

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER BELLA TERRACE REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 1520 HAWTHORNE AVENUE COLUMBUS, OH 43203	
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 observation, staff interview, staff training/in-service records, facility policy and procedure and Centers for Disease Control (CDC) guidance the facility failed to ensure staff appropriately utilized personal protective equipment (PPE) in non-resident care areas on the presumptive positive coronavirus (COVID-19) units and on a COVID-19 unit. Additionally, the facility failed to conduct adequate all staff training(s) related to COVID-19 and PPE requirements. This had the potential to affect all 41 residents residing in the facility. Findings include: An interview on 09/01/20 at 7:30 A.M. with the Director of Nursing (DON) in regard to personal protective equipment (PPE) revealed the facility required staff to wear an N95 mask and a face shield when working on presumptive COVID-19 positive units in non resident care areas. Staff would wear all PPE (N95, face shield, gloves and gown) when working on the COVID-19 positive unit. And all PPE should be worn when in resident rooms and when providing resident care. An observation and interview on 09/01/20 at 7:35 A.M. at the nurse's station on the third floor presumptive positive (COVID-19) unit revealed Licensed Practical Nurse (LPN) #119 was wearing an N95 mask resting below her nose and mouth and she did not have a face shield on, but when instructed by the Director of Nursing (DON) to wear one, she retrieved one and applied the face shield. The observation was confirmed with LPN #119 and the DON at the time of the observation. An observation on 09/01/20 at 7:37 A.M. at the nurse's station on the third floor presumptive (COVID-19) positive unit revealed Agency Registered Nurse (RN) #159 had a surgical mask on. At the time of the observation, interview with Agency RN #159 revealed he had no training related to COVID-19 at the facility although he stated he had training through his agency. The observation was confirmed with Agency RN #159 and the DON at the time of the observation. An observation and interview on 09/01/20 at 7:40 A.M. at the nurse's station on the third floor presumptive (COVID-19) positive unit revealed State tested Nursing Assistant (STNA) #153 was not wearing a face shield and her N95 mask top strap was around the top of her head but the bottom strap was dangling around her chin. This observation was confirmed with STNA #153 and the DON at the time of the observation and the STNA quickly retrieved and donned the appropriate PPE for non resident-care areas. An observation and interview on 09/01/20 at 7:50 A.M. on the COVID-19 unit hallway revealed Housekeeper #146 had goggles that were resting on her head and her face mask was being worn below her nose. This observation was confirmed with Housekeeper #146 and the DON at the time of the observation and the Housekeeper quickly donned the appropriate PPE. An interview on 09/01/20 at 7:53 A.M. with the DON revealed there had been an in-service posting for what PPE to wear on the presumptive positive units non resident care areas which was located at the nurse's station, but there hadn't been a real training since before she started (two to three weeks prior). The DON revealed 09/01/20 was the first day they had to use agency staff since she had been there. An observation and interview on 09/01/20 at 7:55 A.M. on the third-floor hallway revealed Housekeeper #110 did not have a face shield on. The observation was confirmed with Housekeeper #110 and the DON at the time of the observation and the Housekeeper quickly donned the appropriate PPE. At the time of the observation/interview, Housekeeper #110 revealed she did not feel she had adequate training related to PPE and COVID-19. An observation and interview on 09/01/20 at 8:15 A.M. on the second floor presumptive COVID-19 positive unit revealed Agency STNA #160 was not wearing a face shield. This observation and interview was confirmed with Agency STNA #160 and the DON at the time of the observation and the STNA quickly donned the appropriate PPE. At the time of the observation and interview, Agency STNA #160 revealed she had COVID training at the agency she worked for but had not had any training at the facility. An interview on 09/01/20 at 10:15 A.M. with the Administrator revealed the facility required all staff on the presumptive COVID-19 positive units to wear an N95 mask and a face shield even when not providing resident care. Review of an undated in-service document, posted at the nurse's station, titled, Presumptive COVID Protocol, revealed the second and third floors were for presumptive (COVID-19) positive residents and the staff on both floors would wear N95 masks and face shields at all times during the shift. An interview on 09/02/20 at 11:00 A.M. with the Administrator revealed in-service education from 03/12/20 and 07/14/20 was verbal training for staff. However, the Administrator could not verify the exact content of the education provided. The Administrator revealed there was no documented evidence of the above staff training(s) or what the education was about or evidence Housekeeper #110, LPN #119, Housekeeper #146, Agency RN #159 and Agency STNA #160 had received any of this education. Review of CDC guidance titled, Facemask Do's and Don'ts for Healthcare Personnel, dated 06/02/20, revealed the elastic bands (of the facemask) should be secure around your ears, and it should be secure around the middle of your head and the base of your head. It further indicated when wearing a facemask, don't wear it under your nose or mouth and don't allow the straps to hang down. Review of CDC guidance titled, Use PPE When Caring for Patients with Confirmed or Suspected COVID-19, dated 06/03/20, revealed the preferred PPE (gown, gloves, N95, face shield or goggles) must be donned correctly and must remain in place. It further revealed before caring for patients with confirmed or suspected COVID-19, health care personnel must receive comprehensive training on when and what PPE was necessary, how to don and doff it, and proper care, maintenance and disposal of it. It also stated the staff must demonstrate competency in performing appropriate infection control practices and procedures. Review of facility policy and procedure, titled, Coronavirus (COVID-19) Policy and Procedure, dated 07/30/20, revealed the Infection Preventionist and/or DON would train and educate staff. The policy revealed the information would be updated periodically during the ongoing education and training programs. Also, the staff employed by outside employers must meet the education and training requirements through programs offered by the outside employer or by participation in the health care facilities programs. Key aspects of COVID-19 and its prevention would be emphasized to all staff including the appropriate use of PPE.</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.