

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365603	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER MERCY FRANCISCAN AT WEST PARK		STREET ADDRESS, CITY, STATE, ZIP 2950 WEST PARK DRIVE CINCINNATI, OH 45238	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on medical record review, observations, staff interview, review of facility Coronavirus Disease 2019 (COVID-19) policies, review of facility infection control policies, review of the Center for Disease Control (CDC) and Prevention guidelines, and review of facility documents the facility failed to implement appropriate infection control practices to potentially prevent the spread of COVID-19 infections. This had the potential to affect all the residents of the facility. The census was 70. Findings include: 1. Review of Resident #11's medical record revealed a physician order [REDACTED]. Resident #11 test was positive for COVID-19 with results dated 04/23/20. Further review revealed an active physician order [REDACTED]. Observation on 06/16/20 at 12:15 P.M. revealed State tested Nursing Assistant (STNA) #40 in Resident #11's room. The STNA touched a bedside table, handled bed linens, and assisted Resident #11. STNA #40 was wearing a yellow cloth gown, facemask, and eye protection. STNA #40 was not wearing any gloves. Interview with the Administrator and Director of Nursing (DON) at the time of the observation confirmed STNA #40 was not wearing gloves while in the room of Resident #11. They also reviewed Resident #11 as in contact precautions for being positive for COVID-19. 2. Observations made of two resident hallways (room numbers 702 to 722 and 745 to 759) during tour of the facility with the Administrator and DON on 06/16/20 from 11:50 A.M. to 12:35 P.M. revealed facility staff caring for COVID-19 positive residents were wearing yellow cloth isolation gowns. These care staff were observed entering and exiting the rooms of residents designated as being hot, or positive for COVID-19. Also present in these hallways were other facility care and housekeeping staff that were not wearing yellow protective protective gowns. The Administrator and DON did not wear a protective gown during tour of these hallways. Review of the facility floor plan revealed these two hallways were for COVID-19 positive and those residents who had recovered from COVID-19. Interview on 06/16/20 at 12:25 P.M. the Administrator, DON, and Registered Nurse (RN) #50 revealed that care staff don clean gowns when working on halls with COVID-19 residents, and do not change the gown between other COVID-10 positive residents. All three confirmed that care staff do not remove gowns when exiting COVID-19 positive resident rooms and continue to wear the gowns in hallways where other facility staff are present that are not wearing isolation gowns. All three (Administrator, DON, and RN #50) confirmed that care staff could possibly come in contact with other health care equipment, such as medication carts, and other staff who were not wearing protective gowns. Review of the facility's policy titled Isolation-Categories of Transmission-Based Precautions dated revised October 2018 revealed when a resident was in contact precautions staff and visitors will wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed. Review of the facility's policy titled Pandemic COVID-19 Virus, Infection Control Measures During dated March 2020 revealed if an outbreak of pandemic COVID-19 virus occurs in the facility, strict adherence to standard and transmission-based precautions and other infection control measures will be implemented according to the most current CDC recommendations for pandemic COVID-19 virus. 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. If COVID-19 is identified in the facility, restrict all residents to their rooms and have health care personnel (HCP) wear all recommended personal protective equipment (PPE) for care of all residents (regardless of symptoms) on the affected unit (or facility-wide depending on the situation). This includes: an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown. HCP should be trained on PPE use including putting it on and taking it off. This approach is recommended because of the high risk of unrecognized infection among residents. Recent experience suggests that a substantial proportion of residents could have COVID-19 without reporting symptoms or before symptoms develop. HCP who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Review of facility documents revealed the facility had an outbreak of COVID-19 with 75 total residents testing positive, 16 resident deaths, 26 facility and 4 agency staff testing positive.</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.