

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365339</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PARK TERRACE NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2735 DARLINGTON RD TOLEDO, OH 43606</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, staff interview, review of facility policy, the facility failed to ensure staff were wearing the proper Personal Protective Equipment to ensure the stopping of COVID-19. This had the potential to affect 15 of 15 residents on the behavioral unit. The facility census was 73. Findings include: Observation 08/03/20 at 11:01 A.M. of Patient Care Associate (PCA) #200 walking in behavioral unit hallway with gloves on in the hallway, and mask under chin. When the PCA #200 was questioned about the way she was wearing her mask, she took a gloved hand and pulled up the mask. Interview 08/03/20 at 11:02 A.M., of PCA #200 confirmed to the Administrator she was not wearing her mask over her nose and mouth. The PCA #200 also confirmed she did not dispose of her gloves nor do hand hygiene according to policy. Reviewed policy and procedure titled, Personal Protective Equipment-Using Face Masks during pandemic, and dated 03/13/20 revealed the purpose was to guide use of medical/surgical masks while in the facility to reduce the asymptomatic transmission of COVID-19 to resident and other staff. Guidance in this policy revealed masks must be worn at all times while in the facility, follow established handwashing techniques, handle masks by the loops, never touch the mask while in use, and make sure the face mask covers the nose and mouth. Reviewed policy and procedure titled, Personal Protective Equipment-Using gloves, version 1.1 revealed gloves must be discarded after single use in the examination or treatment room, and to wash hands after removing gloves.		
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.