

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365625	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2020
NAME OF PROVIDER OF SUPPLIER ALTERCARE OF BUCYRUS CENTER FO		STREET ADDRESS, CITY, STATE, ZIP 1929 WHETSTONE STREET BUCYRUS, OH 44820	
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>Based on observations, staff interviews, and review of facility infection control policies, the facility failed to ensure visitor and staff screening was completed according to the facility policy to prevent the spread of Coronavirus Disease 2019 (COVID-19). This involved eight of eight visitors and staff reviewed for screening on entrance to the facility and had the potential to affect 62 of 62 residents who reside in the facility. Findings include: Observations on 09/22/20 at 7:10 A.M., revealed Licensed Practical Nurse (LPN) #64 conducted screening of two surveyors on entrance to the facility in the main lobby. LPN #64 was not wearing an N95 (filtering face piece respirator) or an approved KN95, goggles or faceshield, and gloves prior to screening surveyors. Both temperatures and screening questions were conducted by LPN #64. LPN #64 failed to conduct pulse oximeter (measures oxygen saturation of arterial blood), offer hand hygiene, and educate the surveyors on the infection control protocols to follow while visiting the facility according to the facility's policy. Interview on 09/22/20 at 11:15 A.M. with the Director of Nursing (DON) and Registered Nurse (RN) #60, revealed the policy/procedure for COVID-19 Screening Process Work Flow, was utilized for their screening of staff, vendors, and visitors. According to the policy/procedure, they both verified LPN #64 should have conducted screening with the personal protective equipment (PPE) according to facility policy/procedure. They further verified LPN #64 should have offered hand hygiene, conducted pulse oximeter, and educated surveyors on the infection control protocols to follow while visiting the facility according to the facility's policy. Discussion further revealed the front desk receptionist conducts the screening during regular business hours and available staff conduct the screening after hours. Observation on 09/24/20 at 6:27 A.M. of LPN #76, revealed this staff member completed screening, pulse oximeter reading, and temperature without assistance. LPN #76 was wearing a face mask, however did not have on a face shield. Observation on 09/24/20 at 6:32 A.M. of LPN #72, revealed this staff member completed screening, pulse oximeter reading, and temperature without assistance. LPN #72 was wearing KN95 face mask but did not have on a face shield. Interview with Receptionist #152 on 09/24/20 at 7:30 A.M., revealed screening and logs were conducted by this staff member and monitored during the hours of 7:30 A.M. through 3:30 P.M., when this staff member's shift was done for the day. At that time, a different staff member would attend the front desk from 3:30 P.M. through 5:00 or 6:00 P.M. After hours, the nursing staff takes over the screening. Nursing staff monitors the screening logs until 7:30 A.M. A separate log was maintained for visitors and vendors with the screening questions, temperatures, pulse oximeter readings, and included the company they are with. Receptionist #152 revealed this employee was to wear a KN95 mask, faceshield, and gloves. Receptionist #152 further confirmed this employee sanitizes the pulse oximeter between each person, as well as any other items that come in direct contact with the person. Receptionist #152 further revealed this employee should go through the screening forms and if any yes answers, a supervisor was to be notified. The supervisor would then come to assist. Meanwhile, the person in question would remain in the lobby until the supervisor arrives. Review of facility policy titled, COVID-19 Screening Process Work Flow, dated 05/21/20, revealed screeners were to ensure employee/visitor/vendor has applied the appropriate mask, performed hand hygiene, and social distancing of six feet was maintained in-between individuals waiting to be screened. The screener must have N95/KN95 mask, goggles/faceshield and gloves prior to screening the individual. The screener was required to take the temperature, pulse ox, and complete the screening form. At no time were these items to be handed to the individual being screened. The screener will ask all of the questions on the screening form and fill it out completely and provide education on the infection control protocols to follow while they were in the facility. If the screen directs the screener to notify the Supervisor, access is denied until the supervisor approval is obtained. The employee was to be screened at the beginning and end of each shift and remind the employee to report any signs and symptoms of COVID-19 that may develop during their shift to their supervisor immediately. Disinfect the thermometer, pulse ox, pen/pencil between each individual being screened. Document the completed screen on the tracking log and file per facility protocol. Review of the facility document titled, Visitor Respiratory Illness Screening Form, dated 05/12/20, revealed yes or no questions were asked of individuals regarding pulse ox and temperatures and recording and documenting what the results were. If no to the above questions, proceed to Section 2. If yes to any of the above questions, the supervisor was to be notified immediately. Section two was noted to list additional symptom related questions. At the end of the document was a space for the signature for the person completing the screening. This deficiency substantiates Complaint Number OH 371.</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.