

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
NAME OF PROVIDER OF SUPPLIER DIVERSICARE OF BRADFORD PLACE		STREET ADDRESS, CITY, STATE, ZIP 1302 MILLVILLE AVENUE HAMILTON, OH 45013	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, staff interview, review of facility Coronavirus Disease 2019 (COVID-19) policy/education, review of an Executive Order, review of the Department of Health and Human Services Center for Medicare & Medicaid Services (CMS) Memo QSO-20-14-NH (revised 03/13/20), review of the World Health Organization (WHO) hand hygiene brochure, and review of the Center for Disease Control and Prevention (CDC) guidelines, the facility failed to ensure staff consistently implemented hand hygiene and to ensure staff appropriately wore a facemask to potentially prevent the spread of COVID-19 infection. This had the potential to affect three (#18, #34, and #53) randomly observed residents during the survey. The census was 71. Findings include: 1. Observation on 06/01/20 at 5:16 P.M. revealed State tested Nursing Assistant (STNA) #400 was delivering resident meals with her facemask not properly positioned. The top of the facemask was resting just below the employee's nostrils and the metal nosepiece was not pinched into position to prevent the mask from sliding off the employee's nose. Further observation revealed the Administrator told STNA #400 her mask didn't appear to fit properly and STNA #400 pulled the mask up over her nose but did not adjust the metal nosepiece of the mask. Observation on 06/01/20 at 5:25 P.M. revealed STNA #400 entered Resident #53's room to deliver his meal tray. STNA #400's facemask was resting below her nostrils and the metal nosepiece was not pinched into position. Further observation revealed STNA #400 assisted Resident #53 from his bed into a seated position and set up his meal tray all while wearing a facemask exposing her nose. STNA #400 exited the room with her nose exposed above her facemask. STNA #400 did not pinch the metal nosepiece securing above her nose until after interview with the surveyor at 5:28 P.M. Interview on 06/01/20 at 5:28 P.M. with STNA #400 confirmed her facemask was not positioned above her nose and it kept sliding down when she was talking. Interview on 06/01/20 at 5:32 P.M. with the Administrator confirmed all staff in the facility were expected to wear facemask's while in the facility, and facemask's should cover the nose, mouth and chin. Review of the facility document titled COVID 19 Education, Prevention, and Response Guide dated 05/2020 revealed facemask's should fit snug to the face and should cover the chin with the nose piece adjusted to fit the bridge of the nose. Further review of the document revealed for the duration of the state of emergency in the State, all long-term care facility personnel should wear a facemask while they are in the facility. Review of Executive Order per the Governor of Ohio dated 03/09/20 (https://coronavirus.ohio.gov/static/publicorders/Executive-Order-2020-01D.pdf) revealed a state of emergency was declared in Ohio related to the outbreak of COVID 19 and would remain in full force and effect until the emergency no longer existed and such time would be determined by the Director of Health and the Executive Director of the Emergency Management Agency in consultation with the Governor. Review of an online resource from the CDC (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html) revealed the following guidance regarding facemask's: ensure all healthcare care personnel (HCP) wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect HCP is unknown. Cloth face coverings should not be worn instead of a respirator or facemask if more than source control is required. 2. Observation on 06/01/20 at 5:15 P.M. of the meal service on the 300 Hall identified as the quarantine hallway revealed resident meals were served in disposable containers and were provided plastic cutlery. Observation revealed STNA #300 entered the unit and donned gloves without performing hand hygiene first. STNA #300 then and delivered a meal in a disposable container to Resident #34 and assisted with setting up the meal. STNA #300 then exited Resident #34's room, wearing the same pair of gloves, and delivered a meal in a disposable container to the next resident's room, Resident #18. STNA #300 assisted Resident #18 with meal set up and exited the room, wearing the same pair of gloves, opened the door to the nurses' station with her gloved hands and retrieved her identification badge out of her purse, and then entered the bathroom. STNA #300 exited the bathroom and was no longer wearing gloves. Interview on 06/01/20 at 5:20 P.M. with STNA #300 confirmed she had not performed hand hygiene prior to donning gloves at 5:15 P.M. prior to meal service. STNA #300 further confirmed she wore the same pair of gloves to deliver and set up meals in two separate resident rooms, Resident #34 and #18 and she was wearing the same gloves when she opened the door to the nurses' station and retrieved her badge from her purse. STNA #300 confirmed she did not remove her gloves and perform hand hygiene until she entered the bathroom at approximately 5:19 P.M. on 06/01/20. Interview on 06/01/20 at 5:21 P.M. with STNA #400 confirmed staff wear gloves when delivering meals on the 300 Hall since it was a quarantine hallway. STNA #400 further confirmed gloves should be removed prior to exiting the room and hand hygiene should be performed when removing gloves and before going to the next room to deliver a meal. Interview on 06/01/20 at 5:30 P.M. with Director of Nursing (DON) confirmed the 300 Hall was designated for new admissions to stay in quarantine for their first 14 days in the facility to ensure they exhibited no COVID 19 symptoms prior to being moved into the general resident population. The DON further confirmed wearing gloves was optional for delivering and setting up meals on the 300 Hall but if gloves were worn staff should follow appropriate procedures for glove use and hand hygiene. Review of facility policy titled Handwashing/Hand Hygiene dated 11/01/17 revealed the use of gloves did not replace hand hygiene and integration of glove use along with routine hand hygiene was recognized as the best practice for preventing healthcare-associated infections. Further review of the policy revealed hand hygiene should be performed prior to donning gloves and after removing gloves. Review of the facility document titled COVID 19 Education, Prevention, and Response Guide dated 05/2020 revealed hand hygiene should be performed after removing gloves and all team members should follow good handwashing/hand hygiene procedures to help prevent the spread of infections to other team members and residents. Further review revealed personal protective equipment including gloves should be removed before exiting the resident's room. Review of CMS policy memo QSO-20-14-NH revised 03/13/20 titled, Guidance for Infection Control and Prevention of 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 CDC training titled, Hand Hygiene in Nursing Homes, dated 02/25/19, revealed hand hygiene is an element of standard precautions. It is an important Infection Prevention Control (IPC) practice for breaking the chain of infection. Hand hygiene protects both residents and staff. Hand hygiene is 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 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.</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.