

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365022</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HOSPITALITY CENTER FOR REHABILITATION AND HEALING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1301 NORTH MONROE DRIVE XENIA, OH 45385</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review, observation, staff interview, resident interview and policy review the facility failed to complete daily assessment screenings for five Residents (#9, #13, #21, #41, and #46) of 10 who resided on the 300 quarantine unit. In addition the facility failed to dispose of biohazard trash in a manner to prevent flying insects on the quarantine unit. This had the potential to affect all 10 residents who resided on the unit. The facility census was 59. Findings include: 1. Record review revealed Resident #9 was admitted to the facility on [DATE]. The resident was moved to the quarantine unit on 08/06/20 due to cough and congestion. Further review of the record revealed daily temperature and oxygen saturation screenings were not completed. There was also no laboratory testing for coronavirus 2019 (COVID-19) completed. 2. Record review revealed Resident #13 was admitted to the facility on [DATE]. The resident was placed in quarantine on 06/30/20 due to respiratory issues with wheezing requiring oxygen per nasal canula. Further review of the record revealed daily temperatures were not completed and no COVID-19 laboratory testing. 3. Record review revealed Resident #21 was admitted to the facility on [DATE] and was moved to the quarantine unit on 08/07/20. Further review of the record revealed daily monitoring of the residents oxygen saturation and temperature was not completed. 4. Record review revealed Resident #41 was admitted to the facility on [DATE]. Further review of the record revealed the resident went out on a leave of absence on 08/07/20 and returned the same day. The resident was placed in 14-day quarantine and had no daily monitoring of oxygen saturation or temperature. 5. Record review revealed Resident #46 was admitted to the facility on [DATE] and was moved to the quarantine unit on 08/06/20. Further review of the record revealed daily temperature and oxygen saturations screenings were not completed. Observation on 08/10/20 at 2:45 P.M., on the 300 quarantine unit revealed in Resident #47's room the biohazard box was three fourths full of disposable food containers, and disposable Personal Protective Equipment (PPE). The biohazard box was unlined with a red biohazard bag. The linen biohazard cardboard box was unlined with a yellow biohazard bag and was half full of linens. At the time of the observation Resident # 47 stated the trash had not been emptied since she had come back from the hospital on [DATE]. flies were noted in the room. Observation on 08/10/20 at 2:58 P.M., on the 300 quarantine unit revealed Resident #9 had no biohazard linen container or red biohazard trash container. There was a kitchen size trash container with a regular white trash bag half full of disposable PPE. At the time of the observation Resident #9 verified the staff used the tall kitchen trash can and there was not a biohazard box in the room. Observation on 08/10/20 at 3:29 P.M., on the 300 quarantine unit revealed Resident #28 had a full cardboard biohazard box with a red biohazard bag partly covered by disposable food containers and disposable PPE. The resident was lying flat in bed on his back. the resident was covered by a sheet and blanket all but the left arm and his face. There were flies flying around the resident and landing on the residents face and hand. Resident #28 confirmed the flies were a problem. He stated the trash was not emptied often and had not been emptied since Friday 08/07/20. Interview on 08/10/20 at 11:45 A.M., the Director of Nursing confirmed symptom screenings should have been completed daily and the biohazard trash should have a liner and not be overflowing. Interview on 08/10/20 at 3:18 P.M. with Resident #46 revealed he had gone to the store in his motorized wheelchair and was placed in quarantine for leaving the premises on 08/06/20. He further reported he had not had his temperature or oxygen saturation checked for a few days. Review of the facility policy titled Coronavirus Prevention and Management dated 07/30/20 revealed residents will be screened daily for signs and symptoms of fever, cough, or shortness of breath and reported to medical staff immediately if symptomatic. Review of the facility policy titled Waste disposal dated January 2012 revealed all infectious and regulated waste shall be handled and disposed of in a safe and appropriate manner. All infectious and regulated waste destined for disposal shall be placed in closable leak-proof containers or bags that are color-coded. These containers shall be replaced routinely and not allowed to overfill. This deficiency substantiated allegations in complaint number OH 793.</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.