STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365769	A. BUILDING _____ B. WING _____	**09/14/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WILLOWS AT WILLARD THE	**1050 NEAL ZICK ROAD WILLARD, OH 44890**

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	**Provide and implement an infection prevention and control program.** Based on observation, staff interview, record review, review of the facility policy and the Centers for Disease Control (CDC) guidelines, the facility failed to ensure appropriate PPE was distributed to staff caring for residents on the quarantine unit. This deficient practice had the potential to affect 16 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16) of 16 residents residing on the 100 and 300 units. The facility census was 63. Findings include: Record review of Residents #10, #11, and #12, revealed droplet precaution orders were in place for all three residents. Observation on 09/14/20 at 6:40 A.M., identified three residents (#10, #11, #12) with droplet isolation in place. These resident rooms had signage posted at the room entry doors indicating droplet isolation and isolation PPE carts were in place outside each of the resident rooms. Housekeeper #100 was noted to be exiting Resident #12's room wearing a KN95 mask with ear loops, gown, goggles and gloves. Observation on 09/14/20 at 8:35 A.M., revealed Registered Nurse (RN) #201 had a KN95 mask with ear loops applied with a surgical mask covering, donned goggles, gown, and gloves and proceeded into Resident #10's room. Observation and interview on 09/14/20 at 7:30 A.M., with the Administrator and Acting Director of Nursing (ADON), revealed the facility was utilizing KN95 masks for all staff. New admissions were placed in droplet isolation for 14 days and staff were required to wear a KN95 mask with a surgical mask covering the KN95 mask, gown, goggles and gloves when entering the isolated resident rooms. The ADON confirmed Residents #10, #11, #12 were the only new admissions in droplet isolation. Observation inside the facility PPE storage room, revealed KN95 masks inside boxes with the writing non-medical KN95. Further interview at the time of observation, revealed the Administrator and ADON were unaware the KN95 mask were for non-medical use. The ADON stated the KN95 masks were distributed to all staff for use in the facility. On 09/14/20 at 7:50 A.M., interview with facility designated Infection Control Preventionist (ICP) #1, revealed she was unaware the KN95 masks were not approved for medical use and indicated they were being used by staff while providing care to residents in droplet isolation. ICP #1 stated the facility utilizes what the corporate office supplies them with for PPE. On 09/14/20 at 8:30 A.M., interview with Registered Nurse (RN) #201, revealed her assignment included the residents on the 100 unit (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12) with four additional residents residing on the 300 unit (#13, #14, #15, #16). RN #201 stated she provides care to the three current newly admitted residents in droplet isolation and the additional 13 residents on the two units. RN #201 was unaware if the KN95 masks being utilized were approved for medical use and indicated she wore what the facility provided. Review of the facility policies titled, Enhanced Infection Prevention and Control Program for COVID-19 and COVID-19 Supply Inventory Supply and Protocol, revealed the senior campus leadership will monitor/inventory all Personal Protective Equipment, including N95 masks. Review of the Centers for Disease Control and Prevention website (https://www.cdc.gov/niosh/npptl/usernotices/counterfeitResp.html) updated 08/25/20, revealed per CDC information and guidelines: Counterfeit respirators are products that are falsely marketed and sold as being NIOSH-approved and may not be capable of providing appropriate respiratory protection to workers. Signs that a respirator may be counterfeit: No markings at all on the filtering facepiece respirator No approval (TC) number on filtering facepiece respirator or headband No NIOSH markings NIOSH spelled incorrectly Presence of decorative fabric or other decorative add-ons (e.g., sequins) Claims for the of approval for children (NIOSH does not approve any type of respiratory protection for children) Filtering facepiece respirator has ear loops instead of headbands

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.