

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>366153</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/31/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TERRACE VIEW GARDENS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3904 NORTH BEND ROAD CINCINNATI, OH 45211</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 0689  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on medical record review, observation, staff interview, and review of facility policy, the facility failed to ensure residents engaged in safe smoking practices during a supervised smoking break. This affected one (#25) out of one resident observed smoking during the survey. The census was 57. Findings include: Review of Resident #25's medical record revealed an admission date of [DATE]. [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS) for Resident #25 dated 07/03/20 revealed resident was cognitively intact and independent and/or required limited assistance with activities of daily living (ADLs). Review of plan of care Resident #25 dated 07/23/18, revealed resident had health risks related to smoking and residents smoking will not cause harm to self or put others at risk. Interventions included facility to provide supervision during resident's smoke breaks Review of smoking assessment for Resident #25 dated 06/27/20 revealed resident required staff supervision with smoking. Observation of the resident's smoke break with Administrator on 08/31/20 at 9:00 A.M. revealed Resident #25 was actively smoking. Further observations revealed Resident #25 was smoking with her paper facemask positioned below her chin while Registered Nurse (RN) #20 was seated directly next to resident. The observation revealed RN #20 was also smoking a cigarette. Interview with Administrator on 08/31/20 at 9:01 A.M. verified Resident #25 was smoking with her paper mask positioned below her chin. Administrator stated RN #20 was tasked with monitoring the resident during her smoke break. Interview with RN #20 on 08/31/20 at 11:35 A.M. verified he was tasked with observation of Resident #25 during her smoke break. RN #20 verified Resident #25 smoked with her paper facemask positioned below her chin. RN #20 stated he was aware of the fire hazards of smoking with a paper masks positioned below resident's chin. RN #20 further stated the incident was an oversight on his part. Review of a facility policy titled Resident Smoking dated 11/28/17 revealed the facility would provide a safe and healthy environment which induced safety as related to smoking.</p>		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on medical record review, observations, staff interviews, review of facility policy and review of online resources from Ohio Department of Health (ODH), Centers for Medicare and Medicaid (CMS) and Centers for Disease Control (CDC), revealed one randomly observed facility staff (Registered Nurse (RN) #20) failed to wear a facemask during a supervised resident smoke break to potentially prevent the spread of Coronavirus Disease 2019 (COVID-19). This affected one (#25) of one resident observed during a supervised smoking break. Facility census was 57. Findings include: Review of Resident #25's medical record revealed an admission date of [DATE]. [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS) for Resident #25 dated 07/03/20 revealed resident was cognitively intact and independent and /or required limited assistance with activities of daily living (ADLs). Observation of the first-floor smoking area with Administrator on 08/31/20 at 9:00 A.M. revealed RN #20 was seated directly next to Resident #25 without a mask place. Further observation revealed RN #20 was also smoking a cigarette. Interview with Administrator on 08/31/20 at 9:01 A.M. verified RN #20 was seated directly next to Resident #25 without a mask in place. Interview with RN #20 on 08/31/20 at 11:35 A.M. verified he was not wearing a facemask while seated directly next to Resident #25 during his smoke break. Review facility policy titled Novel Coronavirus Prevention and Response dated 05/05/20 revealed staff shall wear facemasks in accordance with local, state and national directives. Review of CMS memo titled Nursing Home Guidance dated 04/02/20 revealed all nursing homes shall ensure they are complying with all CMS and CDC guidance related to infection control. Review of coronavirus.ohio.org revealed (NAME) County was in a level two (orange) public emergency indicating increased exposure and spread of COVID-19. Review of an online resource from the CDC (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html</a>) revealed staff at a minimum were to wear a surgical/medical facemask.</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.