

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366114	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/25/2020
NAME OF PROVIDER OF SUPPLIER THE GREENS CARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 1575 BRAINARD RD LYNDHURST, OH 44124	
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 - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of the facility's policies and procedures, the facility failed to ensure transmission-based precautions were implemented for one of five sampled residents (Resident (R) 1). R1 was admitted to the facility and tested negative for the COVID-19 virus and had no signs and symptoms of infection. The facility failed to post a sign on the resident's private room door for staff notification for the need to follow the 14 day precautions for contact and droplet precautions required for a new admission to the facility. The facility had no active COVID-19 residents. Observation on 05/25/20 revealed a facility staff member in the resident's room providing Speech therapy services to the resident without wearing the complete set of required personal protective equipment (PPE), no gown per facility policy for contact precautions. However, the Speech Therapist was not observed to make direct contact with the resident or any equipment in the room. The staff member failed to put on a gown prior to entry to the resident room only mask and gloves. The sign to direct staff to use contact and droplet precautions was not posted at the door of R1. This failure has the potential to effect other residents and staff in the facility. The staff member was not observed to continue treatment to other residents. Findings include: Review of the facility policy titled, Coronavirus Disease (COVID-19) Prevention and Control, dated 03/2020, revealed the facility's policy stated, Residents with suspected or confirmed COVID-19 infection are placed in a separated room or cohorted with other residents with the same infection status. The policy further stated, Standard precautions are utilized when caring for all residents. Contact and droplet precautions are implemented for any residents with symptoms of respiratory infection. Review of the facility policy, (undated), Isolation - Categories of Transmission-Based Precautions, stated Transmission-Based Precautions shall be used when caring for residents who are documented or suspected to have communicable diseases or infections that can be transmitted to others. In addition, the policy stated Contact Precautions should be implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. The policy further stated Contact Precautions require facility staff to wear PPE including, disposable gloves and gowns. The policy stated Droplet Precautions should be implemented for an individual documented or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets (larger than 5 microns in size) that can be generated by the individual coughing, sneezing, talking, or by the performance of procedures such as suctioning). The facility's policy required staff members to wear face masks for residents on Droplet Precautions. The facility's policy also required signs to be placed outside a resident's room to alert staff and visitors to the type of precaution the resident requires. Observation conducted on 05/25/20 at 10:00 AM revealed the facility's Speech Language Pathologist (SLP) standing at the bedside of R1 in room [ROOM NUMBER] providing verbal speech therapy instruction to the resident. The resident is non-verbal. The SLP was observed wearing a face mask and gloves while providing the services to the resident. The SLP made no contact with the resident or any equipment in the room. R1 was observed with a [MEDICAL CONDITION] but no signs or symptoms of coughing or sneezing were noted. The resident was a [AGE] year old who suffered a [MEDICAL CONDITION] which required the [MEDICAL CONDITION]. The observation revealed no Personal Protective Equipment (PPE) requirement was posted at the door of R1's room and no signs were posted outside of R1's room to indicate the resident was on contact and droplet precautions for the 14 day observation period after admission. A review of R1's Electronic Medical Record (EMR) revealed R1 was admitted to the facility on [DATE] with a primary [DIAGNOSES REDACTED]. In addition, the progress notes located in the EMR dated 05/22/20 revealed R1 was admitted from a facility with confirmed COVID-19 cases but R1 tested negative prior to admitting to this facility. The progress notes and the Medication Administration Record [REDACTED]. In addition, R1 required suctioning of his [MEDICAL CONDITION] this procedure was not observed. There was no physician's order for contact or droplet precautions on the record. The routine NP familiar with R1 evaluated R1. During an interview on 05/25/20 at 1:15 PM the NP revealed the resident had no signs or symptoms of an infection this was the resident's normal condition. A chest x-ray was performed and was negative for any respiratory infections. An interview was conducted with the Director of Nursing (DON) on 05/25/20 at 12:20 PM. The DON indicated she was the primary staff member responsible for the facility's infection prevention and control program. The DON stated R1 was admitted to the facility on [DATE] from another facility and he tested negative for the COVID-19 virus on admission. The DON confirmed the facility was monitoring R1 for symptoms of COVID-19 for fourteen (14) days because the resident was a new admission to the facility. The observation was for precautions only. He had no current signs or symptoms of illness to suspect [MEDICAL CONDITION]. Observation conducted on 05/25/20 at 12:45 PM with the DON revealed Registered Nurse (RN)7 and RN8 were standing in R1's room (room [ROOM NUMBER]) and discussing the administration of IV antibiotics to R1. RN7 and RN8 were observed wearing face masks and gloves and standing 6 feet away from any equipment or the resident. However, they did not have gowns on during the observation. In addition, the observation revealed no Personal Protective Equipment (PPE) posting at the door of R1's room to indicate the resident was on contact and droplet precautions. An interview was conducted with RN7 and RN8 on 05/25/20 at 12:45 PM. RN7 and RN8 stated gowns should be worn for residents on contact precautions. RN7 and RN8 could not explain why gowns were not worn. A follow-up interview was conducted with the DON on 05/25/20 at 1:00 PM revealed the DON confirmed PPE and signs should be posted at the entrance of R1's room to alert facility staff to follow Contact and Droplet Precautions Policy. All other rooms were observed for posting of the requirement of precautions to be taken prior to entry. No additional rooms were identified out of compliance. Signs were posted at the door of R1 on 05/25/20 at 1:00 PM. An interview was conducted with the facility's NP on 05/25/20 at 1:10 PM. The NP stated the facility should be monitoring newly admitted residents for symptoms of COVID-19. The NP further stated the facility should follow procedures for transmission-based precautions when residents are inside the fourteen (14) days after admission if they have symptoms of a respiratory infection. An interview was conducted with the facility's Administrator on 05/25/20 at 1:30 PM. The Administrator confirmed newly admitted residents with symptoms of respiratory infection should be on Contact and Droplet Precautions according to the facility's policy for the 14 day observation period. An interview was conducted with the facility's SLP on 05/25/20 at 1:55 PM. The SLP stated she did not wear a gown while in the room to provide therapy for R1 because there were no signs posted to indicate PPE needed due to Contact and Droplet Precaution when entering R1's room.</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.