

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 515002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER GUARDIAN ELDER CARE AT WHEELING		STREET ADDRESS, CITY, STATE, ZIP 20 HOMESTEAD AVENUE WHEELING, WV 26003	
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. . Based on observation, record review and staff interview, the facility failed to provide and maintain an infection prevention and control program designed to provide a safe, sanitary environment to help prevent the development and transmission of communicable diseases, including COVID-19, and infections in the facility. The facility failed to post signage on the use of specific transmission- based precautions for one (1) randomly observed resident confirmed to be in isolation. Resident Identifier #1 Census: 125 Findings included: Observation of Wing 3, on 6/24/20 at 9:50 AM, revealed an isolation cart outside the door for Resident #1 but no indication or signage noting the type of transmission-based precautions in place, the type of personal protective equipment (PPE) required to enter the room, or any directive to see the nurse prior to entering. An interview on 06/24/20 at 9:50 AM, with the Assistant Director of Nursing (ADON), confirmed Resident #1 was in isolation, but verified no sign was posted on the door noting the resident to be in isolation and what precautions were required to enter the resident's room. The ADON verified further, it was facility policy that signage be posted on all doors of residents in isolation. A review of the facility policy, titled Isolation-Initiating Transmission-Based Precautions, dated 1/2012, under section 5 b. noted Post the appropriate notice on the room entrance door so all personal will be aware of precautions, or be aware they must first see a nurse to obtain additional information about the situation before entering the room. Record review on 6/24/20, revealed Resident #1 had current physician's orders for contact and droplet isolation. .		
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.