

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365475</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LIBERTY NURSING CENTER OF MANSFIELD</b>		STREET ADDRESS, CITY, STATE, ZIP <b>535 LEXINGTON AVENUE MANSFIELD, OH 44907</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 0729  <b>Level of harm</b> - Potential for minimal harm  <b>Residents Affected</b> - Many	<b>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</b>  Based on review of employee personal files and staff interviews, the facility failed to ensure State tested Nursing Assistants (STNA's) were being maintained on the Nurse Aide Registry. This affected seven (#253, #264, #285, #286, #289, #292 and #294) of 44 STNA's who work in the facility and had a potential to affect 67 of 67 residents who reside in the facility. Findings include: Review of a complete listing of State tested Nurse Aides (STNA's) working in the facility was completed. The facility employed a total of 44 STNA's. The facility had seven current STNA's that were not currently listed on the registry, however, they have all have been continuous employment with the facility. Interview with the Administrator on 09/17/20 at 9:26 A.M., revealed approximately few weeks ago, an STNA went to another facility to apply for a job. The STNA notified the Administrator that her license had not been updated to maintain it being active on the registry and she was not listed on the current STNA registry. The interview confirmed the Business Officer Manager was to keep all STNA's on the electronic registry and update their last day worked. The interview confirmed if they were not updated in the past 24 months, then their STNA certification would lapse. The Administrator confirmed the facility completed an audit and identified STNA's #253, #264, #285, #286, #289, #292 and #294, all had lapsed STNA's certifications. The interview revealed the facility called the Nurse Aide Registry and provided them a letter to confirm they had in fact been providing care at the facility. She stated the contact person indicated it would take a little time to get those STNA's back on the registry. The interview confirmed the facility failed to update the STNA registry for at least 24 months for the identified seven STNA's. This deficiency substantiated Master Complaint Number OH 097.		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, record reviews, staff interviews and review of facility policies, the facility failed to ensure Coronavirus Disease 2019 (COVID-19) surveillance was completed for three (Resident #14, Resident #37 and Resident #61) of four residents reviewed. The facility also failed to ensure social distancing was maintained during meal times for 12 (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11 and #12.) residents who reside on the the annex unit. The facility census was 67. Findings include: 1. Review of Resident #14's record revealed admission to the facility occurred on 08/17/20. [DIAGNOSES REDACTED]. Review of the COVID-19 surveillance records completed for the month of September 2020, revealed the facility was going to conduct the assessments every shift (three times a day). The records identified on 09/07/20, there was no surveillance completed for any shift. Further review of the screening forms identified missing assessments on 09/01/20, 09/02/20, 09/03/20, 09/06/20, 09/08/20, 09/09/20, 09/10/20, 09/11/20, 09/12/20 and 09/13/20. 2. Review of Resident #37's record revealed admission to the facility occurred on 01/18/19. [DIAGNOSES REDACTED]. Review of the COVID-19 surveillance records completed for the month of September 2020, revealed no surveillance assessments were completed on 09/04/20 and 09/05/20 for Resident #37. Further review of the screening forms identified missing assessments on at least one shift from 09/01/20 through 09/13/20. 3. Review of Resident #61's record identified admission to the facility occurred on 07/30/20. [DIAGNOSES REDACTED]. Review of the COVID-19 surveillance records completed for the month of September 2020, revealed no surveillance assessments were completed on 09/06/20 for Resident #61. Further review of the screening forms identified missing assessments on at least one shift from 09/01/20 through 09/11/20. Interview with Licensed Practical Nurse (LPN) #248 conducted on 09/15/20 at 11:55 A.M., revealed she verified the nursing staff should be completing COVID-19 surveillance on every resident, every shift, three times a day. The interview confirmed Resident #14, Resident #37 and Resident #61 had days where no surveillance was conducted and multiple days of at least one shift surveillance being missed. The interview confirmed the facility currently has no written policy for the surveillance and they were using the computerized system forms to complete the surveillance. Observation of the annex unit (secured dementia) unit was completed on 09/17/20 at 8:09 A.M. The Maintenance Director measured the dinning room area to be 525 square feet. The observation confirmed residents remained eating in the dinning room without social distancing. Observation of the annex unit (secure dementia unit) on 09/15/20 at 9:10 A.M., revealed 12 (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11 and #12.) residents were finishing breakfast in the dinning area. The observation revealed the residents were not being encouraged to social distance and were sitting four residents to a table. Interview and observation with the Director of Nursing (DON) in dinning room on 09/17/20 at 8:27 A.M., revealed confirmed the residents were not being encouraged to social distance as they eat and there were four residents to a table. Interview with Registered Nurse (RN) #296 on 09/15/20 at 9:13 A.M., revealed the facility is continuing communal dinning without social distancing on the annex unit, which consists of 12 residents. The interview confirmed the residents were all seated at three tables, four residents to a table without social distancing. Review of the facility policy titled, Dinning and Activities, dated 07/01/20, identified the state of Ohio has lifted the cancellation of communal dining and activities as of July 20, 2020, with specific criteria including social distancing- limiting people being in close proximity to each other for periods of time; and people should keep about six feet apart. This deficiency substantiated Master Complaint Number OH 097.		
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.