

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2020
NAME OF PROVIDER OF SUPPLIER CANTON CHRISTIAN HOME		STREET ADDRESS, CITY, STATE, ZIP 2550 CLEVELAND AVENUE NW CANTON, OH 44709	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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, record review, staff interview, and Centers for Disease Control (CDC) guidelines the facility failed to maintain adequate infection control policies and practices for residents who were in quarantine for COVID-19 to decrease the risk of spreading COVID-19. In addition, the facility failed to ensure all staff were knowledgeable of the current requirements for personal protective equipment (PPE) use when entering rooms for newly admitted residents in quarantine for COVID-19. This affected five residents (Resident #1, Resident #2, Resident #3, Resident #4, and Resident #5) and had the potential to affected all 69 residents residing in the facility. Findings include: 1. Resident #1 was admitted on [DATE] with [DIAGNOSES REDACTED]. Resident #1's Medicare five day minimum data set (MDS) assessment dated [DATE] revealed her cognition was intact. Resident #1's medical record revealed her most recent COVID-19 laboratory test was reported as negative on 08/14/20. Resident #1's physician orders [REDACTED]. Observation on 08/27/20 at 8:58 A.M. revealed State tested Nursing Assistant (STNA) #102 was wearing a cloth mask down the hall near Resident #1's door. Outside of Resident #1's door was a cart with PPE in it. There was no sign on the door to indicate Resident #1 was on droplet precautions. STNA #102 put gloves on, a fabric gown, and placed a second cloth mask over her original cloth mask and entered Resident #1's room. Interview on 08/27/20 at 9:40 A.M. with STNA #102 revealed she stores her personal cloth mask in her pocket and puts a new cloth mask on from the PPE carts when entering a resident's room who is on isolation precautions. Interview on 08/27/20 at 9:47 A.M. with STNA #102 revealed she helped Resident #1 get out of bed and use the restroom when she helped him during the observation at 8:58 A.M. STNA #102 revealed she was trained to wear gloves, gowns, and to apply a second cloth mask over her cloth mask when going in resident rooms who are in 14 day quarantine precautions. Interview on 08/27/20 at 10:45 A.M. with Assistant Director of Nursing (ADON) #100 revealed she believed the facility was using guidance from the CDC regarding the use of cloth masks. ADON #100 revealed staff should wear gowns, gloves, and a cloth mask in resident rooms when caring for residents who are new admissions under 14 day quarantine precautions. ADON #100 confirmed there was no sign on Resident #1's door to indicate the resident was under isolation precautions. Interview on 08/27/20 at 11:22 A.M. with ADON #100 revealed when staff enter a room where a resident is in isolation precautions they should hang up their personal cloth mask and put on a new cloth mask from the PPE cart. ADON #100 revealed the facility was still preserving PPE in case they had a positive COVID-19 case, therefore the facility was not using N95 masks, surgical masks, or eye protection. Review of the facility handwritten PPE log (undated) revealed the facility had 597 of the N95 masks, 250 of the Kn95 masks, 246 face shields, 4747 surgical masks, and 39 eye protection glasses. Review of facility policy titled, PPE Protection/Utilization Policy, dated March 2020, revealed that due to the allocation of PPE equipment, staff will be authorized to use other means as available for PPE equipment. All staff will wear a cloth face covering (homemade mask or bandana or self-purchased item) at all times while in resident areas. Cloth face masks will be laundered daily by the facility and placed in a central location for all staff to utilize. Gloves shall remain within current standards of care, handling body fluids, suspected bodily fluids, and blood. For new admissions, hospital type gowns or washable isolation gowns will be utilized during the 14 day isolation time upon admission. For infectious Elders (residents), washable isolation gowns are to be used. Masks for droplet will be determined case by case depending on level of current supplies and availability. Review of the CDC guidance updated 06/25/20 revealed health care personnel should wear a facemask at all times while they are in the facility and cloth face coverings should not be worn by health care personnel instead of a respirator or facemask when PPE is required. Review of the CDC guidance updated 07/15/20 revealed recommended infection prevention and control practices when caring for a patient with unknown, suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 (COVID-19) infection as a measure to limit healthcare personnel exposure and conserve PPE included to consider designating entire units within the facility, determine how staffing needs would be met as the number of patients with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection increases and if healthcare personnel become ill and were excluded from work. Limit transport and movement of the patient outside of the room to medically essential purposes. In regards to PPE, healthcare personnel who enter the room of a patient with unknown, suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher level respirator, gown, gloves and eye protection. Personal protective equipment training, on understanding and demonstration of when to use PPE, what PPE was necessary, how to properly apply (don), use and remove (doff) PPE in a manner to prevent self-contamination, how to properly dispose or disinfect and maintain PPE and the limitations of PPE should be completed. 2. Resident #5 was admitted on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #5's medical record revealed her last COVID-19 laboratory test was collected on 08/21/20 and the results were reported on 08/22/20 to be negative. Resident #5's physician orders [REDACTED]. Observation on 08/27/20 at 9:14 A.M. revealed Licensed Practical Nurse (LPN) #101 was wearing a cloth mask while working on Resident #5's hall. There was a cart full of PPE outside of Resident #5's room with a sign on the resident's door to indicate she was on isolation precautions. Before entering Resident #5's room, LPN #101 took off her cloth mask folded it in half and placed in on the hand rail above the PPE cart. LPN #101 then put a different cloth mask on from the PPE cart along with gloves and a fabric gown and entered Resident #5's room. When LPN #101 exited the room she did not have a mask on and was observed to reapply the cloth mask that was sitting on the handrail outside of the resident's room. Interview on 08/27/20 at 9:18 A.M. with LPN #101 revealed she was directed to wear gloves, gowns, and apply a different cloth mask to enter resident rooms who were new admissions on 14 day quarantine precautions. LPN #101 revealed they were not told they need to wear eye protection and only cloth masks are worn throughout the facility and in quarantine rooms. Interview on 08/27/20 at 10:45 A.M. with ADON #100 revealed she believed the facility was using guidance from the CDC regarding the use of cloth masks. ADON #100 revealed staff should wear gowns, gloves, and a cloth mask in resident rooms when caring for residents who are new admissions under 14 day quarantine precautions. Interview on 08/27/20 at 11:22 A.M. with ADON #100 revealed when staff enter a room where a resident is in isolation precautions they should hang up their personal cloth mask and put on a new cloth mask from the PPE cart. ADON #100 revealed the facility was still preserving PPE in case they had a positive COVID-19 case, therefore the facility was not using N95 masks, surgical masks, or eye protection. Review of the facility handwritten PPE log (undated) revealed the facility had 597 of the N95 masks, 250 of the Kn95 masks, 246 face shields, 4747 surgical masks, and 39 eye protection glasses. Review of facility policy titled, PPE Protection/Utilization Policy, dated March 2020, revealed that due to the allocation of PPE equipment, staff will be authorized to use other means as available for PPE equipment. All staff will wear a cloth face covering (homemade mask or bandana or self-purchased item) at all times while in resident areas. Cloth face masks will be laundered daily by the facility and placed in a central location for all staff to utilize. Gloves shall remain within current standards of care, handling body fluids, suspected bodily fluids, and blood. For new admissions, hospital type gowns or washable isolation gowns will be utilized during the 14 day isolation time upon admission. For infectious Elders (residents), washable isolation gowns are to be used. Masks for droplet will be determined case by case depending on level of current supplies and availability. Review of the CDC guidance updated 06/25/20 revealed health care personnel should wear a facemask at all times while they are in the facility and cloth face coverings should</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>not be worn by health care personnel instead of a respirator or facemask when PPE is required. Review of the CDC guidance updated 07/15/20 revealed recommended infection prevention and control practices when caring for a patient with unknown, suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 (COVID-19) infection as a measure to limit healthcare personnel exposure and conserve PPE included to consider designating entire units within the facility, determine how staffing needs would be met as the number of patients with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection increases and if healthcare personnel become ill and were excluded from work. Limit transport and movement of the patient outside of the room to medically essential purposes. In regards to PPE, healthcare personnel who enter the room of a patient with unknown, suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher level respirator, gown, gloves and eye protection. Personal protective equipment training, on understanding and demonstration of when to use PPE, what PPE was necessary, how to properly apply (don), use and remove (doff) PPE in a manner to prevent self-contamination, how to properly dispose or disinfect and maintain PPE and the limitations of PPE should be completed. 3. Resident #4 was initially admitted on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. Resident #4's quarterly MDS assessment dated [DATE] revealed the resident was alert, oriented and cognitively intact. Resident #4's medical record revealed her last COVID-19 laboratory test was completed on 08/13/20 with negative results. Resident #4's physician orders [REDACTED]. Observation on 08/27/20 at 8:58 A.M. revealed Resident #4 had a isolation PPE cart outside of her door with only cloth masks available and no additional face protection was available, including N95 masks or goggles/faceshields. Interview on 08/27/20 at 10:45 A.M. with ADON #100 revealed she believed the facility was using guidance from the CDC regarding the use of cloth masks. ADON #100 revealed staff should wear gowns, gloves, and a cloth mask in resident rooms when caring for residents who are new admissions under 14 day quarantine precautions. Interview on 08/27/20 at 11:22 A.M. with ADON #100 revealed when staff enter a room where a resident is in isolation precautions they should hang up their personal cloth mask and put on a new cloth mask from the PPE cart. ADON #100 revealed the facility was still preserving PPE in case they had a positive COVID-19 case, therefore the facility was not using N95 masks, surgical masks, or eye protection. Review of the facility handwritten PPE log (undated) revealed the facility had 597 of the N95 masks, 250 of the Kn95 masks, 246 face shields, 4747 surgical masks, and 39 eye protection glasses. Review of facility policy titled, PPE Protection/Utilization Policy, dated March 2020, revealed that due to the allocation of PPE equipment, staff will be authorized to use other means as available for PPE equipment. All staff will wear a cloth face covering (homemade mask or bandana or self-purchased item) at all times while in resident areas. Cloth face masks will be laundered daily by the facility and placed in a central location for all staff to utilize. Gloves shall remain within current standards of care, handling body fluids, suspected bodily fluids, and blood. For new admissions, hospital type gowns or washable isolation gowns will be utilized during the 14 day isolation time upon admission. For infectious Elders (residents), washable isolation gowns are to be used. Masks for droplet will be determined case by case depending on level of current supplies and availability. Review of the CDC guidance updated 06/25/20 revealed health care personnel should wear a facemask at all times while they are in the facility and cloth face coverings should not be worn by health care personnel instead of a respirator or facemask when PPE is required. Review of the CDC guidance updated 07/15/20 revealed recommended infection prevention and control practices when caring for a patient with unknown, suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 (COVID-19) infection as a measure to limit healthcare personnel exposure and conserve PPE included to consider designating entire units within the facility, determine how staffing needs would be met as the number of patients with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection increases and if healthcare personnel become ill and were excluded from work. 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Resident #3's physician orders [REDACTED]. Observation on 08/27/20 at 8:58 A.M. revealed Resident #3 had a isolation PPE cart outside of his door with only cloth masks available and no additional face protection was available, including N95 masks or goggles/faceshields. Interview on 08/27/20 at 10:45 A.M. with ADON #100 revealed she believed the facility was using guidance from the CDC regarding the use of cloth masks. ADON #100 revealed staff should wear gowns, gloves, and a cloth mask in resident rooms when caring for residents who are new admissions under 14 day quarantine precautions. Interview on 08/27/20 at 11:22 A.M. with ADON #100 revealed when staff enter a room where a resident is in isolation precautions they should hang up their personal cloth mask and put on a new cloth mask from the PPE cart. 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