed and was effective. However, this step was not completed as the facility staff were not following the program. Step Seven of the program was to document and communicate all activities of your water management program. This step was not completed as multiple areas were not documented. Review of the current CDC recommendations revealed public health officials should perform a full investigation for the source of Legionella in a facility upon identification of: Greater than or equal to one case of definite healthcare-associated Legionnaires' disease at any time; Greater than or equal to two cases of possible healthcare-associated Legionnaires ' disease within 12 months of each other. Interview on 03/10/20 at 1:20 P.M. with FCHD Division Manager for Environmental Health #39 revealed he went to facility on 02/28/20 and completed an assessment of the environment, looking at water distribution, assessment, and walk through. He tested the temperature and chlorine levels and stated there were deficiencies identified and the facility was at a high risk for growth of the Legionella bacteria. FCHD Division Manager for Environmental Health #39 stated it took a long time to assess the facility because they didn't have knowledge of function or water flow. He also stated the water heater for resident rooms was 120 degrees Fahrenheit which is a degree that promotes growth for the bacteria. He stated they should have had a mixing valve installed with the water temperature set to 140 degrees. He further revealed the facility didn't have back flow preventives, which prevents water from going backwards back into water system, they had a check valve but that's not dependable. He also revealed the facility staff had no knowledge of the flow of water supply, and there was no flow diagram to indicate direction. He further revealed he sent an email to the Administrator outlining what to do immediately. An interview on 03/10/20 at 3:30 P.M. with Corporate Maintenance Director #38 and Maintenance Director #37 revealed when FCHD Division Manager for Environmental Health (DMEH) #39 walked through the building, there was a lot of confusion. He stated they didn't have a water management flow chart and that FCHD DMEH #39 never asked for a flow chart while he was there, but he did provide the surveyor with a minimal flow chart, so he called consultant to get blue prints to the building to identify water flow. Corporate Maintenance Director #38 stated he didn't get the list of deficiencies from FCHD until 03/10/20 confirming the absence of proper communication regarding the issue. He stated he had numbers one through three and seven through nine already completed from the above email from FCHD. He further stated the facility had one testable back flow prevention device, but the facility only had check valves on the main water supply and the cold water supply, which there was no documented evidence of testing these devices. Corporate Maintenance Director #38 revealed the facility was doing daily water temperatures. He also confirmed the water temperature wasn't being held at 140 degrees, it was being held at 120 degrees. He confirmed there were two dead leg plumbing lines. He confirmed there could be stagnant water in the dead legs, and they need to get rid of the dead legs and make the pipes straight. Corporate Maintenance Director #38 was unable to explain what a closed heating loop was. He further revealed there hasn't been a cleaning/removal of the aerators in the faucets. An interview on 03/10/20 at 4:20 P.M. Corporate Maintenance Director #38 and Maintenance Director #37 confirmed the absence of the information in numbers three, four, five, and six in the CDC Legionella tool kit that the facility was suppose to be using to decrease Legionella possibility. This deficiency substantiates Complaint Number OH 662.