

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365354</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LONGMEADOW CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>565 BRYN MAWR RAVENNA, OH 44266</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 - Many</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 the unprecedented coronavirus global pandemic that resulted in the Presidential declaration of a State of National Emergency dated 3/13/20, the Department of Health and Human Services, Centers for Medicare &amp; Medicaid Services (CMS) Memo QSO-20-14-NH revised on 3/13/20, Nursing Home guidance from the Centers for Disease Control (CDC), observation, interview, and record review, the facility failed to ensure staff wore gowns as part of the infection control precautions for two of five residents (Resident (R) 4 and R5) that were placed in the 14-day quarantine unit. R4 and R5 were placed in the 14-day quarantine unit after being admitted to the facility. This failed practice had the potential to affect 60 other residents in the facility by increasing the possible spread of infection by allowing the staff to care for residents without proper personal protective equipment (PPE). Findings include: During an entrance conference on 5/26/20 at 9:45am, the Director of Nursing (DON) stated, All residents were assisted by the same staff whether they were in 14-day quarantine or not. The DON also stated, Staff also had the option of wearing full PPE (wearing gowns) if they wanted to. During an interview on 5/26/20 at 10:30am, Licensed Practical Nurse (LPN)4 stated, Staff are given an assignment when they first start their shift. The assignment noted which residents were in 14-day quarantine and which were not. LPN4 was asked what PPE was worn when assisting the 14-day quarantine residents. LPN4 stated staff always wore masks and gloves. LPN4 was asked if staff wore gowns when assisting residents with personal care that were in 14-day quarantine. LPN4 stated, It was optional. LPN4 was asked if residents in 14-day quarantine required assistance with dressing, toileting, and transferring. LPN4 stated, Some did and some did not. During an interview on 5/26/20 at 11:25am, R4, currently on 14-day quarantine, was asked if staff wore gowns when assisting him with his needs. R4 stated, the staff come in wearing gloves and masks, no gowns. R4 was asked what personal care did staff assist him with throughout the day, R4 stated, Everything. I can't walk. Review of R4's electronic medical record (EMR) Admission record which indicated resident was admitted on [DATE]. R4's admitting [DIAGNOSES REDACTED]. Review of the R4's EMR revealed a Baseline Care Plan with an effective date of 5/22/20, revealed R4 required assistance of two staff members for bed mobility, transfer, toileting, bathing, grooming and hygiene. During an interview on 5/26/20 at 11:30am, State Certified Nursing Assistant (STNA)7 was asked about what staff wore when assisting residents in the 14-day quarantine. STNA7 stated, Gloves and masks always. When asked about gowns, STNA7 stated, Some do and some don't. During observation on 5/26/20 at 1:13pm, an unidentified staff member was observed in R5's room changing trash bags with no gown on. Review of R5's EMR Admission Record which indicated resident was admitted on [DATE]. R5's admitting [DIAGNOSES REDACTED]. Review of the R5's EMR revealed a Baseline Care Plan with an effective date of 5/25/20 revealed R5 required assistance of one staff member for bed mobility, transfer, walking, toileting, bathing, grooming and hygiene. Review of the facility's policy titled, Care for the Patient with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) with an Effective Date: 3/25/2020, Revision Date: 3/30/2020 indicated under Purpose: To promote the safety and well-being of the residents and staff while maintaining infection control practices and preventing the spread of infection in accordance with CDC (Centers of Disease Control and Prevention), Guidelines .Gowns .high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of the healthcare providers, such as: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use .</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.