

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2020
NAME OF PROVIDER OF SUPPLIER KINGSTON CARE CENTER OF SYLVANIA		STREET ADDRESS, CITY, STATE, ZIP 4121 KING ROAD SYLVANIA, OH 43560	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the unprecedented coronavirus global pandemic that resulted in the Presidential declaration of a State of National Emergency dated 3/13/20, the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) Memo QSO-20-14-NH revised on 3/13/20, Nursing Home guidance from the Centers for Disease Control and Prevention (CDC), observation, interview and record review, the facility failed to prevent the spread of infections such as COVID-19 as evidenced by failure to adhere to infection control practices related to: proper storage of a face mask; proper hand hygiene and glove use; and proper storage and disposal of patient care equipment. These findings had the potential to affect all 94 residents in the facility. Findings include: 1. On 4/30/20 at 1:42pm, inside the COVID-19 unit, a KN95 (face mask) was observed in State tested Nursing Assistant2's (STNA2) plastic bin, exposed and without a bag or covering. The plastic bins were placed in an open shelving unit used by employees to keep their face shields, masks and other items when not in use. This observation was confirmed by the Director of Nursing (DON). The DON stated that the face mask should be in a brown bag. When asked if staff can leave their face mask exposed inside the bin with other items, the DON stated, No. Review of facility's policy on PPE revealed the policy did not include direction on proper storage of reusable respirator masks. In a CDC article titled Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings dated March 27, 2020, revealed the following direction under Respirator Reuse Recommendations: If reuse of N95 respirators is permitted, respiratory protection program administrators should ensure adherence to administrative and engineering controls to limit potential N95 respirator surface contamination (e.g., use of barriers to prevent droplet spray contamination) and consider additional training and/or reminders (e.g., posters) for staff to reinforce the need to minimize unnecessary contact with the respirator surface, strict adherence to hand hygiene practices, and proper PPE donning and doffing technique, including physical inspection and performing a user seal check. Healthcare facilities should develop clearly written procedures to advise staff to take the following steps to reduce contact transmission .Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html 2. A. On 4/30/20 at 1:36pm, inside the COVID-19 unit, STNA1 was observed disposing a soiled bag inside the soiled utility room. STNA1 then washed her hands with soap and water for 12 seconds. When asked how long she should rub her hands together when performing hand washing, STNA1 stated, 20 seconds. During an interview with the Director of Nursing on 5/7/20 at 12:56pm, when asked how long staff should scrub their hands when performing hand washing, the DON stated, 20 seconds at a minimum. B. On 4/30/20 at 4:05pm, a housekeeping staff (E1) was observed mopping the floor in room [ROOM NUMBER] without gloves. With her bare hands, E1 then took off the dirty mop cloth and placed it in a plastic bag. E1 failed to perform hand hygiene. Still not wearing gloves, E1 proceeded to take the broom and dust pan to pick up the lint and dirt on the floor. E1 then picked up the yellow-colored wet floor sign outside of room [ROOM NUMBER]. E1 did not perform hand hygiene and proceeded to push her cleaning cart down the hallway. During an interview with the Director of Nursing on 5/7/20 at 12:56pm, when asked about the PPE that housekeeping staff should have when mopping the floor, the DON stated, They should be wearing gloves at a minimum. When asked if staff should be performing hand washing after touching dirty cloth mops, the DON stated, Yes, they should. C. On 4/30/20 at 4:37pm, STNA3 was observed holding a biohazard specimen bag with her bare hand. STNA3 handed the specimen bag to another unnamed staff. STNA3 did not perform hand hygiene and proceeded to the food cart. When asked what she missed, STNA3 stated she did not perform hand hygiene. Review of the facility's policy on Hand washing/Hand Hygiene dated [DATE], revealed, All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors in accordance with CDC recommendations for hand hygiene. Under #5 Employees must wash their hands for at least twenty (20) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions .b. when hands are visibly soiled .r. after handling soiled or used linens, dressings, bedpans, catheters, and urinals, s. after handling soiled equipment or utensils. Under #6 the policy revealed, In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. If hands are not visibly soiled, use an alcohol-based hand rub containing 60-95% [MEDICATION NAME] or [MEDICATION NAME] for all the following situations .h. after handling used dressings, contaminated equipment, etc. i. after contact with objects (e.g. medical equipment) in the immediate vicinity of the resident . Review of facility's policy on Personal Protective Equipment - Gloves dated Aug. 2017, revealed the following under Procedure: 3. The use of gloves will vary according to the procedure involved. The use of disposable gloves is indicated. d. when handling soiled linen or items that may be contaminated. h. during all cleaning of blood, body fluids, and decontaminating procedures . In a CDC article titled Hand Hygiene Guidance dated [DATE], revealed the following core infection prevention and control recommended practices for all healthcare settings that were identified by the Healthcare Infection Control Practices Advisory Committee (HICPAC): Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications .after touching a patient or the patient's immediate environment, after contact with blood, body fluids, or contaminated surfaces . https://www.cdc.gov/handhygiene/providers/guideline.html In a CDC article titled Cleaning and Disinfection for Community Facilities dated May 7, 2020, revealed Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash .Cleaning staff and others should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html 3. A. On 4/30/20 at 1:40pm, inside the COVID unit, an open bag containing multiple soiled yellow-colored door banners (visual reminder to help keep wanderers safe), a blood pressure cuff and a disposable stethoscope, was observed on the floor outside of room [ROOM NUMBER]. The soiled bag was not secured or tied. This was confirmed by the DON. When asked if the bag should have been left on the floor, the DON stated, No. During a follow-up interview with the Director of Nursing on 5/7/20 at 12:56pm, when asked where staff should keep dirty equipment, the DON stated, It should be bagged individually and keep in the storage room for disinfection. When asked about soiled disposable items, the DON further stated, Tie the bag and dispose it in the dumpster. When asked if staff can leave these items on the floor, outside of resident's room, the DON stated, No. Review of an undated article from National Center for Biotechnology Information, U.S. National Library of Medicine titled Infection Prevention and Control of Epidemic- and Pandemic-Prone Acute Respiratory Infections in Health Care, revealed the following recommendations under section B.1.6. Packing and transporting patient-care equipment, linen and laundry, and waste from isolation area: Place used equipment and soiled linen and waste directly into containers or bags in the isolation room or area. Contain the used equipment and soiled linen and waste in a manner that prevents the containers or bags from opening or bursting during transport. https://www.ncbi.nlm.nih.gov/books/NBK2/ https://www.ncbi.nlm.nih.gov/books/NBK2/ B. On 4/30/20 at 1:22pm, a wheelchair calf rest pad was observed on sitting on top of the treatment cart without a barrier or covering. This was confirmed by Registered Nurse1 (RN1). When asked, RN1 stated, It looks like it's broken. It should be thrown away. When asked if wheelchair or equipment parts should be on top of the treatment cart, RN1 stated, No. During</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>interview with the Director of Nursing on 5/7/20 at 12:56pm, when asked where staff should store extra pieces or broken leg rests and pads, the DON stated, Maintenance would have these. If broken, it goes to Maintenance to be fixed. If it is an extra piece, it can go in the wheelchair storage area in the therapy gym. (Residents) can also have it in a bag in the back of their chairs. In an article by AHRQ, (an official website of the Department of Health and Human Services) titled, A Unit Guide to Infection Prevention for Long Term Care Staff dated March 2017, revealed the following under Infection Prevention and Control in Long-Term Care: .Infection prevention and control practices help residents avoid getting infections from health care workers, other residents, family members, and visitors .Health care workers can reduce the risk of infection by .keeping the environment clean and properly disinfecting surface and medical equipment .Outbreak Management .Keep the environment and equipment cleaned and disinfected .</p> <p>https://www.ahrq.gov/hai/quality/tools/cauti-ltc/modules/resources/guides/infection-prevent.html#infections</p>		