

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2020
NAME OF PROVIDER OF SUPPLIER VANCREST HEALTH CARE CTR OF HO		STREET ADDRESS, CITY, STATE, ZIP 600 JOE E BROWN ROAD HOLGATE, OH 43527	
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 - Few	<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 record review, resident and staff interviews, facility documents, and Centers for Disease Control (CDC) guidelines, the facility failed to isolate one (#127) resident, when the resident's roommate became positive for Coronavirus Disease 2019 (COVID-19). The facility census was 36. Findings include: Review of the record for Resident #127 revealed an initial admission date of [DATE]. [DIAGNOSES REDACTED]. Review of Resident #127's most recent Minimum Data Set ((MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) of six, indicating the resident was severely cognitively impaired. Review of Resident Infection Line List for positive COVID-19 results revealed Resident #133 was on isolation beginning 08/29/20, tested positive on 09/03/20, and had symptoms of shortness of breath, fever, and cough. Review of the census on 09/03/20, verified Resident #127 and Resident #133 shared the same room on the west hall. The census also verified an empty resident room in the east hall and 10 additional empty beds also on the east hall. In addition, two empty resident rooms were being utilized for a temporary COVID staff area. Interview on 09/08/20 at approximately 12:30 P.M. with Resident #127, verified moving to the new room last Friday, 09/04/20. Resident #127 reported her roommate had been coughing and added that she was not sure if that was normal or not. Interview on 09/09/20 at 10:00 A.M. with the Administrator and Director of Nursing (DON), revealed all residents were tested on Monday, 08/31/20, which resulted in Resident #133 testing positive with COVID-19 on 09/03/20. The DON reported receiving the results on 09/03/20, at approximately 6:30 A.M. Resident #133 had a roommate, Resident #127. Resident #127 had been previously exposed but tested negative for COVID-19 and had not developed symptoms. The Administrator and DON verified the facility did not immediately separate Resident #127 and Resident #133. On 09/04/20, prior to lunchtime, the facility moved unexposed Resident #117, who was in a single room with unexposed Resident #118. On 09/04/20, the facility verified moving Resident #127 to a private room, separating the resident from a COVID-19 positive roommate. Resident #127 remained in the room with a COVID positive roommate for more than 24 hours. Interview by telephone on 09/09/20 at 8:44 A.M. and email on 09/09/20 at 1:23 P.M., with the County Health Department Registered Nurse (RN), revealed instructing the facility to isolate the COVID-19 positive resident and to separate the roommate was best practice and would align with isolation procedures. Review of Centers for Disease Control and Prevention (CDC) guidance for Responding to COVID-19 in Nursing Homes, updated 04/30/20, verified if a resident is confirmed to have COVID-19, regardless of symptoms, they should be transferred to the designated COVID-19 care unit. In addition, roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for [DIAGNOSES REDACTED]-CoV-2 14 days after their last exposure. This deficiency substantiates Complaint Number OH 591.</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.