

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366241	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2020
NAME OF PROVIDER OF SUPPLIER STEUBENVILLE COUNTRY CLUB MANOR		STREET ADDRESS, CITY, STATE, ZIP 575 LOVERS LANE STEUBENVILLE, OH 43953	
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 - Many	<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 observation, review of manufacturer product information, policy review, and staff interview, the facility failed to ensure staff were knowledgeable regarding the use of the facility's disinfectant. This had the potential to affect all 52 residents. Findings include: Review of the facility's COVID 19 Emergency Preparedness policy (dated March 2020) revealed the facility would use Neutra Stat 64, EPA (Environmental Protection Agency) registered to kill COVID to clean and disinfect high touch areas. Review of the Neutra-Stat 64 product information sheet indicated the product killed [MEDICAL CONDITION] in ten minutes, including the human coronavirus. On 06/11/20 at 9:33 A.M., Housekeeper #80 was interviewed and stated the facility used Neutra Stat as its disinfectant. When asked if there was any certain amount of time needed for contact in order for the Neutra-Stat to disinfect, Housekeeper #80 stated the Neutra-Stat was sprayed on and wiped off. On 06/11/20 at 9:35 A.M., during observation and interview, Housekeeper #90 pulled a bottle of Neutra-Stat 64 from her housekeeping cart in order to verify it was the disinfectant used. Housekeeper #90 stated the facility used the spray bottle and also used the disinfectant in a pail of water. When using the spray, the surface was sprayed and allowed to air dry. Housekeeper #90 stated a two minute contact time was necessary for disinfection of surfaces. Housekeeper #90 was asked if the contact time was indicated on the label. After going to the storage room and obtaining a big bottle of the Neutra-Stat 64, Housekeeper #90 verified the label indicated a ten minute contact time was required.</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.