

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365578	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2020
NAME OF PROVIDER OF SUPPLIER SKLD NEW LEXINGTON ILLUMINATE HC NEW LEXINGTON		STREET ADDRESS, CITY, STATE, ZIP 920 SOUTH MAIN STREET NEW LEXINGTON, OH 43764	
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 - Minimal harm or potential for actual harm 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 observations, staff interview, medical record review, and review of facility policy/procedure on droplet precautions, the facility failed to ensure staff applied and removed personal protective equipment (PPE) appropriately to prevent the transmission of COVID 19. This affected Resident #17 and two State tested Nursing Assistants (#100 and #101) and had the potential to affect 18 of 18 residents in the facility who were negative for COVID 19 (Residents #4, #6, #10, #13, #15, #16, #17, #20, #27, #34, #35, #38, #40, #44, #45, #46, #47, and #50). The other 34 residents in the facility had already recovered from COVID-19. The facility census was 52. Findings include: Review of the medical record for Resident #17 revealed an admission date of [DATE]. The resident had [DIAGNOSES REDACTED]. The resident had tested negative for COVID 19 at the hospital on [DATE]. Upon admission to the facility, the resident was placed on quarantine for 14 days with droplet and contact precautions in place to prevent the potential spread of COVID 19. Observations on 09/23/20 at 10:20 A.M. revealed State tested Nursing Assistant (STNA) #100 enter Resident #17's room to answer his call light. STNA #100 was wearing a surgical mask and applied a gown and gloves prior to entering the room. STNA #100 was wearing prescription eyeglasses (the glasses did not cover the sides of her eyes) but did not put on goggles or a face shield prior to entering the room. Signs on Resident #17's bedroom door stated: droplet precautions-everyone must make sure their eyes, nose, and mouth are fully covered before room entry. The sign had pictures of a person with a face shield and a person with goggles on. An additional sign was posted on the door titled donning PPE which stated to put goggles/face shield over the face and eyes and adjust to fit. STNA #100 was observed standing next to Resident #17's bed. She then took his urinal with urine and emptied it in the bathroom. Interview with STNA #100 on 09/23/20 at 10:25 A.M. revealed she forgot to put goggles or a face shield on prior to entering Resident #17's room. She confirmed she was supposed to wear appropriate eye protection.</p> <p>Interview with Licensed Practical Nurse (LPN) #102 on 09/23/20 at 10:27 A.M. confirmed Resident #17 was on droplet precautions and staff were supposed to wear goggles or a face shield into the room. On 09/23/20 at 10:45 A.M., STNA's #100 and #101 were observed coming out of Resident #17's room after providing care. Both STNA's had on surgical masks and were walking down the hallway. They were not observed to change the surgical masks after providing care to Resident #17. A sign on Resident #17's door stated to remove PPE at doorway before leaving resident room or in anteroom; remove respirator outside of room. The sign for removing PPE had a picture of removing a mask or respirator. Interview with STNA #100 on 09/23/20 at 10:45 A.M. confirmed neither STNA #100 nor #101 changed their surgical mask after providing care to Resident #17 and prior to walking down the hallway. Interview with LPN #102 on 09/23/20 at 10:47 A.M. confirmed staff are to change their surgical mask after providing care to a resident on droplet precautions. Review of the facility policy titled droplet precautions updated 04/08/20 stated eye protection should be worn when entering a resident's room (goggles or face shield).</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.