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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>366031</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                   | (X3) DATE SURVEY COMPLETED<br><b>06/15/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>MILL MANOR CARE CENTER</b>  |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>983 EXCHANGE ST<br/>VERMILION, OH 44089</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<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Some             | <p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></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 breakfast in the dining room and the activity room to potentially prevent the spread of Coronavirus Disease 2019 (COVID-19). This affected 19 (#1, #2, #4, #5, #8, #9, #14, #15, #17, #19, #20, #22, #23, #24, #25, #26, #27, #28, and #29) of 19 residents observed in the dining and activity rooms. The facility census was 29. Findings include: Interview on 06/08/20 at 10:36 A.M. with the Director of Nursing (DON), revealed communal dining was still occurring in the facility. The DON indicated the residents were sitting together during meals and not [MEDICATION NAME] social distancing. The DON revealed the Administrator stated social distancing was a guideline and not a rule. Interview on 06/09/20 at 11:10 A.M. with Infection Control Nurse (ICN) #200, revealed the residents had not been social distancing in the dining room for about the last month. ICN #200 revealed the residents had voted not to participate in social distancing. Observations of the dining room and the activity room on 06/11/20 from 8:29 A.M. through 9:11 A.M., revealed 19 (#1, #2, #4, #5, #8, #9, #14, #15, #17, #19, #20, #22, #23, #24, #25, #26, #27, #28, and #29) residents eating breakfast. The residents were sitting together in groups at tables closer than six feet apart. Interview on 06/11/20 at 8:29 A.M. with Admissions Director (AD) #201, revealed the residents were not social distancing during meals. Interview on 06/11/20 at 8:34 A.M. with the Administrator, revealed the residents chose not to social distance. The Administrator stated there was not enough room in the facility for the residents to remain six feet apart. The Administrator stated social distancing was a guideline and not a requirement. Interview on 06/11/20 at 8:45 A.M. with Dietary Director (DD) #60, verified the residents were closer than six feet apart. DD #60 also verified staggered dining times had not been attempted. Review of the facility policy titled, COVID-19 Prevention Policy dated 06/2020, revealed no guidelines for 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.