

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>366245</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FOREST GLEN HEALTH CAMPUS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2150 MONTEGO DRIVE SPRINGFIELD, OH 45503</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 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 observations, record review, facility policy review, Center for Disease Control (CDC) websites review, and staff interviews, the facility failed to ensure proper personal protective (PPE) equipment was worn when providing care to a resident on quarantine for exposure of COVID-19. This affected one (#59) of 52 residents on quarantine for COVID-19. The census was 66. Findings include: Review of the medical record for Resident #59 revealed an admission date of [DATE], with [DIAGNOSES REDACTED]. Review of the significant change minimum data set assessment dated [DATE] revealed Resident #59 was severely cognitively impaired. Review of Resident #59's active physician orders revealed an order dated 09/25/20 for contact and droplet precautions. Interview with Clinical Support #205 on 09/29/20 at 11:20 A.M., revealed all residents were under quarantine due to potential exposure to COVID-19. Observation of State tested Nurse Aide (STNA) #210 on 09/29/20 at 1:47 P.M., revealed STNA #210 was in Resident #59's room assisting Resident #59 with eating. STNA #210 was not observed wearing a gown or gloves while assisting Resident #59 with eating. Interview with STNA #210 on 09/29/20 at 1:47 P.M., verified Resident #59 was on contact and droplet precautions due to potential exposure to COVID-19. The interview further verified STNA #210 was not wearing a gown or gloves while assisting Resident #59 with eating. The interview with STNA #210 revealed she was not wearing a gown or gloves while assisting Resident #59 with her eating because she thought she only had to wear a gown/gloves when providing care such as incontinence care, oral care, etc. and not when assisting with eating. Review of the facility policy titled Enhanced Infection Prevention and Control Program for COVID-19, last revised 06/01/20, revealed eye protection, gown, and gloves continue to be recommended for the care of residents with known or suspected COVID-19. Review of the CDC websites article titled Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19, undated, revealed preferred PPE includes isolation gown, one pair of clean, non-sterile gloves, face shield or goggles, and N95 or higher respirator. When respirators are not available, use the best available alternative, like a facemask. Acceptable alternative PPE includes isolation gown, one pair of clean, non-sterile gloves, face shield or goggles, and 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.