

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365529	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OF SUPPLIER GARDEN PARK HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3536 WASHINGTON AVE CINCINNATI, OH 45229	
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, interviews with facility and local health department (LHD) staff and review of facility schedule, facility policy, Centers of Disease Control (CDC) information, facility timeline and website article for comparison of face masks, the facility failed to implement the best practice of using designated staff on their Coronavirus (COVID19) unit, failed to use appropriate personal protective equipment (PPE) per their facility's plan to prevent the spread of Coronavirus and failed to ensure hand sanitizer was available for use. The facility shared staff between the COVID19 and non COVID19 units on the same shift. This had the potential to affect all residents that resided in the facility. The facility census was 56. Findings include: 1. Observation of the facility on 07/08/20 at 11:08 A.M., revealed Agency Licensed Practical Nurse (LPN) #400 was standing at the medication cart on the non COVID19 unit wearing a disposable face masks with bacterial filtration efficiency (BFE) greater than 95 percent (%). Further observation of the non COVID19 unit revealed Activities Aide #200 standing by a metal cart in the hallway interacting with multiple residents while wearing a cloth mask. Therapy #210 wheeled Resident #1 out of the shower room while wearing a cloth mask. Observation of the facility's COVID19 unit at the same time revealed LPN #300 was in between the plastic zipper dividers on the COVID19 unit wearing a disposable face mask with BFE greater than 95 %. Interview with Assistant Director of Nursing (ADON) #105 at the time of the observation verified Agency LPN #400 and LPN #300 were wearing disposable face masks with BFE greater than 95 percent. ADON #105 stated these masks were special N95 masks and the staff preferred to wear them. ADON #105 also verified Activities Aide #200 and Therapy #210 were wearing cloth masks. Telephone interview with LHD Staff #500 on 07/09/20 at 3:15 P.M. revealed the LHD provided the facility with information regarding how to obtain appropriate supplies (PPE) such as masks. LHD Staff #500 stated the facility informed the LHD they had all the supplies needed. Review of the facility's undated COVID19 timeline revealed beginning 06/13/20 all staff were to wear a N95 respirator. Review of the article Comparison of Mask Standards, Ratings and Filtration Effectiveness by Smart Air (https://smartaifilters.com/en/blog/comparison-mask-standards-rating-effectiveness/) dated 03/05/20 revealed respirators have the highest requirements compared to surgical masks. The article also indicated respirators usually fit tighter around the face than surgical and single use masks. Review of the facility's COVID19 Prevention and Control policy dated April 2020 revealed staff working between infected and non-infected units must follow correct droplet precaution guidelines when on infected unit, and wash hands after doffing PPE and leaving infected unit before performing care on any resident on non-infected unit. Review of the CDC's article Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID19 Pandemic article (https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html) dated 07/09/20 revealed staff who enter the room of a patient with suspected or confirmed COVID19 infection should adhere to Standard Precautions and use a National Institute for Occupational Safety and Health (NIOSH) approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection. 2. Observation on 07/08/20 at 11:10 A.M. of ADON #105 attempting to get hand sanitizer from the mounted wall unit located on the 200 hallway near the elevator revealed there was no hand sanitizer in the mounted unit. Interview with ADON #105 at the time of the observation verified there was no hand sanitizer in the mounted unit located next to the elevator. 3. Review of the facility's staff schedule from 06/16/20 to 07/09/20 revealed LPN #100 worked the COVID19 and non COVID19 units on the same shift on 07/04/20, 07/05/20 and 07/06/20. Telephone interview with LPN #100 on 07/09/20 at 7:06 A.M. verified LPN #100 worked on the COVID19 and non COVID19 unit on the same shift. LPN #100 stated she would wear a gown, gloves, mask and face shield when working on the COVID19 unit. LPN #100 stated she would go back to the non COVID19 unit after being on the COVID19 unit but would make sure to wash her hands well. Review of the facility's staff schedule for 07/07/20 from 7:00 P.M. to 7:00 A.M. revealed LPN #101 was scheduled to work cart 1. Further review of the schedule revealed no staff (nurse) was scheduled to work the COVID19 unit cart. Telephone interview with LPN #101 on 07/08/20 at 6:48 A.M. verified LPN #101 had worked the COVID19 and non COVID19 unit on the same shift on 07/07/20 going into the morning of 07/08/20. Review of the facility's staff schedule for 07/06/20 revealed LPN #102 worked the COVID19 and non COVID19 units on the same shift on 07/06/20. Telephone interview with LPN #102 on 07/08/20 at 7:49 A.M. verified LPN #102 had worked on the COVID19 and non COVID19 units on the same shift. LPN #102 stated she would start on the non COVID19 unit and then go to the COVID19 unit. LPN #102 stated she wore all necessary PPE on the COVID19 unit and then returned to the non COVID19 unit when she was finished. Interview with ADON #105 on 07/08/20 at 11:00 A.M. verified LPN #100, LPN #101 and LPN #102 had worked the COVID19 and non COVID19 cart on the same shift due to a lack of staff. ADON #105 also verified LPN #100, LPN #101 and LPN #102 provided care to residents on the COVID19 unit as no state tested nurse aides (STNAs) were assigned to the unit due to a low census. Telephone interview with LHD staff #500 on 07/09/20 at 3:15 P.M. revealed the facility was in contact with them since 06/16/20. LHD staff #500 reported during a telephone conference, on 07/01/20, with the LHD and the Ohio Department of Health (ODH) the facility was advised not to share staff between the non COVID19 and the COVID19 unit in order to reduce the spread of COVID19. Review of the facility's COVID19 Prevention and Control policy dated April 2020 revealed staff working between infected and non-infected units must follow correct droplet precaution guidelines when on the infected unit, and wash hands after doffing PPE and leaving the infected unit before performing care on any resident on the non-infected unit. Review of CDC's article Responding to COVID19 in Nursing Homes article (https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html) dated 04/20/20 revealed facilities should assign dedicated staff to work only on the COVID-19 care unit.</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.