

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365379	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2020
NAME OF PROVIDER OF SUPPLIER THE LAURELS OF WALDEN PARK		STREET ADDRESS, CITY, STATE, ZIP 5700 KARL ROAD COLUMBUS, OH 43229	
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>Based on observations, staff interview, review of the facility's Coronavirus (COVID-19) policy, review of the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) Memo QSO-20-14-NH (revised 3/13/20), review of the World Health Organization (WHO) hand hygiene brochure, and review of the Centers for Disease Control and Prevention (CDC) guidelines, the facility failed to ensure hand hygiene was consistently implemented to potentially prevent the spread of COVID-19 infections. This had the potential to affect all 187 residents of the facility. Findings include: Observation on 05/13/20 from 7:30 A.M. to 7:40 A.M. revealed Licensed Social Worker (LSW) #207 was not observed to complete any hand hygiene before using her bare hands to remove Resident #192's meal tray from the food cart. LSW #207 took the meal tray into the resident's room. She placed the meal tray on the resident's bed side table and removed the cover from the meal tray. LSW #207 then adjusted the bed side table and moved it closer to the resident's bed. She then left the resident's room and returned to the meal cart. She was not observed to complete any hand hygiene. She removed another meal tray from the cart and delivered the meal tray to Resident #191. LSW #207 set the meal tray on the resident's bed side table and removed the meal cover from the meal tray for the resident. She moved the bed side table closer to the resident. LSW #207 left the resident's room and walked to a cart in the hallway with a coffee maker on it. LSW #207 was not observed to complete any hand hygiene after leaving the resident's room or before filling up a coffee cup. She grabbed some creamer, sugar packets, and took the cup of coffee to Resident #191's room. She walked out of the resident's room and did not complete any hand hygiene. Interview with LSW #207 on 05/13/20 at 7:41 A.M. confirmed she had not completed any hand hygiene while delivering meal trays to Resident #192 and #191. She confirmed she did not complete any hand hygiene before pouring Resident #191 a cup of coffee and taking it to the resident. LSW #207 said she forgot. Interview with the Director of Nursing (DON) and Assistant Director of Nursing (ADON) on 05/13/20 at 8:40 A.M. revealed they would have to re-educate the staff on Unit 5 again regarding hand hygiene practices. Interview with the Administrator on 05/13/20 at 3:00 P.M. revealed he did not have a policy for delivering meal trays to resident rooms. Review of the facility policy titled, Coronavirus (COVID-19) dated 04/28/20 revealed appropriate measures would be utilized for the prevention and control of the COVID-19 virus. Under the section titled, dining, revealed communal dining may need to be limited and the facility would follow CDC and CMS guidance. The policy was silent regarding hand hygiene when delivering meal trays. Review of CMS policy memo QSO-20-14-NH revised 3/13/20 titled, Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes, revealed facilities were to Increase the availability and accessibility of alcohol-based hand rubs, and to reinforce strong hand-hygiene practices. Review of the Centers for Disease Control and Prevention (CDC) training titled, Hand Hygiene in Nursing Homes, dated 02/25/19 revealed hand hygiene was an element of standard precautions. It was an important Infection Prevention Control (IPC) practice for breaking the chain of infection. Hand hygiene protects both residents and staff. Hand hygiene was a simple and effective method for preventing the spread of pathogens by direct and indirect contact. The hands of staff members may become transiently contaminated with pathogens after touching a resident or surfaces in their environment. Staff members can transfer those pathogens to themselves and they can also transfer those pathogens to other residents or surfaces. Performing hand hygiene removes pathogens and protects both staff and residents. Since staff cannot tell whether their hands have been contaminated with a pathogen, hand hygiene should be consistently performed. Review of the World Health Organization (WHO) Hand Hygiene brochure titled Hand Hygiene: Why, How, and When?, revised August 2009, revealed hands are the main pathways of germ transmission during health care and hand hygiene is therefore the most important measure to avoid the transmission of harmful germs and prevent health care-associated infections. The brochure further revealed hand hygiene is indicated after touching any object or furniture when leaving the patient surroundings to protect the health-care environment against germ spread. This deficiency is an example continued noncompliance from the surveys dated 01/28/20 and 03/07/20.</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.