

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365814	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2020
NAME OF PROVIDER OF SUPPLIER CORTLAND CENTER		STREET ADDRESS, CITY, STATE, ZIP 369 N HIGH STREET CORTLAND, OH 44410	
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 F 0607	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on interview and record review the facility failed to implement their abuse policy and procedure by ensuring personnel, who lived outside of Ohio within the last five years, received a federal background check prior to starting employment including Registered Nurse #105. This had the potential to affect the 19 residents (Resident's #2, #3, #7, #11, #13, #19, #20, #22, #26, #27, #37, #38, #40, #43, #45, #46, #49, #50 and #51) residing on the skilled unit. Findings include: Review of the application, not dated, but date available to start work was 01/07/20, for Registered Nurse (RN) revealed her most recent employer was at a nursing facility in Gettysburg, PA. Further review of the background check log revealed there was no evidence of a federal background check being completed as required. On 03/09/20 at 11:30 A.M., interview with the Administrator verified the above and verified a Federal background check should have been completed. Review of the abuse policy, revised July 2019, revealed to conduct a criminal background check in accordance with the State Law and facility policy. The policy referred to the employee background screening policy. Review of the employee background screening policy, revealed 07/16/19, revealed all applicants must produce five years proof or residency in the state they are seeking employment. If an applicant had not been a resident of the state for the previous five years or cannot provide proof of residency, a criminal background check from the Federal Bureau of Investigation must be completed. This deficiency substantiated Complaint Number OH 404.</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.