STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365978	A. BUILDING _____ B. WING _____	07/21/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SCARLET OAKS NURSING AND REHABILITATION CENTER	440 LAFAYETTE AVENUE CINCINNATI, OH 45220

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, staff interview, review of Centers for Disease Control (CDC) recommendations, review of facility's Covid-19 infection in-service records and review of facility infection control policies and procedures, the facility failed to develop a policy based on current CDC recommendations and implement infection control policies and procedure regarding the re-use of filtering facepiece respirators (FFRs), and adequately train staff regarding the use of personal protective equipment (PPE), to prevent the spread of Covid-19. This had the potential to affect all 55 residents of the facility. Findings include: 1. During tour of the facility on 07/15/20 beginning at 9:55 A.M. facility nursing and ancillary staff were observed wearing filtering facepiece respirators (FFRs); 3M K95 masks. The Administrator and the Director of Nursing (DON) reported there were currently 13 residents at the facility with Covid-19, all residing on the third floor of the facility. Nurses and nurse aides were interviewed to ascertain what the facility's policy and procedure was for wearing and managing the KN95 masks, and if masks were re-used. An interview was conducted with Licensed Practical Nurse (LPN) #78 on 07/15/20 at 3:12 P.M. LPN #78 reported there were KN95 masks in the cart at the entrance to the facility you could put on, if you did not already have one. She stated she thought the facility gave each staff person three masks, that she wore the same mask throughout the whole shift, but thought it would be better to change the mask more often. LPN #78 was not able to communicate any specific facility policy or procedure for re-use of the KN95 masks. An interview was conducted with Licensed Practical Nurse (LPN) #71 on 07/15/20 at 4:10 P.M. LPN #71 was observed to be present and working on the third floor of the facility during tour. LPN #71 affirmed she was assigned to work the third floor of the facility. She communicated there was a cart at the entrance to the facility which contained brown paper bags with each staff names on them which contained their FFRs/masks. She shared she routinely used the same mask two days in a row, that was two 12 hours shifts in a row, then she would get a new one. An interview was conducted with State tested Nurse Aide (STNA) #68 on 07/16/20 at 10:32 A.M. STNA #68 affirmed she was routinely assigned to the third floor. She stated the facility gave her three FRRs when the first residents tested positive with Covid-19, and then the facility gave staff three more FRRs in June. She shared the masks were placed in brown paper bags stapled together and labeled with each staff person's name in the cart at the entrance to the facility. STNA #68 reported she wore the same mask two days in a row, that was two 12 hour shifts in a row, and after she wore one three times she threw it out. The nurse aide also communicates she had ordered her own masks, the same as the one provided by the facility, on-line. STNA #68 also shared she no longer had any brown paper bags in the cart, stating her brown paper bags were in the garbage now, and sometimes she might come in wearing a cloth mask and then would get a KN95 from the nurse on the unit or from central supply. She denied ever receiving any education on how to use or rotate the masks using the brown paper bags. An interview was conducted with the DON on 07/16/20 at 1:03 P.M. regarding the facility's policy and procedure for care and re-use of the KN95 mask. She affirmed the facility was preserving the masks, and using the masks on a rotating basis. The DON stated each staff person had three paper bags with their names on the bags, and when they arrived they would put on a mask on and wear it for the duration of a shift (12 hour shifts). She communicated when each staff person left they were to mark the bag, so they could keep track of what mask they wore last, and rotate the masks so that 72 hours lapsed before the same mask was worn again. The DON affirmed the same mask should not be worn two days in a row, that was two 12 hour shifts in a row. She stated she thought that each mask could be used for up to seven shifts, but did not have the procedure readily available to review. She stated the KN95 masks had been in use for staff at the facility since the first part of May '20. An interview was conducted with STNA #63 on 07/16/20 at 1:50 P.M. STNA #63 reported she routinely was assigned to work the third floor. She stated when she entered the facility she wore a mask and was screened. She stated staff were supposed to have a paper bag in the cart in the entry, and the facility would give staff three new masks and then staff should change them out weekly. STNA #63 shared she did not have any paper bags for her masks in the cart at the entrance as she had not made them up yet. She explained that she ordered her own masks on-line and used them, the same as the ones provided at work, and wore them. The nurse aide reported she would wear her own masks for two 12 hours shifts, spray it with a little Lysol, and keep it in a plastic bag in her vehicle. STNA #63 did not recall any specific in-service education or training regarding use and/or re-sure of the FFRs including care of the mask or how may times a mask could be work consecutively. The facility's policy titled N95 Mask Procedure was provided by the Administrator on 07/21/20 and reviewed. The Administrator reported the procedure was effective 05/06/20. The procedure specified that N95 masks were to be worn in a three day rotation and stored in a brown paper bag in alphabetical order beginning with the first letter of your last name. The language in the procedure specified that staff were to place their name and date on the brown paper bag when receiving a new mask. Each mask may be worn up to 20 uses unless soiled or torn, at that time a new mask would need to be retrieved. Place a tic mark on the bag for the mask in use in order to adequately track the number of uses. The brown bags will be stored at the entrance door of the healthcare center. Employees are to leave their masks in their designated bags when leaving the facility at the end of their shift and retrieve from their designated bag in the storage container on their next incoming shift. On 07/21/20 the Administrator was asked to provide the manufacturer's information regarding the KN95 masks in use, and where it specified that the masks could be used for 20 extended wears. On 07/21/20 at 12:14 P.M. the Administrator reported that she was able to find the manufacturer information for the KN95 masks in use, but it was not specific regarding the number of wears one could be used for. Review of CDC guidelines and recommendation for Coronavirus Disease 2019 under the section titled Strategies for Optimizing the Supply of N95 Respirators updated 04/02/20 included the following: Re-use refers to the practice of using the same N95 respirator by one Health Care Provider (HCP) for multiple encounters with different patients but removing it (i.e. doffing) after each encounter. This practice is often referred to as limited reuse because restrictions are in place to limit the number of times the same respirator is reused. It is important to consult with the respirator manufacturer regarding the maximum number of donnings or uses they recommend for the N95 respirator model. If no manufacturer guidance is available, data suggest limiting the number of reuses to no more than five uses per device to ensure an adequate safety margin. N95 and other disposable respirators should not be shared by multiple HCP. CDC has recommended guidance on implementation of limited re-use of N95 respirators in healthcare settings. For pathogens for which contact transmission is not a concern, routine limited reuse of single-use disposable respirators has been practiced for decades. For example, for [MEDICAL CONDITION] prevention, a respirator classified as disposable can be reused by the same provider as long as the respirator maintains its structural and functional integrity. If reuse must be implemented in times of shortages, HCP could be encouraged to reuse their N95 respirators when caring for patients with [MEDICAL CONDITION] disease first. Limited re-use of N95 respirators when caring for patients with COVID-19 might also become necessary. However, it is unknown what the potential contribution of contact transmission is for [DIAGNOSES REDACTED]-CoV-2, and caution should be used. Re-use should be implemented according to CDC guidance. Re-use has been recommended as an option for conserving respirators during previous respiratory pathogen outbreaks and pandemics. During times of crisis, [MEDICATION NAME] limited re-use while also implementing extended use can be considered. It may also be necessary to re-use

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) N95 respirators when caring for patients with [MEDICATION NAME] or [DIAGNOSES REDACTED], although contact transmission poses a risk to HCP who implement this practice. Ideally, N95 respirators should not be re-used by HCP who care for patients with COVID-19 then care for other patients with [MEDICATION NAME], [DIAGNOSES REDACTED], and [MEDICAL CONDITION], and vice versa. Respirators grossly contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients should be discarded. HCP can consider using a face shield or facemask over the respirator to reduce/prevent contamination of the N95 respirator. HCP re-using an N95 respirators should use a clean pair of gloves when donning or adjusting a previously worn N95 respirator. It is important to discard gloves and perform hand hygiene after the N95 respirator is donned or adjusted. The surfaces of a properly donned and functioning NIOSH-approved N95 respirator will become contaminated with pathogens while filtering the inhalation air of the wearer during exposures to pathogen laden aerosols. The pathogens on the filter materials of the respirator may be transferred to the wearer upon contact with the respirator during activities such as adjusting the respirator, improper doffing of the respirator, or when performing a user-seal check when redonnng a previously worn respirator. One effective strategy to mitigate the contact transfer of pathogens from the respirator to the wearer could be to issue each HCP who may be exposed to COVID-19 patients a minimum of five respirators. Each respirator will be used on a particular day and stored in a breathable paper bag until the next week. This will result in each worker requiring a minimum of five N95 respirators if they put on, take off, care for them, and store them properly each day. This amount of time in between uses should exceed the 72 hour expected survival time for [DIAGNOSES REDACTED]-CoV2 ([MEDICAL CONDITION] that caused COVID-19). HCP should still treat the respirator as though it is still contaminated and follow the precautions outlined in CDC's re-use recommendations. Respirator manufacturers may provide guidance for respirator decontamination. At present, there are no generally approved methods for N95 and other disposable respirator decontamination prior to re-use. Review of CDC guidelines and recommendation for Coronavirus Disease 2019 under the section titled Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings the language under Respirator Reuse Recommendations included the following: To reduce the chances of decreased protection caused by a loss of respirator functionality, respiratory protection program managers should consult with the respirator manufacturer regarding the maximum number of donnings or uses they recommend for the N95 respirator model(s) used in that facility. If no manufacturer guidance is available, preliminary data suggests limiting the number of reuses to no more than five uses per device to ensure an adequate safety margin. Management should consider additional training and/or reminders for users to reinforce the need for proper respirator donning techniques including inspection of the device for physical damage (e.g., Are the straps stretched out so much that they no longer provide enough tension for the respirator to seal to the face?, Is the nosepiece or other fit enhancements broken?, etc.). Healthcare facilities should provide staff clearly written procedures to: Follow the manufacturer's user instructions, including conducting a user seal check. Follow the employer's maximum number of donnings (or up to five if the manufacturer does not provide a recommendation) and recommended inspection procedures. Discard any respirator that is obviously damaged or becomes hard to breathe through. Pack or store respirators between uses so that they do not become damaged or deformed. 2. Observation of the third floor on 07/15/20 at 10:05 A.M. revealed that one wing of the floor was sectioned off with plastic zip walls and was for isolation of residents known to be positive with Covid-19, or suspected to be positive with Covid-19. The opposite wing on the third floor housed residents in private rooms, some of which were in quarantine due to being admitted /readmitted to the facility, or had exposure to a staff or resident who was know to be positive with Covid-19. On each of the doors of residents who were in isolation and quarantine there was a stop sign on the door to see the nurse before entering the room, and there was an isolation cart outside the room. There were no instructions observed posted in the corridor, nurses station, or on the doors of the resident's in quarantine as to what PPE nursing or other staff were to wear into the room when providing care or other services. Nurses and nurse aides were interviewed to ascertain what the facility's policy and procedure was for wearing PPE when caring for residents in isolation for Covid-19, and if they had been adequately trained and/or observed donning and doffing PPE to assure they were competent with the procedure. An interview was conducted with LPN #75 on 07/15/20 at 2:43 P.M. She stated she was assigned to the third floor today, and it was her first day being assigned to the Covid-19 unit. LPN #75 reported that she did not receive any special training before being assigned to the unit, and did not know what to do between rooms, and had to ask a STNA if she needed to change everything between residents. She reported that she did not get any training on PPE prior to being assigned to the Covid-19 unit, and there were no instructional posters/diagrams on what to wear into the rooms, or donning/doffing procedures readily available on the unit, or on the doors to the specific rooms. An interview was conducted with LPN #71 on 07/15/20 at 4:10 P.M. LPN #71 was observed to be present and working on the third floor of the facility during the initial tour. LPN #71 affirmed she was assigned to work the third floor of the facility. She stated she had been off work, and returned to work last Wednesday 07/08/20, and had not had to get dressed up to go into a the room of a resident with Covid-19 since returning to work last week. (She hadn't worked the Covid-19 unit since returning. LPN #71 reported that she would wear a mask, face shield, gown, gloves, and foot covers when going into a Covid-19. When asked if she had any training on what PPE to wear when caring for resident with Covid-19 LPN #71 communicated the facility had an in-service but denied that anyone had made observations of her putting on/taking off PPE to make sure she was doing it right. An interview was conducted with STNA #65 on 07/15/20 at 4:34 P.M. STNA #65 reported that she typically worked the third floor Covid-19 unit. She stated she did not recall any in-service education regarding the use of PPE, and denied that any facility administrative or other staff person had watched her donning or doffing PPE to make sure she was doing it correctly. STNA #65 stated that she recalled the facility had an in-service about two months ago, but did not recall anything specific regarding the use of PPE. STNA #65 reported she did not recall seeing any instructional posters or diagrams on the unit on what PPE to wear into the rooms, or how to don/doff PPE. An interview was conducted with STNA #68 on 07/16/20 at 10:32 A.M. STNA #68 affirmed she was routinely assigned to the third floor. STNA #68 stated that she wore a mask, face shield, gown, gloves, hair net, and shoe covers when she entered a room of a resident with Covid-19. She communicated she did not receive any formal training from the facility regarding donning or doffing PPE, and there were no diagrams/posters on the third floor Covid-19 unit of what to wear. She stated the facility will have a huddle meeting about thing and then have staff sign off. The nurse aide stated she just puts everything on that was in the isolation cart before she goes in the room. STNA #69 denied ever having an administrative nursing staff person or other staff person observe her putting on or taking off her PPE, or washing her hands, to assure she was doing it correctly to prevent contamination. An interview was conducted with STNA #63 on 07/16/20 at 1:50 P.M. STNA #63 reported she routinely was assigned to work the 3rd floor. STNA #63 denied getting formal training on donning and doffing PPE, stating that the facility had us sign something and was not sure if was about masks of PPE, and denied that any administrative nursing staff person or other staff had observed her putting on/taking off her PPE to make sure she was doing it correctly. She stated there were no posters/diagrams on or near the unit which instructed staff on what to wear in the rooms of residents who were positive for Covid-19, or how to don or doff PPE. Review of fancily's Covid-19 in-service records indicated an in-service titled PPE Use and Proper Wearing was held on 06/21/20, and an in-service titled Donning and Doffing PPE Appropriately was held on 07/02/20. The Administrator was asked to provide evidence of in-service education on those dates. The documentation provided by the Administrator on 07/21/20 included documentation that ADON #1 observed a total of two staff persons on 06/21/20, identified by initials only, to note if they had a mask, gown, and gloves in place and disposed of it properly. On 07/02/20 the in-service documentation provided consisted of seven staff persons, identified by initials only, to note if they had a mask, gown, and gloves in place and disposed of it properly. There was no mention of education or observation of staff regarding proper donning/doffing of PPE to prevent contamination of themselves or the environment. The facility policy and procedure titled Infection Control Guideline for All Nursing Procedures specified that prior to having direct-care responsibilities for residents, staff must have appropriate in-service training on general infection and control issues including the facility protocols for isolation precautions. The facility's policy and procedure titled Emergency Plan - [MEDICAL CONDITION] specified under the education and training section, that education and training of staff members regarding infection prevention and control precaution, standard and droplet precautions, as well as respiratory hygiene/cough etiquette would be ongoing to prevent the spread of infections, but particularly at the first point of contact with a potential infection person with [MEDICAL CONDITION]. Education and training should include the usage of language and reading-level appropriate, information materials. Informational materials should be disseminated before and during pandemic outbreaks. Review of CDC Preparing for Covid-19 In Nursing Homes updated 06/25/20 indicated to Reinforce adherence to standard IPC measures including hand hygiene and selection and correct use of personal protective equipment (PPE). Have HCP demonstrate competency with putting on and removing PPE and monitor adherence by observing their resident care activities. CDC has

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	(continued... from page 2) created training modules for front-line staff that can be used to reinforce recommended practices for preventing transmission of [DIAGNOSES REDACTED]-CoV-2 and other pathogens. Educate HCP about any new policies or procedures. Review of CDC guidelines and recommendation for Coronavirus Disease 2019 under the section titled Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection related to PPE Training specified that employers should select appropriate PPE and provide it to HCP in accordance with OSHA PPE standards (29 CFR 1910 Subpart I). HCP must receive training on and demonstrate an understanding of: when to use PPE what PPE is necessary how to properly don, use, and doff PPE in a manner to prevent self-contamination how to properly dispose of or disinfect and maintain PPE the limitations of PPE. This deficiency substantiates Complaint Number OH 090