

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER COUNTRY CLUB CENTER V, INC		STREET ADDRESS, CITY, STATE, ZIP 478 S SANDUSKY ST DELAWARE, OH 43015	
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 medical record review, observation, staff interview, interview with the local health department, facility policy review, and review of guidance for new admissions and readmission from the Centers of Disease Control (CDC), the facility failed to ensure therapy staff wore the appropriate personal protective equipment (PPE) when providing care and services to a Resident (#33) who was under a 14 day quarantine. This had the potential to affect 11 residents (#4, #7, #13, #20, #32, #33, #34, #35, #37, #39, and #40) who received therapy services. The facility census was 40. Findings include: Medical record review revealed Resident #33 was originally admitted to the facility on [DATE], and was readmitted on [DATE] following a hospital stay. [DIAGNOSES REDACTED]. Review of Resident #33's physician orders dated 06/18/20 revealed orders for Occupation Therapy (OT) five times per week and Physical Therapy (PT) six times per week. Observation of the 200 unit on 06/23/20 at 10:11 A.M. revealed Resident #33 had a sign on his door indicating to see a nurse before entering. There was a cart outside of the door with PPE in it. The sign indicated isolation until 07/02/20. Observation on 06/23/20 at 11:00 A.M. revealed Physical Therapy Assistant (PTA) #58 and Occupational Therapist (OT) #55 were pushing Resident #33 in his wheelchair, down the hallway toward his room. The only PPE the two therapist had on were surgical masks. The therapists continued into Resident #33's room without putting on any additional PPE. The therapists assisted the resident out of his wheelchair and back into bed. Before leaving the resident's room, both therapists washed their hands at the sink in the resident's bathroom. Interview with PTA #58 and OT #55 on 06/23/20 at 11:04 A.M. confirmed neither therapist had put on a gown or gloves before entering Resident #33's room. OT #55 confirmed he had not put on any eye protection before entering the resident's room. The therapists stated when they take a resident out of their room who is being quarantined, the resident wears full PPE, a gown, gloves, mask, and goggles. The therapists only wear masks and no additional PPE was required. The therapists stated the resident was worked with alone in the therapy gym and any equipment used was sanitized before and after each resident. They both stated if therapy was completed in the residents's room, then they would wear all the PPE. Interview with the Administrator In Training (AIT) on 06/23/20 at 11:23 A.M. confirmed some residents who were under 14 day quarantine were completing therapy in the therapy gym instead of in their rooms. The AIT stated the facility had experienced better outcomes with therapy when residents were able to go to the therapy gym and use equipment, such as the stairs, and parallel bars. The AIT confirmed the residents wear PPE in the therapy gym, however the therapists only wear masks during therapy sessions. The AIT revealed all equipment was sanitized between each resident use and only one resident is in the therapy gym at a time. Review of an email received from the AIT on 06/24/20 at 9:24 A.M. confirmed there were 14 total residents on the therapy schedule for 06/23/20. Of those 14 residents; 11 of them worked with PTA #58 and/or OT #55. Of the 11 Residents three (#33, #35, and #39) were on a 14 day quarantine with precautions. Review of an email received on 06/24/20 from the (NAME) County Health Department Infectious Disease Nurse #60 revealed guidance for suspected COVID-19 residents, individuals under observation, and residents being quarantined to their rooms the appropriate PPE to be worn would include a N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown during their care. Review of the facility policy titled, 14 Day Quarantine Rule, dated 05/20/20, revealed all residents who are admitted to the hospital and return to the facility are placed in a 14-day preventative isolation. Staff who enter the room are to wear goggles, gloves, and masks. Review of the guidance from the CDC website (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html), titled, Create a Plan for Managing New Admissions and Readmissions whose COVID-19 Status is Unknown, updated 06/22/20, revealed healthcare professionals should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or disposable face shield that covers the front and sides of the face), gloves, and a gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected.</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.