STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365636	A. BUILDING _____ B. WING _____	**06/30/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PICKERINGTON CARE AND REHABILITATION	**1300 HILL ROAD NORTH PICKERINGTON, OH 43147**

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview and review of the Centers for Disease Control (CDC) guidelines, the facility failed to follow appropriate infection control practices related to the discontinuation of isolation precautions for Resident #2 who was assessed to have COVID 19 symptoms resulting in potential exposure to the resident's roommate, Resident #8. This affected two residents (#2 and #8) of eight residents reviewed for infection control. Findings include: Record review revealed Resident #2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Record review revealed the resident also had a COVID 19 diagnosis (dated 06/16/20). Review of Resident #2's medical record revealed on 06/04/20 the resident had an elevated body temperature which was treated with over the counter medication. Documentation revealed staff would monitor the resident to determine if this was more than just a fever. On 06/05/20 the resident was documented to be exhibiting COVID 19 symptoms (fever, cough, abdominal pain, diarrhea and sneezing.) At that time, she was transferred to the facility COVID unit (an isolation unit), for monitoring and separation from Resident #8, the resident's roommate. Record review revealed no COVID 19 testing was completed at that time, but rather the resident was suspected/probable for COVID 19 due to the symptoms she was exhibiting. On 06/11/20 record review noted the resident had been free of COVID 19 symptoms for 72 hours. The resident was moved from the COVID isolation unit at that time and returned to her previous room, with Resident #8. There was no evidence the decision to move Resident #2 from the COVID unit was discussed with the resident's physician, local health department or after COVID testing was completed (with a negative test result). Based on the documentation provided, Resident #2's isolation was discontinued and she returned to her previous room with Resident #8 (who was asymptomatic of COVID) on day seven from the initial date of symptom onset and six days after she had been placed in isolation due to increased symptoms. Additional record review revealed on 06/15/20 Resident #2 was assessed to have symptoms of COVID. A COVID test was obtained which resulted in positive test results on 06/16/20 and the resident was moved back to the COVID isolation unit on that date. On 06/19/20, Resident #8 developed COVID symptoms with a positive COVID test result obtained on 06/21/20. Resident #8 was also then moved to the COVID isolation unit. Both residents remained on the COVID unit on 06/30/20 the date of the focused infection control survey. On 06/30/20 between 9:30 A.M. to 2:00 P.M. interviews with the Administrator verified Resident #2 was moved to the COVID (isolation) unit within the facility on 06/05/20 due to COVID 19 symptoms the resident was exhibiting. The Administrator also verified the resident's isolation was discontinued and the resident was returned to her previous room, with Resident #8 on 06/11/20 after being symptom free for three days. During the interview, the Administrator revealed the facility was following and staff had been educated on CDC guidelines related to the discontinuation of isolation for suspected and actual COVID positive residents. During the interview, the Administrator verified current CDC guidelines had not been followed for Resident #2 related to the discontinuation of isolation procedures. Review of CDC Guidelines for Persons with COVID-19 Under Isolation obtained via the CDC website revealed the symptom-based strategy for discontinuation of isolation required at least three days (72 hours) to pass since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g. cough, shortness of breath) and at least 10 days since symptoms first appeared. This deficiency is an example of continued non-compliance from the survey dated 06/11/20.

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