

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2020
NAME OF PROVIDER OF SUPPLIER BROWN MEMORIAL HOME INC		STREET ADDRESS, CITY, STATE, ZIP 158 E MOUND ST CIRCLEVILLE, OH 43113	
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 - Many	Based on record review and staff interview, the facility failed to inform residents, their representatives, and families of a single confirmed resident infection of COVID-19. This had the potential to affect 41 of 41 residents who reside in the facility. Findings include: Review of Resident #201's medical record revealed the resident received a positive COVID-19 result on 09/24/20. Review of the facility documents related to notification and COVID-19, revealed the facility did not notify residents, their representatives, and families of Resident #201's positive COVID-19 status. Interview on 10/06/20 at 8:23 A.M. via email, revealed the Administrator confirmed residents, their representatives, and families were not notified as required when the resident had a positive COVID result.		

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.