

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>366023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TWIN TOWERS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5343 HAMILTON AVENUE CINCINNATI, OH 45224</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, staff interview, review of facility policy, review of a Centers for Disease Control (CDC) online resources, and review of an Ohio Department of Health (ODH) Director's Order, revealed two randomly observed facility staff (State tested Nursing Assistant (STNA) #100 and Occupational Therapist (OT) #200) failed to appropriately wear face masks while in a common area to potentially prevent the spread of Coronavirus Disease 2019 (COVID 19). The census was 77. Findings include: 1. Observation on 07/13/20 at 11:50 A.M. revealed STNA #100 was sitting on a couch in the central common living room area of the facility. Further observations revealed STNA #100 was wearing a facemask which was pulled down exposing her nose and mouth. Interview on 07/13/20 at 11:51 A.M. with STNA #100 confirmed her facemask was pulled down exposing her nose and mouth. STNA #100 further confirmed she was on a break. Interview on 07/13/20 at 11:55 A.M. with the Director of Nursing (DON) confirmed all staff should always wear facemask's while in the facility. DON further confirmed STNA #100 was permitted to take her break in the common area if she wished but her facemask should have covered her chin, nose, and mouth. 2. Observation on 07/13/20 at 12:05 P.M. revealed OT #200 was sitting in the therapy gym consuming food and was not wearing a facemask. Another employee wearing a facemask was sitting in the therapy gym facing towards OT #200. Two additional employees were observed seated at desks wearing facemask's and facing away from OT #200. Interview on 07/13/20 at 12:06 P.M. with OT #200 confirmed she was not wearing a mask because she was on her lunch break and the therapy staff was getting ready to have a meeting soon. Review of facility policy titled COVID 19 Plan dated 06/05/20 revealed the facility would educate staff regarding appropriate personal protective equipment (PPE) required in the facility and would also take the following steps to ensure the facility plan was current and effective to ensure the community maintained compliance with the following recommendations: monitor local and state public health sources to understand COVID 19 activity in the community, monitor websites of ODH and the CDC and implement changes in guidance as applicable, oversee the ongoing education to associates and residents regarding infection control procedures that include but are not limited to COVID 19 prevention, transmission and symptoms. Review of a CDC online resource at <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html</a> revealed the following guidance regarding facemask's: ensure all healthcare care personnel (HCP) wear a facemask for source control while in the facility. Review of ODH Director's Order dated 07/08/20 revealed (NAME) County, the county in which the facility was situated, was experiencing a very high exposure and spread of COVID 19 and facial coverings were required at all times while in (NAME) County in any indoor space that was not a private residence.		
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.