STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365432	A. BUILDING _____ B. WING _____	08/04/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
DIPLOMAT HEALTHCARE	9001 W 130TH ST NORTH ROYALTON, OH 44133

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** - Some	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, facility policy review and the Centers for Disease Control website the facility failed to ensure infection control measures were followed related to COVID 19. This affected 13 (Residents #1, #50, #52, #53, #58, #59, #61, #62, #63, #65, #66, #67 and #69) of 21 residents identified as smokers and two residents (Residents #9 and #10) of three residents whose records were reviewed for daily screening for signs and symptoms of COVID 19. Findings include: 1. Review of the POS [REDACTED].M., 1:15 P.M., 3:45 P.M., 7:00 P.M., 9:00 P.M. and 11:00 P.M. There was no indication for social distancing nor any arrangements to limit the amount of residents in the room at one time. On 07/29/20 at 4:02 P.M., observation on the second floor, with the Director of Nursing (DON) revealed there was a group of over 10 residents not socially distanced in the hall waiting for staff to open the smoke room. Some residents were wearing face masks while other residents were not. When the door was opened 10 residents (Residents #52, #53, #58, #59, #61, #62, #65, #66, #67 and #69) entered the 600 square foot room. The residents were all sitting together, some residents were closer than a foot together and the furthest separation between residents was four feet. On 07/29/20 at 4:05 P.M., the residents were observed smoking and the exhalation of the smoke was observed to linger in other residents personal space. On 07/29/20 at 4:07 P.M. Housekeeper #21, who was inside monitoring the residents smoke break, verified the residents were sitting side by side at tables and there had been no attempt to distance them because that's were they wanted to sit and the room was not big enough to have all of the residents social distance while inside the room at one time. Housekeeper #21 revealed there had not been any adjustments in the smoking schedule to accommodate the COVID 19 precautions for social distancing of at least six feet. On 07/29/20 at 4:11 P.M. Residents #1, #50 and #63 also entered the room to smoke. On 07/29/20 at 4:11 P.M. Licensed Practical Nurse (LPN) #22 verified there were 13 residents in the smoke room who were all sitting very close together and there was no attempt at social distancing nor was the room big enough to allow for social distancing of the residents. LPN #22 verified when the residents exhaled the smoke was able to reach other residents. On 07/29/20 at 5:10 P.M. the DON and Administrator verified the above. Review of the Centers for Disease Control (CDC) website to Implement Social Distancing Measures revealed the facility should: a. Implement aggressive social distancing measures (remaining at least 6 feet apart from others). b. Cancel communal dining and group activities, such as internal and external activities. c. Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene. 2. On 07/29/20 at 3:40 P.M. interview with the DON and the Administrator revealed there were no residents in quarantine or isolation for COVID 19 at this time. The facility had four rooms on the second floor set aside for quarantine of new admission residents who would also have daily COVID 19 screening completed. The new admission residents were being tested for COVID 19 between day five and seven of admission and if negative they would discontinue the isolation precautions at that time. a. Resident #9 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the admission orders [REDACTED]. Review of the respiratory COVID 19 screens revealed there were no daily screens completed on 07/26/20, 07/27/20, 07/28/20, 07/29/20, 07/30/20 or 07/31/20. Review of the COVID 19 test revealed the report was not generated until 07/31/20. On 07/29/20 at 4:00 P.M. observation of Resident #9's room with the DON revealed it was one of the identified quarantine rooms for new admissions but there was no indication the resident was in quarantine or isolation. There were no signs on the door to indicate isolation or to see the nurse and no personal protective equipment (PPE) was available for use at the entrance to the room. This was verified by the DON at the time of the observation. On 08/04/20 at 10:10 A.M. phone interview with the DON verified COVID screens were not completed daily and the resident wasn't in isolation as ordered during the 07/29/20 observation despite not having the COVID 19 test performed until 07/29/20 and the results were not obtained until after 07/31/20 when the report was generated at the testing site. b. Resident #10 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the admission orders [REDACTED]. Review of the COVID 19 test revealed it was obtained on 07/27/20 and the report was not generated at the testing site until 07/29/20. Review of the respiratory COVID 10 screens revealed there were no daily screens completed for 08/01/20, 08/02/20 or 08/03/20. On 07/29/20 at 4:00 P.M. observation of Resident #10's room with the DON revealed it was one of the identified quarantine rooms for new admissions but there was no indication the resident was in quarantine or isolation. There were no signs on the door to indicate isolation or to see the nurse and no PPE was available for entry into the room. This was verified by the DON at the time of the observation. On 08/04/20 at 10:10 A.M. phone interview with the DON verified the COVID respiratory screens were not completed daily and the resident wasn't in isolation as ordered during the 07/29/20 observation, and the COVID 19 test results had not been reported to the facility as of yet. Review of the Emergency Plan update of 06/20/20 revealed the facility was to ensure all new admissions were isolated in the observation area with full isolation for droplet precautions until tested negative between day five and seven or 14 days have past without any symptoms. Review of the Center for Disease Control (CDC) website revealed the facility should: 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. The Health Care Professional (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. This deficiency substantiates Complaint Number OH 511.

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.