

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365387	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER BRIAR HILL HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP 600 STERLING DR NORTH BALTIMORE, OH 45872	
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, observation, staff interview, and facility policy guidelines for COVID-19, the facility failed to ensure interventions to contain and prevent the spread of COVID-19 infections were consistently implemented. This had the potential to affect all 46 residents residing in the facility. Finding include: 1. Medical record review revealed Resident #4 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the resident's physician orders [REDACTED]. The order indicated isolation was to be open ended without a date for discontinuation. The resident attended outside [MEDICAL TREATMENT] treatments every Monday, Wednesday and Friday. Medical record review revealed Resident #5 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the resident's physician orders [REDACTED]. The order was to be discontinued on 07/10/20. A second physician order [REDACTED]. The order was to be discontinued on 07/11/20. Medical record review revealed Resident #6 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 06/29/20 the physician ordered Contact/Droplet infection control isolation, and for the resident to stay in the room with no roommate. All therapy, meals, activities and services were to be provided in the room. The order was set to be discontinued on 07/13/20. On 07/08/20 at 6:15 A.M. observation with the Administrator revealed Resident #4 and Resident #5 were in isolation sharing a semi-private room. The two residents also shared a bathroom with Resident #6. The Administrator stated the facility policy indicated Resident #4 would remain in isolation continuously due to exposure for potential COVID-19 at the outside [MEDICAL TREATMENT] center. Residents #5 and #6 were in isolation due to being new admissions to the facility and policy requiring new admissions was to quarantine for 14 days following admission. Observation and interview at 6:37 A.M. on 07/08/20 with State tested Nurse Aide (STNA) #22 revealed she had just assisted Resident #6 in the bathroom. STNA #22 confirmed no cleansing of the restroom was completed between Resident #4, #5, or #6, and all three residents used the bathroom. Review of the facility COVID-19 policy titled, Resident Essential and Medically Necessary Appointment, dated 06/18/20 revealed residents that routinely leave the facility for medically necessary appointments such as [MEDICAL TREATMENT] are to be placed on Contact/Droplet precautions and returned to their private room. Interview on 07/08/20 at 6:30 A.M. with the Administrator and Director of Nursing (DON) verified according to facility policy Resident #4 could potentially cross-contaminate Resident #5 and Resident #6 requiring extended time in isolation or exposure to COVID-19. 2. Observation on 07/08/20 at 7:10 A.M. revealed the Director of Food Services (DFS) #1 was at the time clock room located in the central core of the facility. DFS #1 then proceeded toward the front entry door/lobby of the facility where COVID-19 employee screening was set up. The DFS had been walking among two residents seated in the lobby and various staff. DFS #1 was then screened by the Administrator, and proceeded to his office. On 07/08/20 at 7:15 A.M. interview with DFS #1 revealed he entered the designated entry door in the front lobby and no staff was available to screen him so he proceeded to the time clock and signed in for work. Then he went back to the screening location to be screened. Review of the facility COVID-19 policy, revised 07/06/20 revealed, Employees are to be screened and a temperature is to be obtained by the screener upon entry to the facility. A temperature equal to or greater than 100.0 degrees Fahrenheit (F) is an automatic denial of entry. An employee is advised to see a doctor for testing and treatment.</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.