

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>366397</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CONTINUING HEALTHCARE AT STERLING SUITES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1126 ADAIR AVENUE ZANESVILLE, OH 43701</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 observation, staff interview, interview with the local health department, facility policy review, review of guidance for new admissions and readmission from the Centers of Disease Control (CDC), and review of the CDC nursing home assessment tool, the facility failed to follow current CDC guidelines for creating and implementing a plan to manage new admissions and readmissions to potentially prevent the spread of COVID-19. This had the potential to affect all 18 residents in the facility. Findings include: Initial tour of the facility completed on 06/30/20 from 11:50 A.M. to 12:00 P.M. revealed all of the residents lived on the first floor of the facility, in a single, long hallway with a nurse's station in the middle of the hallway. Multiple observations made on 06/30/20 from 11:50 A.M. to 1:40 P.M. revealed nursing staff and State tested Nursing Aides (STNAs) going in and out of rooms, answering call lights, and passing meal trays, throughout the facility wearing only surgical masks. Interview with Registered Nurse (RN) #30 and Licensed Practical Nurse (LPN) #35 on 06/30/20 at 12:19 P.M. and 06/30/20 at 12:31 P.M. revealed all the residents in the facility were admitted under a 14-day quarantine status due to the facility being a short term, skilled facility. Both nurses stated quarantine status meant the residents stayed in their rooms, however no additional Personal Protective Equipment (PPE) needed to be worn besides a surgical mask. LPN #35 stated Resident #11 was the only resident on added precautions due to a [DIAGNOSES REDACTED]. LPN #35 revealed a gown and gloves were required prior to entering Resident #11's room. Interview with the Director of Nursing (DON) on 06/30/20 at 1:13 P.M. revealed all residents were admitted under a 14-day quarantine status. The DON stated quarantine status meant the residents stayed in their rooms with standard precautions used. The DON stated no additional PPE was needed while caring for residents in quarantine status. If the residents remained asymptomatic for 14 days, then the residents were no longer under quarantine status and were able to leave their rooms with a mask on. The DON stated the facility was not requiring COVID testing prior to admission unless a resident was being admitted from the community, then a COVID test would be required prior to admission. The DON stated if a resident was being admitted from a hospital, a COVID test was not required prior to admission because the individual would have been evaluated and an alternative [DIAGNOSES REDACTED]. Interview via telephone with the Administrator on 06/30/20 at 4:41 P.M. confirmed skilled therapies were completed in the resident rooms with residents who were under a quarantine status and the therapists wore surgical masks only during therapy sessions. The Administrator stated, they are no different from any other staff. If a resident completed the 14-day quarantine period then the resident was permitted to leave their room for therapy sessions as long as the resident wore a mask. Interview with the DON on 06/30/20 at 6:36 P.M. confirmed there were five of the 18 Residents (#1, #2, #9, #14, and #18) who had completed the 14-day quarantine period. The DON revealed the only difference between the residents under quarantine status and those who were not, was the residents no longer under quarantine were able to leave their rooms with a mask on. All staff help to answer call lights and no designated staff were assigned to the residents no longer under a quarantine status. Staff would only be designated if there was a confirmed positive case of COVID in the facility. The DON confirmed the facility shared some staff with the other long term care facility on the same campus, including a housekeeper and a STNA. Review of an email sent by the Administrator on 07/01/20 at 12:23 P.M. confirmed two Residents (#8 and #15) had been admitted from a hospital in (NAME) County and had been tested for COVID prior to admission. One Resident (#12) was from a hospital in (NAME) County and was not tested for COVID prior to being admitted to the facility. Review of the facility policy titled, CHS-Admission/Re-Admission Guidance, updated on 06/12/20, revealed for admissions of residents with a [DIAGNOSES REDACTED]. The facility may admit asymptomatic residents without testing to reside on a quarantine hall for a minimum of 14 days with a respiratory assessment including temperature readings completed every shift. Review of an email dated 07/01/20 received from (NAME) County Health Department Infectious Disease Nurse #65 revealed for suspected COVID-19 residents or individuals under observation, all recommended PPE should be worn, N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown during their care. Any residents who have completed the 14 day quarantine without becoming symptomatic should be moved from other residents still under a quarantine status. Review of the CDC assessment tool (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html</a>) revealed all recommended PPE should be worn during care of residents under observation; this includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Review of the guidance from the CDC website (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>), titled, Create a Plan for Managing New Admissions and Readmissions whose COVID-19 Status is Unknown, updated 06/22/20, revealed, all recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE.</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.