

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BELDEN VILLAGE HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5005 HIGBEE AVENUE NW CANTON, OH 44718</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 - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review and interview, the facility failed to ensure isolation precautions and infection control measures were maintained when caring for Residents #13, #14, #21, #23 and #24. This finding had the potential to affect all residents in the facility except the 22 residents (Residents #2, #3, #4, #9, #10, #16, #19, #25, #56, #57, #58, #59, #60, #64, #65, #66, #67, #69, #70, #72, #73 and #75) residing on two of four hallways on the second floor. The facility census was 75. Findings include: 1. Review of Resident #14's medical record revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #14's medical record did not reveal a current COVID-19 test to confirm the resident was COVID negative. The resident's isolation precautions were to continue until 08/18/20. Observation on 08/06/20 at 6:52 A.M. with Licensed Practical Nurse (LPN) #805 confirmed Resident #14 was a new admission and required quarantine isolation since her COVID status was unknown. LPN #805 verified there was not a cart with personal protective equipment (PPE) outside the resident's room or a sign on the resident's door indicating what PPE the staff were required to wear when entering the room and caring for the resident. Interview on 08/06/20 at 6:55 A.M. with LPN #805 confirmed she donned a surgical mask and gloves when entering Resident #14's room, did not change the surgical mask when exiting the resident's room and going into another room but did remove her gloves and wash her hands. Observation on 08/10/20 at 8:45 A.M. confirmed Hospice Registered Nurse (RN) #820 was in Resident #14's room. The nurse had on an N95 mask with a surgical mask over it and gloves. The resident's sheet was tangled around his wheelchair and she was assisting the resident to untangle the sheet. The nurse did not have on goggles or a gown. Interview on 08/10/20 at 8:46 A.M. with Hospice RN #820 confirmed she was unaware she should also wear goggles/face shield and an isolation gown when caring for the resident. Review of the COVID-19 New and Re-Admissions policy updated 06/20 indicated newly admitted and readmitted residents with confirmed COVID-19 who have not met the criteria for discontinuation of Transmission-Based Precautions should go to the designated COVID-19 care unit for no less than 14 days. They will be considered COVID-19 Unknown Status. Review of the Centers for Disease Control (CDC) guidelines dated 06/25/20 (website <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>) confirmed health care personnel (HCP) managing new admissions and readmission whose COVID-19 status was unknown should wear an N95 or higher-level respirator (or facemask if a respirator was not available), eye protection including goggles or face shield that covers the front and sides of the face, gloves and a gown when caring for these residents. 2. Review of Resident #13's medical record revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #13's medical record confirmed the resident had a current negative COVID-19 test on 07/31/20. The resident's isolation precautions were to continue until 08/14/20. Observation on 08/06/20 at 6:39 A.M. with RN #803 confirmed Resident #13 was in quarantine precautions and had a cart of PPE outside the room. However, there was no sign on the resident's door to direct staff what PPE should be worn when caring for the resident. This concern was verified with RN #803 on 08/06/20 at 6:39 A.M. Review of the COVID-19 New and Re-Admissions policy updated 06/20 indicated newly admitted and readmitted residents with confirmed COVID-19 who have not met the criteria for discontinuation of Transmission-Based Precautions should go to the designated COVID-19 care unit for no less than 14 days. They will be considered COVID-19 Unknown Status. Review of the Centers for Disease Control (CDC) guidelines dated 06/25/20 (website <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>) confirmed health care personnel (HCP) managing new admissions and readmission whose COVID-19 status was unknown should wear an N95 or higher-level respirator (or facemask if a respirator was not available), eye protection including goggles or face shield that covers the front and sides of the face, gloves and a gown when caring for these residents. 3. Review of Resident #23's medical record revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The facility determined the resident received therapy services from Occupational Therapy (OT) #816 during the week ending 07/31/20. OT #816 tested positive for COVID-19 on 08/03/20. Resident #23 was placed in isolation precautions due to possible COVID-19 exposure and the precautions would be in place until 08/17/20. Observation on 08/10/20 at 8:50 A.M. with the Director of Nursing (DON) revealed Resident #23's room did not have a isolation precaution sign on the resident's door to direct staff as to what PPE was required when caring for the resident. There was no PPE cart outside the resident's room. The observation and concerns were confirmed by the DON. Review of the COVID-19 New and Re-Admissions policy updated 06/20 indicated newly admitted and readmitted residents with confirmed COVID-19 who have not met the criteria for discontinuation of Transmission-Based Precautions should go to the designated COVID-19 care unit for no less than 14 days. They will be considered COVID-19 Unknown Status. Review of the Centers for Disease Control (CDC) guidelines dated 06/25/20 (website <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>) confirmed health care personnel (HCP) managing new admissions and readmission whose COVID-19 status was unknown should wear an N95 or higher-level respirator (or facemask if a respirator was not available), eye protection including goggles or face shield that covers the front and sides of the face, gloves and a gown when caring for these residents. 4. Review of Resident #21's medical record revealed the resident was admitted to the facility from home on 07/25/20 with [DIAGNOSES REDACTED]. The resident was to remain in new admission isolation precautions until 08/08/20 as the resident did not have a known COVID-19 status or negative COVID-19 test. The facility determined the resident received therapy services from OT #816 during the week ending 07/31/20. Resident #21 was placed in isolation precautions due to COVID-19 exposure on 08/03/20 and the resident's precautions would be discontinued on 08/17/20. Observation on 08/10/20 at 8:55 A.M. with the DON confirmed Resident #21's room did not have an isolation sign indicating what precautions were necessary when caring for the resident or a PPE cart outside the resident's door. The DON confirmed the staff accidentally placed the sign on the room next to Resident #21's room. Review of the COVID-19 New and Re-Admissions policy updated 06/20 indicated newly admitted and readmitted residents with confirmed COVID-19 who have not met the criteria for discontinuation of Transmission-Based Precautions should go to the designated COVID-19 care unit for no less than 14 days. They will be considered COVID-19 Unknown Status. Review of the Centers for Disease Control (CDC) guidelines dated 06/25/20 (website <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>) confirmed health care personnel (HCP) managing new admissions and readmission whose COVID-19 status was unknown should wear an N95 or higher-level respirator (or facemask if a respirator was not available), eye protection including goggles or face shield that covers the front and sides of the face, gloves and a gown when caring for these residents. 5. Review of Resident #24's medical record revealed the resident was readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The facility determined the resident received therapy services from OT #816 during the week ending 07/31/20 and the therapy staff person tested positive for COVID-19 on 08/03/20. Resident #24 was placed in isolation precautions due to possible COVID-19 exposure on 08/03/20 and the resident's precautions would be continued until 08/17/20. Observation on 08/10/20 at 9:00 A.M. with the DON confirmed Resident #24's room had a sign placed on the door which requested the staff to wear masks when entering the room. However, there was no PPE cart for staff to utilize outside the resident's room. Review of the COVID-19 New and Re-Admissions policy updated 06/20 indicated newly admitted and readmitted residents with confirmed COVID-19 who have not met the criteria for discontinuation of Transmission-Based Precautions should go to the designated COVID-19</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.

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<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p>(continued... from page 1)</p> <p>care unit for no less than 14 days. They will be considered COVID-19 Unknown Status. Review of the Centers for Disease Control (CDC) guidelines dated 06/25/20 (website <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>) confirmed health care personnel (HCP) managing new admissions and readmission whose COVID-19 status was unknown should wear an N95 or higher-level respirator (or facemask if a respirator was not available), eye protection including goggles or face shield that covers the front and sides of the face, gloves and a gown when caring for these residents. This deficiency substantiates Complaint Number OH 720.</p>		