

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
NAME OF PROVIDER OF SUPPLIER CATHERINE'S CARE CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP 717 NORTH SIXTH STREET STEUBENVILLE, OH 43952	
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, policy review, staff interview and review of Guidance from the Centers for Disease Control (CDC), the facility failed to ensure appropriate hand hygiene was conducted in accordance with recommendations for prevention of [MEDICAL CONDITION] 2019 (COVID-19). This had the potential to affect nine residents on the B hall of the facility, Residents #10, #40, #50, #60, #70, #71, #72, #73, and #74. The census was 22. The facility also failed to consistently implement it's infection control plan for monitoring of residents' temperature on a daily basis. This affected two (Residents #10 and #30) of three residents whose medical records were reviewed for respiratory illness. Findings include:</p> <p>1. On 05/27/20 at 7:43 A.M., State tested Nursing Assistant (STNA) #100 was observed delivering meal trays to residents on the B hall. STNA #100 delivered a breakfast tray to Resident #40's room. Upon leaving Resident #40's room no hand hygiene was completed. STNA #100 propelled the meal cart to Resident #50's room and obtained the tray. Resident #50's door was closed. STNA #100 knocked on the door and handled the door knob when entering the room and after exiting the room. No hand hygiene was performed. STNA #100 proceeded to move the cart to Resident #60's room. After obtaining the tray from the cart, STNA #100 entered Resident #60's room and touched/moved the over bed table to set the tray up. STNA #100 exited Resident #60's room without performing hand hygiene and moved the cart to Resident #70's room where she started to remove a tray. STNA #100 was stopped and interviewed at that time (7:52 A.M.) On 05/27/20 at 7:52 A.M., STNA #100 verified she had touched environmental surfaces between meal tray delivery to Residents #50 and #60 then prepared to deliver additional trays without performing hand hygiene. STNA #100 stated there was alcohol based hand rub which was portable and could be used during distribution of meal trays. Review of the Centers for Disease Control's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed [MEDICAL CONDITION] Disease 2019 (COVID-19) in Healthcare</p> <p>Settings, updated 05/18/20, revealed transmission of COVID-19 might occur through contact with contaminated surfaces followed by self-delivery to the eyes, nose or mouth. Recent experience with outbreaks in nursing homes reinforced residents with COVID-19 frequently did not report typical symptoms and some may not report any symptoms. The recommendations instructed health care personnel to adhere to standard precautions. Standard precautions assumed that every person was potentially infected. Health care personnel should perform hand hygiene before and after patient contact and after contact with potentially infectious material. Review of the Centers for Disease Control's Guidance for Hand Hygiene indicated clinical indication for hand hygiene included after touching a patient or the patient's immediate environment. The facility identified nine residents who resided on the B hall, Residents #10, #40, #50, #60, #70, #71, #72, #73, and #74. 2. Review of the facility's COVID-19 Facility Control Plan, dated March 2020, revealed the facility would implement a plan for minimizing the exposure of COVID-19 and protecting residents, healthcare personnel, and visitors. Included in the plan was monitoring all residents' temperatures and assessing for respiratory symptoms a minimum of daily. Results were to be documented on each resident in the Electronic Health Record. If any resident developed a fever and/or any respiratory symptoms, the necessary local and state agencies would be notified and the resident would be closely monitored for determination of acute transfer for treatment. a. Review of Resident #10's medical record revealed [DIAGNOSES REDACTED]. There was no documentation of temperature or symptom monitoring on 04/05/20, 04/19/20, 05/06/20, and 05/20/20. On 05/26/20 at 2:50 P.M., the Director of Nursing (DON) was informed of the lack of documentation. On 05/26/20 at 4:47 P.M., papers with multiple residents' names were provided for 04/05/20 and 04/19/20 with temperatures recorded. A paper dated 05/06/20 had no temperature recorded beside Resident #10's name. No additional information was provided for 05/20/20. b. Review of Resident #30's medical record revealed [DIAGNOSES REDACTED]. No temperatures were recorded for 05/07/20, 05/22/20, 05/23/20, 05/24/20, 05/25/20, or 05/26/20. On 05/26/20 at 2:50 P.M., the DON was informed of the lack of information regarding Resident #30's temperature on 05/07/20, 05/22/20, 05/23/20, 05/24/20, 05/25/20, or 05/26/20. No additional information was provided. This deficiency is evidence of continued non-compliance from a recertification survey completed 02/21/20.</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.