

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366331	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
NAME OF PROVIDER OF SUPPLIER SIENNA SKILLED NURSING & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 250 CADIZ ROAD WINTERSVILLE, 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 medical record review, observations, review of Centers for Disease Control (CDC) guidelines, policy review, product label review, and interview, the facility failed to maintain social distancing during group activities and failed to ensure staff were knowledgeable about disinfectant use to prevent the spread of [MEDICAL CONDITION] 2019 (COVID-19). This had the potential to affect all 77 residents and specifically affected Residents #1, #2, and #3. Findings include: 1. On 05/27/20 at 9:53 A.M., five residents were observed in a group activity with Activity Assistant #210. Three of the Residents (Residents #1, #2, and #3) were observed at the end of a table within three feet of one another. None of the residents wore facial coverings. Activity Assistant #210 was not observed redirecting the residents or attempting to maintain a six foot distance between residents. None of the residents wore masks. On 05/27/20 at 9:53 A.M., Activity Director #200 passed through the outer part of the dining room where the activity was taking place and entered her office. Activity Director #200 was interviewed and verified Residents #1, #2, and #3 were not six feet apart, stating residents did not like to be on opposite ends of the room and that one of the residents rocked her wheelchair in and out of her space. Activity Director #200 stated more could be done to promote social distancing between residents during the activity. At 10:30 A.M., Activity Director #200 stated although residents would sometimes move closer to one another, it was staff's responsibility to intervene to try to maintain a six foot distance between residents and provide ongoing reminders. Review of CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings, updated 05/18/20, revealed investigation of outbreaks in nursing homes had reinforced residents with COVID-19 did not report typical symptoms and some may not report any symptoms. Strategies to minimize exposure included modifying in-person group activities such as scheduling smaller in-person group sessions while having patients sit at least six feet apart and wear a cloth face covering. The document indicated standard precautions should be implemented by health care providers. Standard precautions worked under the assumption that every person was potentially infected. Review of Resident #1's medical record revealed [DIAGNOSES REDACTED]. A quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #1 had minimal difficulty hearing and used a hearing aide. Resident #1 was assessed as being cognitively intact and requiring supervision with locomotion on and off the unit. Review of Resident #2's medical record revealed [DIAGNOSES REDACTED]. An annual MDS dated [DATE] indicated Resident #2 had adequate hearing without the use of hearing devices. Resident #2 was assessed with [REDACTED]. The MDS indicated Resident #2 required supervision with locomotion on the unit. Review of Resident #3's medical record revealed [DIAGNOSES REDACTED]. A quarterly MDS dated [DATE] indicated Resident #3 had adequate hearing. Resident #3 was assessed as being cognitively intact and was dependent for transfers and locomotion on and off the unit. 2. On 05/27/20 at 10:08 A.M., Housekeeper #205 was interviewed regarding availability and use of disinfectants. Housekeeper #205 removed a bottle of Array D Germicidal Cleaner and Disinfectant from the housekeeping cart and stated it was the disinfectant used. When asked about the time frame the disinfectant had to remain in contact with the surface being disinfected, Housekeeper #205 stated the disinfectant had to remain on the surface for two to three minutes. Review of the label for the Array D Germicidal Cleaner and Disinfectant indicated the disinfectant was to remain in contact with the surface for ten minutes. The information was shown to Housekeeper #205 who verified the label indicated a ten minute contact time was required. Review of the facility's Housekeeping Cleaning and Disinfection of Environmental Surfaces: Infectious Control, revised 05/10/13, revealed non-critical surfaces (those surfaces which may contact intact skin but not mucous membranes) would be disinfected with an EPA-registered (Environmental Protection Agency-registered) disinfectant according to the label's safety precautions and use directions.</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.