STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365256	A. BUILDING _____ B. WING _____	08/12/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LAURELS OF WORTHINGTON, THE	1030 HIGH ST WORTHINGTON, OH 43085

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 -** Immediate jeopardy **Residents Affected -** Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the unprecedented global pandemic that resulted in the Presidential declaration of a State of National Emergency dated 03/13/20, Department of Health and Human Services, Centers for Medicare & Medicaid (CMS) Memos, Nursing Home Guidance from the Centers for Disease Control (CDC), data contained on the State of Ohio coronavirus.ohio.gov dashboard, observations, medical record reviews, review of the facility Coronavirus (COVID-19) policy and Bed Management, review of employee files, and staff and local health department staff interviews, the facility failed to implement effective and recommended infection control practices, including the implementation of appropriate quarantine procedures to prevent the spread of COVID-19 within the facility. This resulted in Immediate Jeopardy when two residents (#92 and #82) were admitted to the facility under quarantine status and placed in rooms with other residents who were not in quarantine status. Additionally, staff were observed not using proper Personal Protective Equipment (PPE) or completing hand hygiene appropriately. The lack of current effective infection control practices in the facility placed all 90 residents at risk for potential harm, complications and/or death related to the facilities failure to prevent a potential COVID-19 outbreak. The facility census was 90 residents. On 08/06/20 at 4:55 P.M., the Administrator and Director of Nursing (DON) were notified Immediate Jeopardy began on 06/15/20 when two residents (#92 and #82) were admitted to the facility under quarantine status from a hospital and placed with six other residents (#93, #14, #94, #43, #52, and #95) who were not in a quarantine status. Observations at the facility on 08/05/20 revealed seven additional residents (#59, #32, #29, #47, #96, #40, and #13) under a quarantine status that were placed throughout the facility in rooms with residents who were not under quarantine. Additionally, the facility did not implement any interventions, increase monitoring or test any residents, after possible exposure to Licensed Practical Nurse (LPN) #200 who tested positive for COVID-19 on 07/24/20. On 08/05/20 at 12:15 P.M., Activities Assistant (AA) #01, and at 1:35 P.M. AA #04 were observed not using proper PPE prior to entering a quarantine room under droplet precautions and did not perform hand hygiene appropriately after leaving the room. On 08/05/20 at 1:20 P.M., observations revealed State tested Nurse Aide (STNA) #02 was observed donning PPE to go into a room, which had signage indicating the resident was on droplet precautions, without goggles or a face shield. On 08/05/20, several observations were made on the Memory Care Unit of Resident #13, who was under quarantine status, walking throughout the unit and entering other resident rooms without any PPE on. The Immediate Jeopardy was removed on 08/07/20 at 1:30 P.M., when the facility implemented the following corrective actions: On 08/06/20, all residents in the facility were assessed by the DON or designee for signs and symptoms of COVID-19 as identified by the CDC. None of the residents displayed signs and/or symptoms of COVID-19. On 08/06/20, Residents #32, #87, #06, #11, #47, #96, #29, # 55, # 59, #56, #71, #14, #54, #27, #72, #67, #73, and #08, began moving to the North Unit and have been placed on fourteen (14) days of droplet and contact isolation precautions, their COVID monitoring increased to three times a day (TID) for 14 days, and their care plans were reviewed and updated accordingly by the DON or designee. All were moved by 08/07/20. On 08/06/20, Residents #13 and #70 were placed on fourteen (14) day droplet and contact isolation, but are remaining on the memory care unit for their safety due to exit seeking behaviors. The DON has designated a nurse and STNA to care for these residents identified. On 08/06/20, all residents in the facility were assessed by the DON or designee for signs and symptoms of COVID-19 as identified by the CDC. None of the residents displayed signs and/or symptoms of COVID-19. On 08/06/20, All residents in the facility have been placed on monitoring three times a day for signs and symptoms of COVID 19, including temperature checks, to increase monitoring of their status due to alleged potential for exposure. These evaluations were completed by the Nurse Managers. On 08/06/20, all facility staff will frequently monitor residents out of rooms wearing masks throughout the day. Staff will provide redirection when necessary regarding precautions. On 08/06/20, all high touch areas will have increased cleaning schedules in place by all staff. On 08/06/20, social distancing benchmarks have been put in place such as chairs and tables six feet apart for residents and staff. Monitoring tools for observation have been developed for management use, to identify any potential issues. On 08/06/20, the Administrator, DON and Quality Assurance Performance Improvement (QAPI) team members reviewed the facility infection control policy regarding COVID-19 and deemed it appropriate, which included droplet/contact isolation precautions and staff PPE requirements. On 08/06/20, the Administrator, DON and QAPI team members reviewed the Bed Management Decision Tree policy for new and readmission of residents, isolation precaution requirements, dedicated staff, and deemed it appropriate. The policy addresses the (quarantine) isolation (droplet/contact isolation precautions) of residents on admission and readmission to the facility for fourteen days, and monitoring of the resident for signs and symptoms of COVID-19 as identified by the CDC every day. On 08/06/20, the DON and nurse managers educated all staff on duty at the time the Immediate Jeopardy was issued on the following: the quarantine/isolation policy for new and readmitted residents; the use of all PPE with a special focus on face shields; the dedicated staff for isolation/quarantine residents; Cohorting procedures for residents on droplet/contact isolation precautions and handwashing. The remaining employees will be educated prior to their next scheduled shift by the DON and/or designee. New employees will receive the same education during new employee orientation. As of 08/07/20 at 1:30 P.M., there are 24 remaining employees that will be educated prior to their next scheduled shift. On 08/06/20, the Administrator and DON/designee began conducting random audits five times a week for four weeks, then three times weekly for four weeks, then weekly for four weeks, for room placement and droplet/contact isolation precautions of residents, staff use of PPE with a special focus on face shield use, handwashing and use of dedicated staff for guests on droplet/contact isolation precautions. On 08/06/20, Registered Nurse (RN) #400 informed the Medical Director of the elements of the abatement plan. On 08/06/20, education and allegation of deficiencies were reviewed in ad hoc QAPI meeting. Although the Immediate Jeopardy was removed on 08/07/20, the facility remained out of compliance at Severity Level 2 (no actual harm with potential for more than minimal harm that is not Immediate Jeopardy) as the facility is still in the process of implementing their corrective actions and monitoring to ensure on-going compliance. Findings include: Review of the Department of Health and Human Services, Centers for Medicare & Medicaid (CMS) Memo QSO 20-20-ALL dated 03/20/20 revealed The Centers for Medicare & Medicaid Services (CMS) is committed to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of disease caused by the 2019 Novel Coronavirus (COVID-19). As part of CMS guidance, the Focused Infection Control Survey was made available to every provider in the country to make them aware of Infection Control priorities during this time of crisis, and providers and suppliers may perform a voluntary self-assessment of their ability to meet these priorities. The QSO Memo included additional instructions to Nursing Homes. We are disseminating the Infection Control survey developed by CMS and CDC so facilities can educate themselves on the latest practices and expectations. We expect facilities to use this new process, in conjunction with the latest guidance from CDC, to perform a voluntary self-assessment of their ability to prevent the transmission of COVID-19 .We also encourage nursing homes to voluntarily share the results of this assessment with their state or local health department Healthcare-Associated Infections (HAI) Program. Furthermore, we remind facilities that they are required to have a system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons

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 -** Immediate jeopardy **Residents Affected -** Many	(continued... from page 1) in the facility, and when and whom possible incidents of communicable disease or infections should be reported (42 CFR 483.80(a)(2)(i) and (ii)). 1) Review of reporting data for the facility on the coronavirus.ohio.gov website, which reflects current and cumulative cases of COVID-19 among facility staff and residents reported to the Ohio Department of Health revealed as of 07/29/20 the facility had reported no current resident cases, 67 cumulative resident cases, one current staff case and 21 cumulative staff cases. Data updated as of 08/05/20 revealed no current resident cases, 67 cumulative resident cases, 3 current staff cases and 23 cumulative staff cases. Current case counts are defined as residents or staff that had active COVID-19 infection during the prior week (Wednesday through Tuesday). Cumulative counts are defined as residents or staff that had active COVID-19 infection at any point from April 15, 2020 onward. The cumulative totals do not include patients or staff who have recovered, have been hospitalized , or have passed away prior to April 15, 2020. During the survey process, the facility was asked to provide evidence of on-going communication/collaboration with the local health department to ensure any health department recommendations being made were implemented timely. Review of the coronavirus.ohio.gov website on 08/05/20 revealed(NAME)County is at a level 3 public emergency: very high exposure and spread. Limit activities as much as possible. On 08/07/20 at 3:00 P.M., an interview with an employee of the(NAME)Health Department (CHD) #204 revealed she had been recently assigned as the contact person for the facility and her only contact had been a couple of days ago, when the facility called after they had been informed of concerns by the Ohio Department of Health surveyors. CHD #204 verified the facility's current system of placing quarantined residents into the same rooms as non-quarantined residents would not be a recommendation of the health department. CHD #204 stated recommended PPE for staff caring for quarantined residents would include, gown, gloves, N95 mask, and eye protection. CHD #204 stated, the staff should wear the same PPE for quarantined residents as they would for residents in isolation. As of 08/07/20, no additional information had been provided from the facility regarding on-going correspondence with the local health department. 2. On 08/05/20 from 11:07 A.M. to 3:40 P.M., onsite observations and interviews conducted at the facility revealed the following concerns: a. Ten resident rooms were observed with signage on the doors noting droplet precautions with PPE carts outside of the rooms. It was revealed by staff that residents placed in those rooms were new admissions and were under a 14-day quarantine period. However, the rooms were observed to have two or more residents in them. Residents #59, #32, #29, #47, #96, #40, and #13 were identified as being new admissions under a quarantine status and had been placed in rooms with Residents #73, #56, #72, #14, #54, #27, #67, and #70 who were not on a quarantine status. The rooms were intermingled throughout the facility with resident rooms who did not require additional precautions for COVID-19. b. On 08/05/20 at 12:05 P.M., observations revealed Resident #13 (identified as being under droplet precautions) was walking in the hallway on the Memory Care Unit with a surgical mask under her chin. Also, Resident #22 (identified as being under droplet precautions) was observed walking in the same hallway on the same unit without a mask on at all. c. On 08/05/20 at 12:15 P.M., AA #01 was observed donning PPE at the entrance to the room for Residents #11 and #55. She put on a gown, gloves and a surgical mask over her N95 that she was already wearing. She took some shopping bags into the resident and exited the room by removing her PPE except for the N95 mask. She threw them in the trash container in the room and exited the room without performing hand hygiene. Interview with AA #01 at the time, verified she did not perform hand hygiene when exiting the room and stated she used hand sanitizer before going into the room. She was not wearing face shield or goggles while in the room. d. On 08/05/20 at 12:26 P.M., observations revealed Resident #13 (identified as being under droplet precautions) had her surgical mask under her chin and walked into another resident room with two residents (#39 and #58). Residents #39 and 58 were not on any precautions. Resident #13 talked for a couple of minutes and then left the room and continued wandering the hallway with her surgical mask under her chin. e. On 08/05/20 at 12:43 P.M., interview with LPN #205 on the North Hall verified five rooms with nine residents (#73, #59, #56, #32, #06, #72, #29, #55, and #11) on the hall were on droplet precautions due to having a new admission in the room and were under a 14-day quarantine status. All rooms except for one, where Resident #06 resided, had two residents in them. f. On 08/05/20 at 12:51 P.M., interview with LPN #206 on the East Hall verified Resident #47 was under droplet precautions due to the resident being a new admission and under a 14-day quarantine status. Resident #47 had two roommates (#14 and #54) in the room, who were not new admissions or under quarantine status. Resident #96 was a new admission and was under droplet precautions with a 14-day quarantine period. Resident #96 had a roommate (#27) in the room, who was not a new admission or under quarantine status. Also, Resident #13 was a new admission under droplet precautions with a 14-day quarantine period. Resident #13 had a roommate (#70) in the room, who was not a new admission or under quarantine status. g. On 08/05/20 at 1:20 P.M., interview with LPN #207 verified Resident #67 did not require any precautions; however, her roommate (#40), was a new admission, under droplet precautions and under a 14-day quarantine status. LPN #207 stated therefore, both residents in the room were under droplet precautions. h. On 08/05/20 at 1:20 P.M., observations revealed STNA #02 was observed donning PPE to go into Resident #27 and #96's room, which had signage indicating the residents were on droplet precautions. She donned a gown, gloves, surgical mask over her N95 mask, foot covers and hair cover. She did not wear goggles or facial shield. i. On 08/05/20 at 1:22 P.M., observations revealed Resident #13 was walking up and down the halls. She had a face mask in her hand and one on her face but was not wearing it over her nose and mouth. Resident #13 was on droplet precautions but was allowed out of her room to wander the halls. She appeared confused and was telling staff she was looking for her car to go to town. Staff Scheduler #03 attempted to get Resident #13 to go into her room after she was observed wandering all over the unit. Staff Scheduler #03 walked into the resident's room without donning PPE, wearing only her N95 mask. She then came out of the room still not wearing PPE. j. On 08/05/20 at 1:35 P.M., observations revealed AA #04 walked into Resident #70's room with a meal tray and signage on the door indicated droplet isolation precautions were in place. AA #04 had no PPE on except for the N95 mask he was wearing on arrival. He walked back out into the hall, looked around and went back into the room. He did not wash his hand, apply gloves or gown or face shield. He picked up the resident's bread in his bare hand and buttered the bread. He then opened the residents milk carton and wiped his hands on his pants. He then used hand sanitizer before exiting the room and did not change his N95 mask. Interview with AA #04 after he exited the room verified he did not don PPE prior to entering the room stating he didn't notice the sign and stated that was his fault. AA #04 stated he had been told to wear PPE in the isolation rooms. k. On 08/05/20 at 2:06 P.M., interview with the Administrator and the DON verified no quarantine unit had been set up in the facility. The Administrator and DON stated they did not have any private rooms in the facility, the rooms had a(NAME)and(NAME)bathroom, and the facility did not have the bed availability to place like residents together or set up a quarantine unit. l. On 08/05/20 at 2:20 P.M., interview with the Administrator and DON, when informed of the observations of AA #01, the Administrator commented the staff was only [AGE] years old. They both verified staff were not wearing facial shields or goggles unless the resident was COVID positive. The Administrator later stated she misspoke, and that staff were to wear goggles or face shields when in the rooms on droplet precautions. She was unable to answer why only one staff member was observed wearing a face shield during visit on 08/05/20. 3. Review of one employee, LPN #200, who had tested positive for COVID-19 revealed LPN #200's last date worked was on 07/23/20. On 08/05/20 at 11:30 A.M., interview with the Administrator and DON verified LPN #200 tested positive for COVID-19 on 07/24/20. The nurse remained asymptomatic both before testing positive and during the recovery period. The facility identified 17 residents (#73, #56, #12, #61, #11, #26, #20, #38, #66, #76, #44, #08, #64, #02, #72, #35, #88) who had been in contact with LPN #200. The facility increased monitoring of the residents identified but did not place any of the residents under a quarantine status or test any of the residents for COVID-19. The DON stated LPN #200 was wearing PPE when contact occurred. The nurse was retested for COVID-19 on 07/29/20 and the results were negative. LPN #200 returned to work on 08/01/20. Interview on 08/11/20 at 10:18 A.M. with CHD #204 revealed the health department would recommend that any exposed residents to a positive staff person should be quarantined and monitored. If the facility is able to test the resident(s), that would also be recommended with the testing completed 3 days after the last exposure. The recommendation would be the same whether the staff was wearing PPE or not. The roommates of any persons under a quarantine status should also be placed under a quarantine status due to possible exposure but it would not be the recommendation of the health department to put a person under a quarantine status in a room with a person that did not also require quarantine. Review of the facility policy titled, Bed Management Decision Tree, dated 05/29/20, indicated the facility must consider all of the items below before making an admit/readmit decision: the facility has sufficient PAR levels of PPE to place the new resident/resident in contact and droplet isolation for 14 days (masks, gowns, eye protection, gloves), the facility has sufficient staff to provide care and support services, able to isolate the resident/resident appropriately (wanderers), there is an appropriate room for placement, and approval from the Regional Director of Operations/Regional Clinical Coordinator obtained by facility if admission/readmission is denied. Review of the facility policy titled Coronavirus (COVID-19) policy, revised 05/20, revealed the facility will make all attempts to have consistent staff caring for residents/residents on precautions.

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Many	(continued... from page 2) Room placement: Place a resident/resident with a suspected or verified COVID-19 [DIAGNOSES REDACTED]. When a private room is not available, cohort with similar residents/resident. The policy only addresses suspected or verified positive COVID-19 residents and roommates of residents with COVID-19 and does not address quarantine of new admissions or readmissions. Personal Protective Equipment: use of contact and droplet precautions, including gowns, gloves, masks and protective eyewear. Follow CDC guidelines on PPE that should be used and what measures should be taken if there is a shortage of PPE. Wear gloves, (clean non-sterile gloves are adequate) when entering the room and during all care. Remove gloves before leaving the resident's room and perform hand hygiene. After glove removal and handwashing, ensure the hands do not touch potentially contaminated environmental surfaces. Wear a gown when entering the room and during all care. Remove the gown before leaving the resident's room. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other resident and environments. Always wear a mask and eye protection when entering the room and during resident care. Source control. Healthcare care professionals (HCP) wearing a facemask or cloth masks always while in the facility (per CDC guidelines). Remove and discard all PPE prior to leaving the room. Review of the Centers for Disease Control (CDC) Responding to Coronavirus (COVID-19) in Nursing Homes, Cohorting Residents, dated 04/30/20 revealed the facility should create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. Review of the Centers for Disease Control (CDC) core practices dated 06/25/20 revealed facilities should consider a targeted approach where designated wings/units/floor or entire facilities are created for COVID-19 or suspected patients. Facilities should consider designating health care personnel (HCP) who are assigned ONLY to those units to care for known or suspected COVID-19 patients to limit HCP exposure and conserve PPE. These units are ideal for residents returning from the hospital care who still need to complete the isolation period before being released into the general population of nursing facility residents. CDC guidance: Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. Review of Centers for Disease Control (CDC) guidance, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 07/15/20, revealed as a measure to limit health care personnel (HCP) exposure and conserve personal protective equipment (PPE), facilities could consider designating entire units within the facility, with dedicated HCP, to care for patients with suspected or verified [DIAGNOSES REDACTED]-CoV-2 infection. Dedicated means that HCP are assigned to care only for these patients during their shift. Limit transport and movement of the patient outside of the room to medically essential purposes. This deficiency substantiates Complaint Number OH 672.