

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>366002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CRESTLINE REHABILITATION AND NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>327 WEST MAIN STREET CRESTLINE, OH 44827</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on review of staffing schedules, staff interviews, review of the facility policy and the Centers for Disease Control (CDC) guidelines, the facility failed to ensure there was dedicated nursing staff for the Coronavirus Disease 2019 (COVID-19) positive resident (#1), resulting in the potential spread of the infection to the other 23 residents residing in the facility. The total facility census was 24. Findings include: Review of the nursing and nursing assistant schedules for the days of the survey revealed there was one nurse and two state tested nursing assistants (STNA's) who work on each shift. The facility shift schedules revealed the staff work eight-hour shifts. Review of the schedule revealed no information regarding dedicated staff to care for resident or residents with COVID-19. During a telephone interview with Registered Nurse (RN) #100 on 08/12/20 at 6:40 A.M. confirmed the nurse was just finishing working the night shift. RN #100 confirmed he/she was the nurse for all the residents in the facility. RN #100 was asked if there was an order or routine of which residents, he/she cared for first due to the facility having a COVID positive resident, COVID presumptive residents and COVID negative residents. RN #100 stated he/she cares for the isolation rooms first and then cares for the rest of the residents. RN #100 stated he/she is able to get those residents needs met and out of the way and then go and met the needs of the rest of the residents, the nurse stated this routine has seemed to work for him/her. RN #100 stated he/she did not know if it mattered but that routine has worked for him/her. During a telephone interview with Licensed Practical Nurse (LPN) #105 on 08/12/20 at 8:40 A.M. confirmed he/she was the nurse working the floor at the facility caring for all of the residents in the facility. LPN #105 verified the order of caring for residents he/she used is to provide care to the COVID-19 negative residents first, then provide care to the COVID-19 presumptive residents next and last to provide care to the COVID positive resident. LPN #105 verified he/she received this direction from the facility. During a telephone interview with STNA # 110 on 08/12/10 at 8:50 A.M. verified there are two STNA's on each shift and only one attempts to provide the needed care for the COVID-19 isolation residents. STNA #110 stated however the STNA who is assigned for the COVID-19 residents also does at times have also provide care for the other residents on the hallway based on needs. STNA #110 verified the order for care should be COVID-19 negative, then COVID-19 presumptive, and last the COVID positive resident; however the STNA stated based on the needs of the resident it is not always able to maintain caring for the COVID -19 resident last as there are toileting needs that occur during the shift. During a telephone interview with the Director of Nursing (DON) on 08/12/20 at 11:11 A.M. when asked if the facility had dedicated COVID staff the DON replied not all staff care for the COVID positive resident. The DON verified the facility utilizes one licensed nurse per shift and that nurse provides care on the shift for all residents in the facility both COVID-19 negative and COVID-19 positive. The DON verified the nurse should provide care to the residents based on COVID positive status and confirmed residents who are COVID-19 negative should be cared for first, then COVID presumptive and the COVID positive resident should receive care last. The DON confirmed there is one (#1) resident currently residing in the facility who is COVID-19 positive. LPN #130 was interviewed on 08/13/20 at 9:40 A.M. LPN #130 stated he/she was the only nurse working the floor. LPN #130 stated that he/she had assessed positive COVID-19 Resident #1 and provided her medications earlier. LPN #130 stated he/she provides care for both the positive COVID-19 resident and negative COVID-19 residents. Review of the facility policy titled COVID-19 policy updated 07/30/20 revealed It is the policy of Crestline Rehabilitation to follow state and federal guidelines to minimize the spread of COVID-19 in the facility in the event of an outbreak in the facility, the goal is to minimize spread of [MEDICAL CONDITION]. Further review of the policy revealed for COVID-19 Positive Residents staff will maintain droplet precautions. Additionally, if reasonable, provide consistent staffing for residents that have tested positive, or suspected to have COVID-19, to minimize cross-contamination to non infected residents. Review of the CDC website (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a>) regarding COVID-19, updated 07/15/20 revealed interim infection prevention and control recommendations for healthcare personnel (HCP) during the COVID-19 pandemic. The guidance indicated when caring for a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection measures to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for patients with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection. Dedicated means that HCP are assigned to care only for these patients during their shift.</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.