

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365330</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WAUSEON HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>303 W LEGGETT ST WAUSEON, OH 43567</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 medical record review, observations, resident and staff interviews, and review of the facility's COVID-19 policies, the facility failed to follow their policies, provide resident care, and implement interventions to prevent the potential spread of COVID-19. This affected one (#2) of three residents reviewed for COVID-19 practices. This had the potential to affect the 21 residents (#3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, and #23) on the south hall. The facility census was 37. Findings include: Review of Resident #2's medical record revealed an admission date of [DATE]. [DIAGNOSES REDACTED]. Review of Resident #2's census information revealed Resident #2 was transferred to the hospital on [DATE] and returned 02/11/20 to room [ROOM NUMBER] on the south hall. On 04/28/20, Resident #2 was moved to room [ROOM NUMBER] on the COVID-19 quarantined unit on the north hall. On 05/04/20, Resident #2 was moved back to room [ROOM NUMBER]. On 05/15/20, Resident #2 was transferred to the hospital and returned 05/22/20. Resident #2 returned to room [ROOM NUMBER] on the south hall. Review of Resident #2's Minimum Data Set (MDS) assessment dated [DATE] revealed a BIMS score of 15 indicating Resident #2 was cognitively intact. Resident #2 required extensive assistance with bed mobility, transfer, locomotion, dressing, toilet use and personal hygiene. Resident #2 displayed no behaviors during the review period. Resident #2 received [MEDICAL TREATMENT]. Resident #2 was not noted to be on oxygen or isolation/quarantine at the time of the review. Review of Resident #2's care plan revised 06/09/20 revealed supports and interventions for potential for altered nutrition, [MEDICAL TREATMENT] three times a week, risk for pain, self-care deficit and risk for alteration in psychosocial well being related to COVID-19 restrictions. Review of Resident #2's laboratory documentation revealed Resident #2 was tested and was found negative for [DIAGNOSES REDACTED]-COV-2 COVID-19 on 05/16/20. No other COVID-19 testing was found. Review of State tested Nursing Assistant (STNA) tasks for the last 30 days revealed</p> <p>Resident #2 had shortness of breath noted daily from 05/25/20 through 05/31/20. Review of Resident #2's vitals log revealed on 05/31/20 Resident #2 was noted to have a fever of 101.2. Review of Resident #2's progress notes revealed on 05/31/20 Resident #2 had a temperature earlier in the evening and was given Tylenol. A temperature recheck was done and Resident #2 was noted to have a temperature of 98.4. It was noted Resident #2's room was very warm. Review of Resident #2's Assessments revealed no Skilled Nursing Assessment was documented as being completed on 05/31/20. COVID-19 Assessments were completed on 06/10/20 and 06/11/20. These COVID-19 assessments were initiated ten days after Resident #2 exhibited shortness of breath and had a fever of 101.2. No documentation was found for physician or family notification regarding Resident #2's COVID-19 symptoms. Resident #2 remained in room [ROOM NUMBER] on the south hall and was not moved to the COVID-19 quarantine unit on the north hall. No evidence was found Resident #2 or other residents in the facility were screened every four hours following suspected COVID-19 as indicated in their policy following Resident #2 meeting the criteria on the screening. Interview on 06/10/20 at 1:06 P.M., with Registered Nurse (RN) #180 verified Resident #2 was on quarantine due to going out for [MEDICAL TREATMENT] three days a week but was not in the quarantined area. RN #180 reported all residents were monitored daily for signs and symptoms of COVID-19. RN #180 reported symptoms included fever, chills, cough, shortness of breath, diarrhea, and other flu like symptoms. RN #180 stated she was aware Resident #2 was short of breath and spiked a fever in May, but could not remember the details as to what happened when. RN #180 stated there were paper charts as well as the electronic medical record and there may be additional information there as to what took place for Resident #2. RN #180 verified Resident #2's room did not change when he had shortness of breath and a fever. Interview on 06/10/20 at 1:31 P.M., with State tested Nursing Assistant (STNA) #120 revealed all residents were monitored daily for signs and symptoms of COVID-19. If signs or symptoms were found, they would report right away to the nurse. STNA #120 reported Resident #2 was on [MEDICAL TREATMENT] and was on ongoing quarantine in his room on the south hall. STNA #120 reported Resident #2 was quarantined in his room and not in the COVID-19 monitoring area which is at the end of the north hall. STNA #120 reported no knowledge of Resident #2 having shortness of breath or spiking a fever. STNA #120 reported no increased screenings for residents or staff. Interview on 06/10/20 at 1:52 P.M., with STNA #130 revealed Resident #2 went out for [MEDICAL TREATMENT] and was on quarantine but was not in the quarantine hall. STNA #130 reported Resident #2 had been on the quarantine hall following a hospital stay and was there for fourteen days in April. He was then moved into a private room outside the quarantine area and has been there since. STNA #130 reported all residents were monitored daily for signs and symptoms of COVID-19 and she was not aware of any increases. STNA #130 was aware of the symptoms of COVID-19 and was aware</p> <p>Resident #2 exhibited shortness of breath and spiked a fever at the end of May. STNA #130 reported Resident #2 remained in his current room and was not aware of any changes made for his care. Interview on 06/10/20 at 3:21 P.M., with Corporate Nurse (CN) #200 verified Resident #2 was on quarantine outside of the COVID-19 quarantine area. CN #200 said she would check into why this was. CN #200 also said she would look into what was done to address Resident #2 displaying potential COVID-19 symptoms of shortness of breath and fever on 05/31/20. Interview on 06/11/20 at 9:51 A.M., with Resident #2 revealed he was in a room by himself and they made him eat off paper plates. Resident #2 reported he was tested for COVID-19 by the facility a couple months ago and was moved to the other hall while they waited for the results. He used profanity and said it was a terrible experience. Resident #2 reported his test came back negative and he was moved back to his regular room. Resident #2 reported he had a second test when he was at the hospital and he hated that one too. He reported that test was last month sometime, but he didn't know when. Resident #2 reported staff wear blue or white paper doctor type masks and gloves when they come in and help him. Resident #2 reported the staff didn't wear gowns or anything special. Resident #2 reported he gets the same staff as everyone else. It wasn't a big place so it was mostly the same people taking care of everyone. Resident #2 reported he wore a mask every time he went out for [MEDICAL TREATMENT]. Interview on 06/11/20 at 10:08 A.M., with CN #200 and the Director of Nursing (DON) revealed Resident #2 was tested at the hospital on [DATE] for COVID-19 and he was negative. CN #200 said they would continue to look for what was done following Resident #2's 05/31/20 episode of fever and shortness of breath. Observation on 06/11/20 at 12:30 P.M., of the South Hall found staff walking in and out of rooms with only surgical masks as PPE (personal protective equipment). Two rooms, room [ROOM NUMBER] and room [ROOM NUMBER], were identified as quarantine rooms for two readmitted residents. Gowns were not observed being used. Resident #2 was observed in room [ROOM NUMBER]. The door to his room was open and Resident #2 was observed in bed. The PPE cart outside his room contained surgical masks, gowns, gloves, and biological hazard red bags. No face shields, or goggles were available. N95 masks were found to be located in the north hall in an empty quarantine room. Interview on 06/11/20 at 4:55 P.M., with CN #200 verified all information regarding Resident #2 and what took place following his shortness of breath and fever on 05/31/20 was already provided. CN #200 verified there was no additional information. Review of the information revealed no evidence of notification to the physician, or family/representative. No evidence was found for increased screening, COVID-19 testing, or Resident #2 being moved to the designated quarantine area of the facility. Interview on 06/12/20 at 10:06 A.M., with the Director of Nursing (DON) verified notifications were not provided, screenings were not increased, Resident #2 was not moved to the COVID-19 quarantine area, and Resident #2 did not receive COVID-19 testing following his 05/31/20 fever and shortness of breath.</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365330</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WAUSEON HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>303 W LEGGETT ST WAUSEON, OH 43567</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)		
<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p>(continued... from page 1)</p> <p>Review of the facility COVID-19 policy titled, Routine Resident Screenings, dated March 2020 revealed when symptoms of suspected COVID-19 staff should apply a mask to the resident, the resident should be moved to the designated COVID-19 isolation-quarantine zone. The resident's physician was to be notified for orders. If a resident in the facility was suspected of COVID-19 due to meeting the criteria on the screening, a screen must be completed every four hours on all residents and every shift for staff. Review of the facility COVID-19 policy titled, Interim Infection Prevention and Control PPE Use and Conservation, dated March 2020 revealed eye protection, gowns, and N-95 Mask/respirators should be used.</p>		