

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365663	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER GENOA RETIREMENT VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 300 CHERRY ST GENOA, OH 43430	
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 observations, staff interview, review of the facility policy and review of the Center for Disease Control (CDC) guidelines, the facility failed to ensure proper screening procedures were in place for employees and outside personnel to assess for signs and symptoms of Coronavirus Disease 2019 (COVID-19). This had the potential to affect 27 of 27 residents who reside in the facility. Facility census was 27. Findings include: Observations on 07/06/20 at 6:10 A.M. revealed State tested Nursing Aide (STNA) #200 unlocked the main entrance of the facility and allowed the surveyor to enter. Once inside STNA #200 and the surveyor walked down the 100 hallway to a nurses station to be screened for possible COVID-19. The 100 hall had a census of eight residents (#7, #8, #9, #10, #11, #12, #13 and #14). STNA #200 was observed to complete a self screen and documented the findings. The surveyor was screened by Licensed Practical Nurse (LPN) #110 which included a temperature check and health assessment. Interview with LPN #100 and LPN #110 on 07/06/20 at 6:16 A.M. verified STNA #200 completed a self-screening. LPN #100 stated the facility did not have visitors at certain hours of the day, therefore kept the screening equipment and log at the nurses station. The visitors were required to walk past the dining room and down the 100 hallway to access the screening area. LPN #110 further stated the visitor screening was completed at the nurses station during the night time hours because there were no visitors in the building. During normal business hours the visitors and employees were screened at the front entrance. Interview with the Director of Nursing (DON) on 07/07/20 at 2:04 P.M. revealed the front entrance was their main door was the main point of entry for employees. They would be coming in and out of that door only which required the third and first shift staff to walk through the 100 hall to be screened. The DON confirmed by having staff/visitors walk past the dining room and down the 100 hallway to be screen this placed all 27 residents in the facility at risk of potential COVID-19 exposure. Review of the CDC guidelines titled, Preparing for COVID 19 in Nursing Homes, updated 06/25/20, revealed to screen all Health Care Personnel (HCP) at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. Fever is either measured temperature greater than 100.0 degrees Fahrenheit (F) or subjective fever. Note that fever may be intermittent or may not be present in some individuals, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., Nonsteroidal anti-[MEDICAL CONDITION] drugs (NSAIDS)). Clinical judgement should be used to guide testing of individuals in such situations. Post signs at the entrances to the facility advising visitors to check-in with the front desk to be assessed for symptoms prior to entry. Screen visitors for fever of 100.0 degrees, symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. Review of facility policy titled The Enhanced Infection Prevention and Control Program (IPCP) for COVID-19, dated 03/10/20, revealed the facility is to ensure screening of all employees, visitors and personnel is completed when entering the campus and to maintain a log. This deficiency substantiates Complaint Number OH 810.</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.