

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365284	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2020
NAME OF PROVIDER OF SUPPLIER CRESTWOOD CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 225 W MAIN STREET SHELBY, OH 44875	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, staff interview, review of facility policy and review of a Centers for Medicare and Medicaid Services (CMS) Memo, the facility failed to maintain social distancing between residents who were observed during lunch in the dining room to potentially prevent the spread of Coronavirus Disease 2019 (COVID-19). This affected 29 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, and #29) of 121 residents residing in the facility. Findings include: Observations of the secured dementia unit on 06/18/20 at 11:50 A.M., revealed the staff were observed to be assisting residents into the communal dining room. The tables in the area were not separated and all four chairs were noted around the tables. The staff were sitting four residents at each of the tables without any social distancing being implemented and encouraged. Interview with the Administrator on 06/18/20 at 1:36 P.M., confirmed the facility had not canceled communal dining on the dementia unit, but had in all other units in the facility. She revealed they were not maintaining social distancing measures on the dementia unit as it was too small to attempt social distancing and 29 residents resided on the unit. She further indicated the facility had not attempted to stagger dining times and or remove some of the tables in the dining area to attempt social distancing. She stated the facility had no residents who have tested positive for Covid-19 at this time. Review of the facilities communal Dining guidance dated 03/13/20, revealed to cancel communal dining. The policy indicated communal dining was a common group activity that places residents in close proximity to each other and can spread respiratory viruses. The policy addressed implementing social distancing in dining practices. The policy further revealed if residents need to be brought to the common dining area, do this in intervals to maintain social distancing. Review of the CMS memo titled QSO-20-28-NH revealed the following: Residents are not forced to eat in their rooms. Residents may still eat in dining rooms, however, nursing homes should adhere to social distancing, such as being seated at separate tables at least six feet apart. We note that social distancing should be practiced at all times (not just while dining). We further note that eating in dining areas with appropriate social distancing only applies to residents without signs or symptoms of a respiratory infection, and without a confirmed [DIAGNOSES REDACTED].</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.