

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>366098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CATHERINE'S CARE CENTER, INC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>717 NORTH SIXTH STREET STEUBENVILLE, OH 43952</b>	
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 0886  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on medical record review, review of laboratory results, review of guidance from the Centers for Medicare and Medicaid, policy review, and interview the facility failed to conduct testing for COVID 19 with the appropriate frequency as required. This had the potential to affect all 19 residents residing in the facility. Findings include: Record review and verification during the survey process revealed on 08/21/20 all staff were tested for COVID 19. Review of Resident #19's medical record revealed [DIAGNOSES REDACTED]. A nursing note dated 08/20/20 at 11:47 A.M. indicated Resident #19 returned from an appointment. A hernia repair was scheduled for 09/04/20. A nursing note dated 08/26/20 at 12:39 P.M. indicated Resident #19 left the facility to have a test for COVID 19 at 11:20 A.M. and returned at 12:00 P.M. A nursing note dated 08/27/20 at 2:37 P.M. indicated the facility received a call reporting the COVID 19 test was positive. The Director of Nursing (DON) and Administrator were notified. A repeat test was obtained by the DON at 2:00 P.M. and sent to the laboratory. Review of the laboratory results of the specimen collected on 08/27/20 revealed the specimen for [DIAGNOSES REDACTED]-COV-2, the coronavirus associated with COVID-19, was positive. The results were verified on 08/28/20. On 09/21/20 at 3:48 P.M., the Administrator stated when the local health department did contact tracing phone calls on 08/29/20 Activity Assistant #20 reported she was unable to taste or smell her food. Activity Assistant #20 was tested for COVID 19 on 08/29/20 and results were back in 24 hrs. Activity Assistant #20 tested positive for COVID 19. The Administrator indicated Activity Assistant #20 was not working when the phone call was made and remained off work until isolation criteria was met. At that time, the facility was still waiting on test results for COVID testing the staff had done on 08/21/20. During an interview on 09/21/20 at 11:52 A.M., the DON stated all residents were tested for COVID 19 on 08/31/20. Review of Resident #16's medical record revealed an admission date of [DATE]. [DIAGNOSES REDACTED]. A nursing note dated 09/01/20 at 6:16 P.M. indicated Resident #16 tested positive for COVID 19. The results from the staff testing completed 08/21/20 were received on 09/03/20. One additional staff member, Nursing Assistant #21, tested positive for COVID 19. On 09/21/20 at 3:50 P.M., the Administrator reported staff had samples for routine testing for COVID 19 obtained on 09/04/20 and results received on 09/09/20 revealed all results were negative. All staff were tested again on 09/18/20 and the results were pending. On 09/21/20 at 11:52 A.M., the DON verified after Resident #19 tested positive for COVID 19 on 08/27/20 all residents were tested for COVID 19 on 08/31/20. The DON verified Resident #16 tested positive for COVID 19 on 08/31/20. No residents who had originally tested negative for COVID were retested after the testing was completed on 08/31/20. There was no increase in the frequency of staff testing during that time either as the facility was still waiting on test results from 08/21/20. When the results were received on 09/03/20 with two staff testing positive for COVID 19, routine testing was due to be completed on 09/04/20. The facility did continue to test all staff every 14 days. Review of Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements (published by Centers for Medicare and Medicaid (CMS) on 08/25/20) revealed an outbreak was defined as a new COVID-19 infection in any healthcare personnel (HCP) or any nursing home-onset COVID-19 infection in a resident. In an outbreak investigation, rapid identification and isolation of new cases was critical in stopping further [MEDICAL CONDITION] transmission. Upon identification of a single new case of COVID-19 infection in any staff or residents, all staff and residents should be tested , and all staff and residents that tested negative should be retested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result. For individuals who tested positive for COVID-19, repeat testing was not recommended. A symptom-based strategy was intended to replace the need for repeated testing. Review of the facility undated policy titled COVID 19 Testing Residents revealed all residents were to be tested for COVID 19 as recommended by the Centers for Disease Control, Centers for Medicare and Medicaid, and Ohio Department of Health guidelines.</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.