

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365567	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
NAME OF PROVIDER OF SUPPLIER SLOVENE HOME FOR THE AGED		STREET ADDRESS, CITY, STATE, ZIP 18621 NEFF RD CLEVELAND, OH 44119	
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 - Immediate jeopardy Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to implement a response to the reporting of two confirmed positive COVID-19 cases, including the proper utilization of personal protective equipment (PPE) and the proper implementation of contact precautions for two of four units (Unit 1 and 2) in the facility. On 05/22/20, Licensed Practical Nurse (LPN)1 self-reported testing positive for COVID-19. The facility determined LPN1 last worked in the facility on 05/16/20. The facility's response to the report included notifications to the local health department and increased monitoring of residents on the units where LPN1 worked on 05/14/20 and 05/16/20. On 05/26/20, Resident (R) 1 was sent to the hospital by the Medical Director for COVID-19 testing and the facility was informed R1 had tested positive for COVID-19. R1 resided on the same unit where LPN1 worked on 05/16/20. The facility's response to the confirmed COVID-19 positive tests for LPN1 and R1 did not include implementing contact and droplet precautions on the unit where R1 resided or the units where LPN1 worked on 05/14/20 and 05/16/20. In addition, the facility failed to follow their policy on responding to confirmed or suspected COVID-19 cases. The facility Administrator was informed on 05/27/20 at 5:50 PM that Immediate Jeopardy existed that began on 05/22/20. The facility provided an Immediate Jeopardy Removal Plan that was accepted on 05/28/20 at approximately 5:10 PM and the Immediate Jeopardy at F880 was removed with an effective completion date of 5/28/20 and lowered to the scope and severity of E. Findings include: Review of a facility document titled, Employee Notification of Exposure to a Communicable Disease, dated 05/23/20, revealed the facility had been notified that a facility employee had been diagnosed with [REDACTED]. The notification indicated employees working at the facility, may have been exposed to this virus and the infected employee had not worked in the facility in the past 7 days. The document further indicated, [MEDICAL CONDITION] is thought to spread mainly between people who are in close contact with one another and through respiratory droplets. In addition, the document indicated the facility was taking measures to ensure safety including increased disinfecting of common areas, providing meals to employees, limiting staff movement to essential tasks and staying in the assigned work area, and monitoring staff for signs and symptoms. However, the notification did not include any information regarding the implementation of contact or droplet precautions in areas of the facility where potential exposure could have occurred. Observation on 05/27/20 at 10:00 AM, during the initial tour of the facility revealed residents living in the facility were located in four units and only two rooms located on Unit 3 of the facility required facility staff to utilize PPE when entering the resident's rooms. R2, R3, R4, and R5 were identified by the Infection Control Nurse (ICN) during the tour as living in the rooms located on Unit 3 requiring PPE. There were no other units or rooms in the facility requiring facility staff to utilize contact or droplet precautions. An interview was conducted with the ICN on 05/27/20 at 11:20 AM. The ICN stated LPN1 self-reported testing positive for COVID-19 on 05/22/20. The ICN stated that LPN1 last worked in the facility on 05/14/20 and 05/16/20 and was assigned to provide care to residents on two of the four units located in the facility (Unit 1 on 05/14/20 and Unit 2 on 05/16/20). In addition, the ICN stated all notifications were made to employees, residents, and family members regarding LPN1's confirmed COVID-19. The ICN further stated the Medical Director (MD), the Administrator, and local health department were also informed LPN1 tested positive for COVID-19. During the interview with the ICN on 05/27/20 at 11:20 AM, the ICN stated that on 5/26/20, R1 began experiencing lethargy and a low-grade fever. R1 was transferred to the hospital and tested positive for COVID-19. Review of R1's Progress notes revealed the facility had been notified by the hospital on [DATE] at 10:00 PM that R1 had tested positive for COVID-19. The ICN stated R1 had been admitted to the facility on [DATE] for fracture of a left fibula, and lived on Unit 2 of the facility, the same unit where LPN1 worked on 05/16/20. During an interview on 05/27/20 at 3:00 PM, with the Administrator, Director of Nursing (DON), MD, and ICN, the MD stated that the residents on Units 1 and 2 were never placed on contact or droplet precautions after the facility received the notification that LPN1 had tested positive for COVID-19. Review of the facility's policy titled, Policy for Emerging Infectious Diseases (EID), dated 03/13/20, revealed that in response to infectious disease outbreaks the facility should activate specific surveillance and screening as instructed by the Centers for Disease Control and Prevention (CDC), state agency and/or local public health authorities. In addition, the policy indicated, Activate quarantine interventions for residents and staff with suspected exposure as directed by local and state public health authorities, and in keeping with guidance from the CDC. Review of the QSO-20-28-NH Memo, dated 04/24/20, revealed the following direction in CMS COVID -19 Long Term Care Facility Guidance, dated 04/02/20: Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE. For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility. Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE. If COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 [DIAGNOSES REDACTED].</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.