

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>366225</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>STRATFORD CARE AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7000 COCHRAN ROAD GLENWILLOW, OH 44139</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 - Many</b>	<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 the facility's Coronavirus (COVID-19) policy, and review of the Centers for Disease Control and Prevention (CDC) guidelines, the facility failed to ensure procedures to re-use of N95 or KN95 respirators were consistently implemented to potentially prevent the spread of COVID-19 infections. This had the potential to affect all 91 residents residing in the facility. Findings include: Interview on 06/29/20 at 1:57 P.M. with Licensed Practical Nurse (LPN) #101 revealed we wear special KN95 masks and re-use them. LPN #101 stated the mask was put in a Ziploc plastic bag, taken with her when she left the facility and left in her car until the next time she worked. I re-use the mask over and over. LPN #101 further stated there was no limit to the amount of times the mask was worn. Interview on 06/29/20 at 2:13 P.M. with Assistant Director of Nursing (ADON) #100 revealed employees were given KN95 respirators by the facility. Employees re-use the KN95 respirators and put them in a plastic bag provided by the facility at the end of their shift. Employees took their respirator with them when they left the facility. The KN95 masks were replaced if they became visibly soiled, and the employees wear them for no more than 30 days. ADON #100 further stated the facility had no trouble getting Personal Protective Equipment (PPE) supplies. Interview on 06/29/20 at 2:44 P.M. with the Director of Nursing (DON) revealed the facility is working with the local health department, but did not receive guidance from the health department on the re-use of KN95 Respirators. The DON stated the facility had plenty of KN95 masks. Observation on 06/30/20 at 11:35 A.M. with the DON of a plastic bin filled with brown paper bags located at the nurses station. Most of the bags were empty. The DON stated employees took their masks with them and did not store them in the brown paper bags. Interview on 06/30/20 at 11:45 A.M. with Hospitality Aide (HA) #102 revealed when she was done working for the day her mask was removed and stored in a plastic bag in her car. Interview on 06/30/20 at 11:47 A.M. with HA #103 revealed at the end of the day I take my mask home with me, swish it in water to clean it, let it dry and wear it the next time I work. HA #103 stated he had only received one KN95 mask while working in the facility. Interview on 06/30/20 at 12:00 P.M. with HA #104 revealed at the end of the day, I put the mask in a plastic bag in the trunk of my car. Observation on 06/30/20 at 12:55 P.M. revealed gallon size plastic Ziploc bags in Administrator #105's office. Interview on 06/30/20 at 12:55 P.M. with Administrator #105 revealed employees were provided plastic Ziploc bags when they received their KN95 Respirators. The KN95 masks were replaced if they became soiled or broken, and there were no set amount of uses. Administrator #105 also stated two employees and one resident (Resident #22) tested positive for Covid 19 last week, and two more residents (Residents #26 and #28) are persons under investigation for Covid 19. Review of the facility Coronavirus (COVID-19) policy revealed appropriate measures would be utilized for the prevention and control of the COVID-19 virus. Under the section titled, Education and Training revealed education and training should include the usage of language and reading-level appropriate informational materials, such as brochures, posters on COVID-19, as well as relevant policies. Such materials should be developed or obtained from www.cdc.gov. Review of the Centers for Disease Control and Prevention (CDC) guidelines titled, Strategies for Optimizing the Supply of N95 Respirators, updated 04/02/20 revealed one effective strategy to mitigate the contact transfer of pathogens from the respirator to the wearer could be to issue each HCP who may be exposed to COVID-19 patients a minimum of five respirators. Each respirator will be used on a particular day and stored in a breathable paper bag until the next week. This will result in each worker requiring a minimum of five N95 respirators if they put on, take off, care for them, and store them properly each day. This amount of time in between uses should exceed the 72 hour expected survival time for [DIAGNOSES REDACTED]-CoV2 ([MEDICAL CONDITION] that caused COVID-19). Review of the National Institute for Occupational Safety and Health (NIOSH) Pandemic Planning, undated, under the section titled Respirator Reuse Recommendations revealed hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly. Follow the employer's maximum number of donning's (or up to five if the manufacturer does not provide a recommendation) and recommended inspection procedures.</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.