

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365720	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2020
NAME OF PROVIDER OF SUPPLIER ARBORS AT STOW		STREET ADDRESS, CITY, STATE, ZIP 2910 L'ERMITAGE PL STOW, OH 44224	
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>Based on observation, interview, review of staff in-services, and nursing home guidance from the Centers for Disease Control and Prevention (CDC), the facility failed to ensure staff donned appropriate personal protective equipment (PPE), sanitized hands after doffing gloves and followed appropriate sequence for putting on re-used PPE to properly prevent and/or contain COVID-19. This affected 32 of 95 facility residents who resided on the C and D pods, Residents #20, #24, #31, #33, #37, #39, #44, #48, #50, #56, #57, #58, #61, #62, #77, #85, #89, #94, #3, #7, #10, #15, #16, #17, #22, #26, #28, #59, #60, #76, #81, and #95. Findings include: Observation on the C-pod on 05/12/20 at 2:00 P.M. revealed Housekeeper #1 standing next to a housekeeping cart located outside a resident room. Housekeeper #1 was wearing a navy blue mask, light blue gown tied in the back at the neck with unsecured ties hanging at the sides, and gloves. Housekeeper #1 was observed doffing her gloves, walking to a table, reaching into a large brown paper bag moving items within the bag then returning to the housekeeping cart and donning clean gloves. Interview with Housekeeper #1 on 05/12/20 at 2:05 P.M. revealed just prior to the 2:00 P.M. observation she had been in the room of a COVID-19 positive resident cleaning the toilet. She exited the room to place a soiled wash cloth in a plastic bag hanging from the housekeeping cart, removed her gloves, and walked over to the table to check the contents of a paper bag which contained her PPE. Housekeeper #1 confirmed she did not wash her hands after removing her soiled gloves or prior to donning a clean pair gloves. She said she intended to re-enter the same resident's room to finish cleaning. Observation at this time revealed a sign next to the resident's door indicating the resident was COVID-19 positive and was in isolation. The sign on the door indicated prior to entry staff should don a gown, mask, goggles or face shield, and gloves. Housekeeper #1 indicated she was aware the signage indicated in addition to the mask, gown, and gloves she should be wearing goggles or a face shield. Housekeeper #1 confirmed she was not wearing goggles or a face shield and intended to re-enter the resident's room, nor had she worn goggles or a face shield when cleaning the resident's room prior to the 2:00 P.M. observation (resident in room at time the room was being cleaned). Housekeeper #1 said she did not wear the goggles supplied by the facility because she did not like wearing goggles, they fogged up and she could not see. Observation on the C-pod on 05/12/20 at 2:10 P.M. revealed State tested Nurse Aide (STNA) #200 standing in front of a resident room with a sign posted next to the door indicating the resident was in isolation. STNA #200 was wearing a N95 mask and gloves. Continued observation revealed STNA #200 donning a re-used gown by placing her arms in the gown, reaching for and passing the ties at the neck to the corporate nurse to secure, running her hands along the front waist area of the gown to grasp the waist ties and passing them back to the corporate nurse to secure. STNA #200 then reached for goggles. Interview with STNA #200 at this time confirmed she had applied gloves prior to donning the re-used gown. Review of the CDC sequence for putting on PPE (http://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf) revealed: 1. Gown Fully cover torso from neck to knees, arms to end of wrist, and wrap around back Fasten in back of neck and waist 2. Mask or respirator Secure ties or elastic bands at middle of head and neck Fit flexible band to nose bridge Fit snug to face and below chin Fit check respirator 3. Goggles or face shield Place over face and eyes and adjust to fit 4. Gloves Extend to cover wrist of isolation gown Review of the CDC and Prevention steps when replacing gown and gloves only (Extending use of N95 Respirators/Facemasks and Eye Protection) revealed: Before entering the patient room: Identify and gather the gown and gloves to don Perform hand hygiene Put on gown. Ensure that the gown fits. Tie all of the ties on the gown. Be careful to avoid touching face and eye protection while putting on gown. Put on gloves. Gloves should cover the cuff (wrist) of gown. Enter patient room Review of staff in-services since March, 2020 revealed staff were trained to follow the CDC guidance for putting on and removing PPE. In addition to the CDC guidance there was undated corporate guidance for extended use PPE sequencing which indicated: Sanitize hands Put on clean gloves Apply mask Remove gloves, sanitize Apply clean gloves Take gown out of bag and put on Take gloves off and sanitize hands Apply clean gloves Apply goggles or face shield Telephone interview on 05/13/20 at 12:00 P.M. with the Director of Nursing (DON) revealed staff were to follow the CDC guidelines for the sequence of putting on PPE, not the corporate guidance. All staff were inserviced on the CDC guidelines. The CDC guidance for donning PPE was posted at each nurses station for staff reference. A follow up telephone interview with the DON on 05/13/20 at 12:34 P.M. revealed Housekeeper #1 was assigned to clean the C and D pods which housed COVID 19 positive residents. Review of the census provided by the facility revealed Residents #20, #24, #31, #33, #37, #39, #44, #48, #50, #56, #57, #58, #61, #62, #77, #85, #89, #94, #3, #7, #10, #15, #16, #17, #22, #26, #28, #59, #60, #76, #81, and #95 resided on the C and D pods at the time of the observations.</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.