STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365407	A. BUILDING _____ B. WING _____	**06/09/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MEADOWS OF KALIDA	**755 OTTAWA STREET KALIDA, OH 45853**

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 -** Many	**Provide and implement an infection prevention and control program.** Based on observation, staff interview, review of the signage on the entrance door and policy review, the facility failed to implement the policy on employee screening to prevent the spread of COVID 19, when two employees entered the facility without being screened. Furthermore, the facility failed to cleanse the thermometer between screening people upon entrance to the facility, when the thermometer contacted people's forehead. This had the potential to affect 47 of 47 residents residing in the facility. Findings include: Observation on 06/08/20 at 1:55 P.M., revealed two employees, Resident Care Assistant (RCA) #130 and Certified Resident Care Assistant (CRCA) #120 approached the table from the resident living area, and did not enter through the front door. When asked how they got in the building, both answered, Through the door near the breakroom. Admission Counselor (AC) #100 stated they were not supposed to be using that door and there was a sign posted. Both RCA #130 and CRCA #120 stated they had not been told that. Observation of the entrance door near the breakroom revealed a 13-inch by 9-inch white paper with black lettering to include, All employees are to use the front door between 8:00 A.M. and 6:00 P.M. Observations on 06/08/20 between 1:55 P.M. and 2:05 PM, of Environmental Services (ES) #110 assisting with temperature screening as employees were screened, revealed ES #110 used a no-touch thermometer yet contacted the foreheads of three staff members. ES #110 did not wipe the thermometer with any disinfecting wipes between people. Interview on 06/08/20 at 2:05 P.M., with ES #110 provided verification of the thermometer touching the foreheads of three employees without disinfecting between people. Interview on 06/08/20 at 2:10 P.M., with Administrator provided verification the staff had not followed policy when entering through a door other than the designated entrance. Review of the facility policy titled Guidelines for COVID-19 dated 03/11/20 revealed Campus to designate one main entrance, limit deliveries and place signage on all doors. Review of the facility policy titled COVID-19: Screening FAQ dated 06/04/20 revealed each campus must have a minimum of one thermometer dedicated to screening. The thermometer surface must be able to be disinfected.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE