

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365990	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER NEW DAWN REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 865 EAST IRON AVENUE DOVER, OH 44622	
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 observations, staff interview, review of the facility's Coronavirus (COVID-19) policy, review of the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) Memo QSO-20-14-NH (revised 3/13/20), review of the World Health Organization (WHO) hand hygiene brochure, and review of the Centers for Disease Control and Prevention (CDC) guidelines, the facility failed to ensure personal protective equipment was disposed of properly and hand hygiene was consistently implemented to potentially prevent the spread of COVID-19 infections. This had the potential to affect all 50 residents of the facility. Findings include: Record review revealed Resident #23 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The admission Minimum Data Set (MDS) 3.0 assessment was currently in progress. Review of physician's orders [REDACTED]. #23 was on droplet isolation precautions as a precaution for 14 days. Observation on 09/01/20 at 9:55 A.M. revealed Housekeeper #100 and Housekeeper #101 were cleaning Resident #23's room. Housekeeper #100 and Housekeeper #101 exited the room and removed their gowns in the hallway and put the disposable gowns and gloves into the garbage receptacle attached to the housekeeping cart. Housekeeper #100 proceeded to put on clean gloves. Housekeeper #100 was not observed to complete hand hygiene prior to putting a new pair of gloves on from the box located on the housekeeping cart. Interview on 09/01/20 at 9:55 A.M. with Housekeeper #100 revealed she was told that she can dispose of gowns in her cart. Interview on 09/01/20 at 11:59 A.M. with Director of Housekeeping #102 revealed the employees were new hires, and they probably forgot. Review of personal files for Housekeeper #100 and Housekeeper #101 revealed that both housekeepers received adequate training and competencies for donning and doffing personal protective equipment (PPE) as well as hand hygiene. Review of the facility's undated policy titled, Procedures for Airborne, Contact and Droplet Isolation revealed that all PPE (disposable isolation gowns, masks, gloves, etc.) should be used once and discarded in either the trash or used linen receptacle before you leave the room. After removing gown and gloves, perform hand hygiene. Review of CMS policy memo QSO-20-14-NH revised 3/13/20 titled, Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes, revealed facilities were to Increase the availability and accessibility of alcohol-based hand rubs, and to reinforce strong hand-hygiene practices. Review of the Centers for Disease Control and Prevention (CDC) training titled, How to Safely remove PPE, revealed all PPE should be removed before exiting the patient room, and hands should be washed or an alcohol-based hand sanitizer immediately after removing all PPE. Review of the Centers for Disease Control and Prevention (CDC) training titled, Hand Hygiene in Nursing Homes, dated 02/25/19 revealed hand hygiene was an element of standard precautions. It was an important Infection Prevention Control (IPC) practice for breaking the chain of infection. Hand hygiene protects both residents and staff. Hand hygiene was a simple and effective method for preventing the spread of pathogens by direct and indirect contact. The hands of staff members may become transiently contaminated with pathogens after touching a resident or surfaces in their environment. Staff members can transfer those pathogens to themselves and they can also transfer those pathogens to other residents or surfaces. Performing hand hygiene removes pathogens and protects both staff and residents. Since staff cannot tell whether their hands have been contaminated with a pathogen, hand hygiene should be consistently performed. Review of the World Health Organization (WHO) Hand Hygiene brochure titled Hand Hygiene: Why, How, and When?, revised August 2009, revealed hands are the main pathways of germ transmission during health care and hand hygiene is therefore the most important measure to avoid the transmission of harmful germs and prevent health care-associated infections. The brochure further revealed hand hygiene is indicated after touching any object or furniture when leaving the patient surroundings to protect the health-care environment against germ spread. This is an example of continued noncompliance from the survey completed on 08/19/20.</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.