

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365880	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER SIGNATURE HEALTHCARE OF COSHOCTON		STREET ADDRESS, CITY, STATE, ZIP 100 SOUTH WHITEWOMAN STREET COSHOCTON, OH 43812	
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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on medical record review, staff interview and family interview the facility failed to notify the responsible party of Resident #2 of a positive coronavirus laboratory test. This affected one resident (#2) of three residents reviewed for infection control and the coronavirus. Findings include: Review of Resident #2's medical record revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #2 had moderately impaired cognition. Review of laboratory test results dated 06/15/20 revealed Resident #2 had tested positive for 2019-nCoV RNA (coronavirus). The results were reported on 06/16/20. Review of the nurse's notes from 06/15/20 to 06/16/20 revealed no evidence the family of Resident #2 was notified of the resident's positive coronavirus test results. Interview on 06/17/20 at 3:13 P.M. with Family member #10 revealed she was never notified there had been a positive case of the coronavirus at the facility on 06/12/20 or that her husband, Resident #2, had tested positive for coronavirus on 06/16/20. Interview on 06/17/20 at 3:10 P.M. with Family Member #11 revealed her husband had not been notified there had been a positive case of the coronavirus at the facility on 06/12/20 or that his stepfather, Resident #2, has tested positive for coronavirus on 06/16/20. Interview on 06/18/20 at 11:59 A.M. with the Director of Nursing (DON) revealed the facility had attempted to call the wife of Resident #2 on 06/12/20 to notify her of the positive case of the coronavirus in the facility but there was no answer and she did not have voice mail set up. However, she verified there was no written documentation of the attempt to notify the family of Resident #2 on 06/16/20 when he had tested positive for the coronavirus. Review of an email dated 06/18/20 at 1:01 P.M. revealed the DON indicated she spoke to the nurse on duty the day the test results came back for Resident #2 and the nurse indicated she had not notified the family of his positive test results.</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.