STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365523	A. BUILDING _____ B. WING _____	09/29/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ARBORS AT OREGON	904 ISAAC STREETS DRIVE OREGON, OH 43616

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 0755 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, review of medication administration records, staff interviews, and review of facility policy, the facility failed to ensure a resident's medications was administered per physician orders. This affected one Resident (#21) of three residents reviewed for medications. The facility census was 59. Findings include: Review of the medical record revealed Resident #21 had an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of Resident #21's physician order dated 09/17/20 revealed the resident was ordered [MEDICATION NAME]-[MEDICATION NAME] Solution 0.5-2.5 (3) milligrams(mg)/3 milliliter (mL): 2.5mg/ml, inhale orally four times a day related to [MEDICAL CONDITION] with acute exacerbation. The medication was ordered to start 09/17/20 at 8:00 P.M. Review of Resident #21's Medication Administration Record [REDACTED]. Review of Resident #21's nurse's notes dated 09/17/20 revealed no documentation the resident had refused the medication. Interview on 09/24/20 at 9:00 A.M., with the Assistant Director of Nursing (ADON) #303 verified Resident #21 had not received a medicated breathing treatment since 2:04 P.M. on 09/17/20. Interview on 09/28/20 at 12:56 P.M., with the Director of Nursing (DON) verified the medication was not administered as ordered. The DON revealed the nurse thought the respiratory therapist would administer the medication. Review of the facility policy Administering Medications, last revised 05/2018 revealed medications must be administered in accordance with the orders, including any required time frame. This deficiency substantiates Master Complaint Number OH 893.
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 interviews, and review of the Center for Disease Control and Prevention (CDC) guidelines, the facility failed to ensure proper screening procedures were in place when staff arrived at the facility to ensure signs and symptoms of Coronavirus Disease 2019 (COVID-19) were assessed. Additionally, the facility failed to ensure facial coverings were worn, as well as implement social distancing during a staff meeting to potentially prevent COVID-19 transmission. This had the potential to affect all 59 residents residing in the facility. Findings include: 1. Interview on 09/15/20 at 12:48 P.M. with Housekeeper #40 revealed she took her own temperature and filled out her own screening forms prior to starting work. Interview on 09/21/20 at 12:26 P.M. with State tested Nursing Assistant (STNA) #105 revealed she screened herself and took her own temperature prior to starting work. Observation on 09/22/20 at 7:33 P.M., revealed outside personnel were able to freely enter the facility through unlocked doors. A sign on the door indicated staff would perform a screening if you were an approved visitor. Upon entrance into the facility lobby, there was no staff present. Screening forms were left on a desk along with a thermometer. No staff were available to assist with the screening or perform a temperature check. No self-screening instructions were provided. After the self-screening was completed, entrance into the facility was made through another set of unlocked doors. Interview on 09/22/20 at 7:38 P.M., STNA #120 verified there was no screener at the desk. STNA #120 revealed everyone should know by now to screen themselves. Interview on 09/22/20 at 7:44 P.M. with Registered Nurse (RN) #302 revealed there was no screener at night and you needed to screen yourself. RN #302 revealed the doors should be locked or locking soon. Interview on 09/28/20 at 10:05 A.M. with the Administrator revealed, you should have rang the doorbell to get screened. The Administrator revealed the entry doors to the building locked at 10:00 P.M. Interview on 09/28/20 at 12:23 P.M., with the Administrator and the Director of Nursing (DON) revealed the facility followed CDC guidelines for screening staff and visitors and there was no facility policy on screening. Review of the CDC guidelines, Preparing for COVID-19 in Nursing Homes, updated 06/25/20, revealed to screen all Health Care Personnel (HCP) at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. Fever is either measure temperature greater than 100.0 degrees Fahrenheit (F) or subjective fever. Note that fever may be intermittent or may not be present in some individuals, such as those who are elderly, immunosuppressed, or taking certain medications (e.g. Nonsteroidal anti-[MEDICAL CONDITION] drugs (NSAIDS). Clinical judgement should be used to guide testing of individuals in such situations. Post signs at the entrances to the facility advising visitors to check-in with the front desk to be assessed for symptoms prior to entry. Screen visitors for fever of 100.0 degrees (F), symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. 2. Observation on 09/28/20 at 9:05 A.M. revealed ten staff members (Administrator, Director of Maintenance #82, Respiratory Therapy Director #70, Dietary Technician #86, Business Office Manager (BOM) #85, Social Services Director (SSD) #84, Assistant Director of Nursing (ADON) #303, Admissions Director #87, RN #303, and Infection Control RN #300) were in a meeting in the facility conference room surrounding a table approximately ten feet long. The staff were not six feet apart. Further observation revealed the Administrator, the Infection Control Nurse and Maintenance Director were not wearing facial coverings. Interview on 09/28/20 at 10:11 A.M., with the Administrator revealed all staff should have been wearing facial coverings. The Administrator verified the Infection Control RN #300, the Director of Maintenance #82, the Respiratory Therapy Director #70 and herself were not wearing facial coverings. Interview on 09/28/20 at 12:23 P.M. with the Administrator and DON revealed the facility followed CDC guidelines and there was no facility policy for social distancing or facial coverings. Review of the CDC guidelines Preparing for COVID-19 in Nursing Homes, updated 06/25/20 revealed HCP should wear a facemask at all times while they are in the facility. Further review of the CDC guidelines revealed to implement social distancing measures (remaining at least six feet apart from others). Also, remind HCP to practice social distancing and wear a facemask (for source control) when in break rooms or common areas.

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.