

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365712	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2020
NAME OF PROVIDER OF SUPPLIER BROOKWOOD RETIREMENT COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP 12100 REED HARTMAN HIGHWAY CINCINNATI, OH 45241	
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 policy and review of online resources from the Centers for Disease Control (CDC), Centers for Medicare and Medicaid Services (CMS) and the Ohio Department of Health (ODH), revealed three randomly observed facility staff (Receptionist #11, Maintenance Director #12 and Transportation Staff #13) failed to wear appropriate facemasks to potentially prevent the spread of Coronavirus Disease 2019 (COVID-19). Facility census was 108 Findings include: Observation of facility upon entering on 08/20/20 from 10:00 A.M. to 10:05 A.M. revealed Receptionist #11 screened visitors and the surveyor while wearing a cloth face covering at the screening desk. Further observation revealed Maintenance Director #12 was observed to wearing a polyester/spandex face covering and Transportation Staff #13 was observed wearing a cloth face covering in the common area of the facility where residents were also observed. Interview with Administrator #1 on 08/20/20 at 10:10 A.M. verified Receptionist #11 had a cloth face covering on while screening staff and visitors. Administrator #1 also verified Maintenance Director #12 and Transportation Staff #13 were not wearing an appropriate mask for health care facilities. Interview with Receptionist #11 on 08/20/20 at 11:55 A.M. verified she was wearing a cloth face covering when surveyor entered the facility and while she screened visitors. Receptionist #11 stated she had worn the mask for the past two weeks and was not aware she had to wear a surgical/procedural mask while in the facility. Interview with Transport Staff #13 on 08/20/20 at 12:00 P.M. verified he was in the common area of the facility, where residents were also located, wearing a cloth face covering when surveyor entered the building. Transportation Staff #13 stated he was not aware his cloth facemask was not permitted. Interview with Maintenance Director #12 on 08/20/20 at 12:10 P.M. verified he was in the common area of the facility, where residents were also located, wearing a face covering he purchased online. Maintenance Director #12 stated he wears the face covering when he works outside the building. Maintenance Director #12 also stated he stored his N95 masks in his office but had to enter the facility to gain access to his office. Interview with the Administrator #1 on 08/20/20 at 1:00 P.M. verified there were currently staff working on 08/12/20 who were wearing face coverings instead of surgical masks and/or N95 masks which were available for use. Review of CMS memo dated 04/02/20 titled Nursing Home Guidance revealed all nursing homes shall ensure they are complying with all CMS and CDC guidance related to infection control. Review of a facility policy titled COVID-19 Policy and Procedure dated 07/15/20 revealed the facility will follow the most recent guidance provided. Review of coronavirus.ohio.org revealed (NAME) County was at a level two (orange) public emergency indicating increased exposure and spread and exercise high degree of caution. Review of an online resource from the CDC https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html revealed staff at minimum were to wear a surgical/medical facemask. 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 facemasks: 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.</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.