

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366167	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER ANDERSON, THE		STREET ADDRESS, CITY, STATE, ZIP 8139 BEECHMONT AVE CINCINNATI, OH 45255	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on medical record review, review of beauty/barber shop schedules, observation, staff interview, facility policy review, review of information from the Centers for Disease Control (CDC) and review of information from Centers for Medicare and Medicaid Services (CMS), the facility staff failed to properly utilize facemask's to prevent the spread of Coronavirus Disease 2019 (COVID-19). This had the potential to affect all 67 residents residing in the facility. In addition, the facility failed to reduce the risk of COVID-19 spread to residents by providing beauty/barber shop services in the beauty shop to 28 (#5, #6, #9, #12, #14, #15, #16, #23, #24, #27, #28, #30, #37, #38, #40, #44, #45, #49, #345, #50, #51, #52, #58, #59, #64, #65, #67 and #68) residents. The facility failed to implement appropriate isolation precautions for Residents #2 and #4. The facility failed to store clean linen appropriately on the 300 Hall which had the potential to affect 16 (#8, #9, #15, #16, #21, #27, #34, #39, #43, #46, #47, #53, #56, #59, #62 and #64) residents. The facility failed to ensure a clean and sanitary environment on the 500 Hall which had the potential to affect 11 (#5, #6, #13, #24, #30, #37, #38, #42, #50, #60 and #68) residents. Facility census was 67. Findings include: 1. Review of record for Resident #47 revealed an admission date of [DATE] with a [DIAGNOSES REDACTED]. #47 dated 06/27/20 revealed resident was cognitively impaired and required limited assistance with activities of daily living (ADLs). Review of smoking assessment for Resident #47 dated 06/24/20 revealed resident required staff supervision with smoking. Observation on 07/06/20 at 8:48 A.M. revealed Resident #47 was sitting in front of the facility smoking a cigarette with Dietary Manager (DM) #100 seated in a chair next to him. DM #100 was not wearing a face covering. Interview on 07/06/20 at 9:40 A.M. with DM #100 confirmed she was not wearing a face covering while seated next to Resident #47 during his smoke break. Review of facility policy titled COVID 19 Protocol Measures updated 05/16/20 revealed all staff in the facility would wear facemask's to prevent the spread of COVID 19. 2. Observation on 07/06/20 at 9:00 A.M. revealed State tested Nursing Assistant (STNA) #200 was wearing a cloth face covering while screening visitors including the surveyor. Interview with the Director of Nursing (DON) on 07/06/20 at 4:30 P.M. confirmed some staff wore cloth face covering instead of surgical masks in order to conserve personal protective equipment. Review of facility policy titled COVID 19 Protocol Measures updated 05/16/20 revealed all staff in the facility would wear facemask's to prevent the spread of COVID 19. Review of an online resource from the CDC (https://www.cdc.gov/Coronavirus/2019-ncov/hcp/long-term-care-strategies.html) revealed the following guidance regarding facemask's: ensure all healthcare care personnel (HCP) wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect HCP is unknown. Cloth face coverings should not be worn instead of a respirator or facemask if more than source control is required. 3. Observation on 07/06/20 at 9:05 A.M. with the DON revealed the following staff were meeting in a closed conference room: the Administrator, Registered Nurse (RN) #300, Social Worker #400, Occupational Therapist #500, Admissions Coordinator (AC) #600, and STNA #700. Further observation revealed the Administrator and RN #300 were not wearing face coverings and AC #600 was wearing a surgical mask which was positioned below her nose. Interview on 07/06/20 at 9:07 A.M. with the DON confirmed staff should wear face coverings while in the facility. Review of facility policy titled COVID 19 Protocol Measures updated 05/16/20 revealed all staff in the facility would wear facemask's to prevent the spread of COVID 19. 4. Observation on 07/06/20 at 9:10 A.M. with the DON revealed the beauty shop displayed signage indicating the shop was open to residents two days weekly and was limited to a capacity of no more than two residents at a time. Interview on 07/06/20 at 9:11 A.M. with the DON confirmed the facility beauty shop was closed in March of 2020 but had reopened on 05/28/20 with two residents permitted in the shop at a time. Interview on 07/06/20 at 2:20 P.M. with Beautician #800 confirmed she was an independent contractor and was not permitted to provide beautician and barber services (haircuts, styling, perms etc.) in the facility from March 2020 until the shop reopened on 05/28/20. Beautician #800 confirmed she's allowed up to two residents at a time in the shop and had worked in the facility every Thursday and Friday since 05/28/20 and provided services as indicated on the beauty shop schedules. Beautician #800 also confirmed she wore a surgical mask provided by the facility, but none of the residents wore masks. Interview on 07/06/20 at 4:30 P.M. with the DON confirmed all residents had been provided with cloth face coverings in April 2020 but refused to wear them and the dimensions of the beauty shop were 11.2 feet by 10 feet. Review of the beauty and barber shop schedule revealed the facilities beauty shop was open the the following dates: 05/28/20, 05/29/20, 06/04/20, 0/05/20, 06/11/20, 0/12/20, 06/18/20, 06/19/20, 06/25/20, 06/26/20, 07/02/20 and 07/03/20. Further review of the beauty shop schedules revealed the facility provided beauty and/or barber shop services to 28 (#5, #6, #9, #12, #14, #15, #16, #23, #24, #27, #28, #30, #37, #38, #40, #44, #45, #49, #345, #50, #51, #52, #58, #59, #64, #65, #67 and #68) residents between 05/28/20 and present. Review of facility policy titled COVID 19 Protocol implemented on 03/27/20 and updated on 05/16/20 revealed the facility would restrict all non-essential personnel and volunteers including barbers from entering the facility. Review of memo titled Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes per the CMS dated 03/13/20 revealed facilities should restrict visitation of all visitors and non-essential health care personnel, except for certain [MEDICATION NAME] care situations, such as an end-of-life situation. 5. Observation on 07/06/20 at 9:15 A.M. with the DON revealed a rack of clean linen was being stored on the 300 Hall. The protective covering for the linen rack was not in place. Interview on 07/06/20 at 9:16 A.M. with the DON confirmed the clean linen should be covered to keep the linen clean and prevent the spread of infection. The DON confirmed the failure to store the linens appropriately on the 300 hall had the potential to affect 16 (#8, #9, #15, #16, #21, #27, #34, #39, #43, #46, #47, #53, #56, #59, #62 and #64) residents residing on the hall. Review of facility policy titled Laundry dated 12/03/19 revealed the facility would ensure clean laundry was handled to prevent cross-contamination. 6. Observation on 07/06/20 at 9:20 A.M. with the DON revealed a clear plastic disposable cup with straw filled halfway with a coffee colored liquid was sitting on the desk in alcove of the 500 Hall. Interview on 07/06/20 at 9:21 A.M. with the DON confirmed staff beverages and food should not be stored in resident care areas. Interview on 07/06/20 at 9:25 A.M. with STNA #900 confirmed the cup observed on the desk in the 500 Hall belonged to her and the cup contained iced coffee. The facility confirmed there were 11 (#5, #6, #13, #24, #30, #37, #38, #42, #50, #60 and #68) residents residing on the 500 hall that could potentially be affected by the unattended partially consumed beverage. Review of facility policy titled Infection Control Policy dated 10/31/19 revealed the facility would maintain a sanitary environment for personnel and residents. 7. Review of record for Resident #4 revealed an admission date of [DATE] with a [DIAGNOSES REDACTED]. Review of the MDS for Resident #4 dated 06/01/20 revealed resident was cognitively intact and independent with ADLs. Review of nurse progress note for Resident #4 dated 07/04/20 revealed resident had a linear rash and blisters noted underneath her left breast. Further review of the note revealed the nurse contacted resident's physician who gave orders for treatment with a topical anti-[MEDICAL CONDITION] medication and to place the resident in contact isolation. Observation on 07/06/20 at 9:23 A.M. with the DON revealed a package of isolation gowns was sitting on the floor outside Resident #4's room and a box of gloves was sitting on the handrail outside Resident #4's room. Interview on 07/06/20 at 9:24 A.M. with Resident #4 confirmed she didn't know why the isolation gowns and the</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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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1) gloves were sitting outside her room. Interview on 07/06/20 at 9:26 A.M. with the DON confirmed no residents were currently on isolation precautions, including Resident #4 and she was unsure why the isolation gowns and gloves were sitting outside Resident #4's room. Interview on 07/06/20 at 12:37 P.M. with Licensed Practical Nurse (LPN) #150 who was also the facility infection control preventionist confirmed Resident #4 had been placed in contact isolation over the weekend on 07/04/20 due to resident exhibited a rash on her body consistent with shingles. LPN #150 confirmed she set up an isolation cart with appropriate personal protective equipment outside Resident #4's room on 07/06/20 at approximately 11:30 A.M., because it was not in place when she made rounds in the facility on 07/06/20. Review of the facility policy titled Transmission Based Isolation Precautions dated 12/09/19 revealed the facility would implement contact isolation precautions for a resident with an infection spread by direct contact with the resident or environmental surfaces. 8. Review of the record for Resident #2 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of the MDS for Resident #2 dated 06/03/20 revealed resident was cognitively impaired and required extensive assistance of one staff with ADLs. Observation on 07/06/20 at 9:30 A.M. with the DON revealed Licensed Practical Nurse (LPN) #250 exited Resident #2's room wearing a cloth face covering which was pulled down below her nose, mouth and chin. LPN #250 walked to the medication cart and begin documenting on the computer on top of the cart. LPN #250 pulled her cloth face covering up over her nose, mouth and chin after the DON prompted her to do so. Interview on 07/06/20 at 12:45 P.M. with LPN #250 confirmed she was wearing a cloth face covering and she had pulled it down below her nose, mouth and chin as she exited the room and did not pull it up until prompted to do so by the DON. Interview on 07/06/20 at 4:30 P.M. with the DON confirmed some staff wore cloth face covering instead of surgical masks in order to conserve personal protective equipment. Interview with the DON further confirmed face coverings should cover the nose, mouth and chin. Review of facility policy titled COVID 19 Protocol Measures updated 05/16/20 revealed all staff in the facility would wear facemask's to prevent the spread of COVID 19. Review of an online resource from the CDC (https://www.cdc.gov/Coronavirus/2019-ncov/hcp/long-term-care-strategies.html) revealed the following guidance regarding facemask's: ensure all healthcare care personnel (HCP) wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect HCP is unknown. Cloth face coverings should not be worn instead of a respirator or facemask if more than source control is required. Review of an online resource from the CDC (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html) revealed the following guidance regarding proper wearing of face coverings: put it over your nose and mouth and secure it under your chin. 9. Review of the medical record for Resident #1 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of the MDS for Resident #1 dated 05/31/20 revealed resident was cognitively impaired and required extensive assistance of two staff with ADLs. Review of the nurse progress notes for Resident #1 dated 06/26/20 revealed resident was sent to the hospital and was admitted with a [DIAGNOSES REDACTED]. #1 dated 06/28/20 revealed the hospital called the facility and notified them the resident had tested positive for COVID-19 and was in the intensive care unit. Review of the nurse progress notes for Resident #2 dated 06/28/20 revealed resident was placed in droplet precautions isolation because Resident #1 his roommate had tested positive for COVID-19. Review of nurse progress note for Resident #2 dated 06/29/20 revealed resident was tested for COVID-19 and facility was awaiting the results and resident remained in droplet precautions isolation. Review of nurse progress note for Resident #2 dated 07/03/20 revealed resident's lab results for COVID-19 were negative and droplet precautions isolation was discontinued. Interviews on 07/06/20 at 9:26 A.M. with the DON, at 12:37 P.M. with LPN #150, and at 12:45 P.M. with LPN #250 confirmed Resident #2's droplet precautions isolation had been discontinued on 07/03/20 because his test result was negative for COVID-19. Review of the facility policy titled Transmission Based Isolation Precautions dated 12/09/19 revealed the facility would implement droplet precautions for a resident suspected to be infected with microorganisms which could be transmitted by particles generated by talking, sneezing, coughing, or performing procedures. Review of an online resource from the CDC (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html) revealed the incubation period for COVID-19 was thought to extend to 14 days and one study reported 97.5% of persons with COVID-19 who develop symptoms will do so within 11.5 days.</p>		