

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER GARDENS OF PAULDING THE		STREET ADDRESS, CITY, STATE, ZIP 199 COUNTY ROAD 103 PAULDING, OH 45879	
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 - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview and facility policy review, the facility failed to ensure infection control measures were adhered to during meal tray service, to prevent the spread of COVID 19. This had the potential to affect 38 of 38 residents residing in the facility. Findings include: Observation on 06/09/20 at 11:35 A.M. revealed Social Service Director (SSD) #100 entered room [ROOM NUMBER] without donning any personal protective equipment (PPE). room [ROOM NUMBER] had a small plastic, three-drawer stand placed beside the door and signage on the wall indicating isolation. SSD #100 placed the lunch tray on the over bed table and assisted the resident in room [ROOM NUMBER] to an upright position. The resident did not appear comfortable and SSD #100 exited the room and asked two State tested Nursing Assistants (STNA) to reposition the resident. The two STNAs donned gowns and gloves in the correct order and entered the room and closed the door. Upon exit the two STNAs removed the PPE correctly. Interview on 06/09/20 at 11:36 A.M., with the Director of Nursing provided verification SSD #100 had not donned the PPE prior to entering an isolation room. Interview on 06/09/20 at 11:38 A.M., with SSD #100 revealed she had simply forgot to don the PPE prior to entering the room. SSD #100 added she should have set the tray down and don the appropriate PPE. Review of the facility policy titled Admission of COVID Positive or Suspected Positive Residents in a Pandemic Situation dated 03/20 revealed gowns, gloves, eye protection and facemasks are to be donned prior to providing care to residents regardless of presence of symptoms.		

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.