

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366114 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/18/2020 |
| NAME OF PROVIDER OF SUPPLIER THE GREENS CARE AND REHABILITATION | | STREET ADDRESS, CITY, STATE, ZIP 1575 BRAINARD RD LYNDHURST, OH 44124 | |
| 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 | Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure resident communal dining was canceled or made socially distant to potentially prevent the spread of Coronavirus-19 (COVID). This affected 14 residents (Residents #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, and #17) on the secured memory care unit, and had the potential to affect all 133 residents in the facility. Findings include: Observation of the memory care unit on 06/17/2020 at 9:35 A.M. revealed 14 residents (Residents #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, and #17) sitting in the dining room. The tables of the dining room were small, square tables designed for one person to sit on each side, and 13 of the residents were sitting at the same table of at least one other resident with less than six feet of distance between them. One resident sat with a room tray in front of her, but was within six feet of other residents. The staff were in the process of collecting the residents dining trays, and two residents had their dining trays in front of them at the time of observation. The memory care unit was accessible through a secured door that opened into the main section of the facility, through which staff were observed entering and leaving the unit. Interview with Licensed Practical Nurse #201 on 06/17/2020 at 9:38 A.M. revealed some residents in the memory care unit gathered for meals and were served in the dining room. The surveyor confirmed with her the identities and locations of the above noted 14 residents in the memory care dining room. Interview with the Administrator on 06/17/2020 at 10:22 A.M. revealed the facility took steps to stop communal dining, however it was difficult with memory care residents because they wandered frequently and it was hard to get them to eat in their rooms. Review of the Centers for Medicare & Medicaid Services Memo QSO-20-14-NH (revised 3/13/2020) titled Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes revealed facilities were to Cancel communal dining and all group activities. Review of the facility document titled Coronavirus Disease (COVID-19): Updates to Residents and Family Members (undated) revealed the statement, Residents no longer gather for communal meals as meals are prepared and delivered to the resident's room. Record review of Resident #4, Resident #5, and Resident #14 revealed no notes within the last two weeks indicating any of them refused staff direction to dine in rooms or to socially distance from other residents. | | |
| 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.