

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365572	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER EASTLAND HEALTH CARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2425 KIMBERLY PARKWAY EAST COLUMBUS, OH 43232	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on the unprecedented coronavirus global pandemic that resulted in the Presidential declaration of a State of National Emergency declared 03/13/20, the Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) Memo QSO-20-14-NH (revised 03/13/20), Nursing Home guidance from the Centers for Disease Control and Prevention (CDC), and observation, interview and review of the policy and procedure for donning personal protective equipment (PPE), the facility failed to ensure that policies and procedures designed to identify and mitigate infections with [DIAGNOSES REDACTED]-CoV-2 virus had been sufficiently implemented in accordance with CDC and CMS recommendations when the nurse working the COVID-19 unit failed to perform hand hygiene prior to touching personal clothing after doffing PPE. This had the potential to affect all nine residents residing on the COVID-19 400 hall unit (Residents #9, #10, #14, #16, #17, #29, #39, #56, #65). Findings include: Observation on 07/08/20 at 11:25 A.M. revealed Licensed Practical Nurse (LPN) #2, who was working on the COVID-19 unit, doffing PPE. The nurse removed her gloves, gown and face shield appropriately and placed them in the PPE barrels. Prior to completing hand hygiene, LPN #2 used her unwashed hands to slide the sleeves of a long sleeved tee-shirt worn under her uniform top, up her arms to her elbows. LPN #2 then washed her hands using soap and water. When LPN #2 was informed she didn't wash her hands or use hand sanitizer prior to touching her personal clothing she stated she hated wet sleeves and was trying to keep her sleeves dry before washing her hands. She confirmed she should have washed her hands prior to touching her clothing. Review of the facility's undated policy and procedure for doffing PPE revealed when doffing PPE, remove gloves, hold removed glove in gloved hand, slide fingers of ungloved hand under remaining glove at wrist, peel glove off over first glove, discard gloves in waste container, remove goggles or face shield, handle by head band or ear piece, discard in designated receptacle if re-processed or in waste container, remove gown, unfasten ties, pull away from neck and shoulders, touching inside of gown only, turn gown inside out, fold or roll into bundle and discard, remove mask or respirator, grasp bottom and then top ties or elastics and remove, discard in waste container, perform hand hygiene. Review of CDC guidance dated 06/11/20 revealed: How to Take Off (Doff) PPE Gear More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.</p> <p>1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak). 2. Remove gown. Untie all ties (or unfasten all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. 3. Healthcare personnel may now exit patient room. 4. Perform hand hygiene. 5. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles. 6. Remove and discard respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask. Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator. Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front. 7. Perform hand hygiene after removing the facemask and before putting it on again if your workplace is [MEDICATION NAME] reuse. This deficiency substantiates complaint number OH 855.</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.