

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>366150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ASTORIA PLACE OF CINCINNATI</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3627 HARVEY AVENUE CINCINNATI, OH 45229</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 - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, staff interview, review of online resources, and review of facility policy the facility failed to ensure social distancing during dining to prevent the spread of Coronavirus (COVID 19) which had the potential to affect the following Residents (#4, #5, #6, #7, #8). In addition the facility failed to ensure staff wore facemasks properly in order to prevent the spread of COVID 19 which had the potential to affect Residents #4, #5, and #6. Also the facility failed to ensure nurses wore the appropriate type of facemasks to prevent the spread of COVID 19 which had the potential to affect all the residents in the facility. The facility currently did not have any active cases of COVID 19, but had recent cases. The census was 78. Findings include: 1. Observation on 07/21/20 at 11:52 A.M. of the first floor dining area revealed Residents #4, #5, and #6 were seated together at a small table. The residents were closer than six feet apart. Further observation revealed Residents #7 and #8 were also seated together at a second small table and the residents were closer than six feet apart. Interview on 07/21/20 at 11:55 A.M. with the Director of Nursing (DON) confirmed Residents #4, #5, and #6 and Residents #7 and #8 were seated closer than six feet apart and social distancing should be maintained during meals. Review of the facility policy titled Guidelines for Coronavirus dated 07/20/20 revealed communal dining was permitted if social distancing was maintained (limited number of people at tables and spaced at least six feet apart) 2. Observation on 07/21/20 at 11:52 A.M. of the first floor dining area revealed State tested Nursing Assistant (STNA) #200 was seated in the dining room assisting with feeding. She was seated closer than six feet apart from Residents #4, #5, and #6. Further observation revealed STNA #200 was wearing a medical grade facemask which was pulled down below her nose. Interview on 07/21/20 at 11:52 A.M. with STNA #200 confirmed her facemask was pulled down below her nose and she also confirmed facemasks should cover the nose while providing resident care. Interview on 07/21/20 at 11:55 A.M. with the DON confirmed STNA #200's facemask was pulled down below her nose and that facemasks should cover the nose, mouth, and chin while in the facility. Review of facility policy titled Guidelines for Coronavirus dated 07/20/20 revealed the facility would implement universal wearing of facemasks for all staff in the facility and would ensure all staff were aware of the proper procedure for wearing a mask. 3. Observation on 07/21/20 at 12:00 P.M. of Agency Licensed Practical Nurse (LPN) #300 revealed the nurse was wearing a homemade cloth mask for her shift. Interview on 07/21/20 at 12:00 P.M. with Agency LPN #300 confirmed she was wearing a cloth facemask that she had brought from home. Interview on 07/21/20 at 12:02 P.M. with the DON confirmed all staff were provided with medical grade facemasks but because LPN #300 was an agency nurse she had provided her own mask. Review of facility policy titled Guidelines for Coronavirus dated 07/20/20 revealed the facility would implement universal wearing of facemasks for all staff in the facility. Review of an online resource from the Centers for Disease Control (CDC) (<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 facemasks: ensure all healthcare care personnel (HCP) wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect HCP is unknown. Cloth face coverings should not be worn instead of a respirator or facemask if more than source control is required.</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.