

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/03/2024
NAME OF PROVIDER OR SUPPLIER  Signature Healthcare of Galion		STREET ADDRESS, CITY, STATE, ZIP CODE  935 Rosewood Dr Galion, OH 44833	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48568</b></p> <p>Based on observation, staff interviews, record review, and policy review, the facility failed to implement their infection control policies ensuring staff wore the proper personal protective equipment (PPE) and have PPE readily available outside the residents' rooms. This affected one (#22) of two residents reviewed for contact precautions, This had the potential to affect all 52 residents residing in the facility. The facility census was 52.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #22 revealed and admitted [DATE], with diagnoses including hypoxic ischemic encephalopathy, hemiplegia, and COVID-19 acute respiratory disease.</p> <p>Review of the medical record for Resident #22 revealed Resident #22 tested positive for COVID on 08/24/24. A progress note dated 08/25/24 revealed Resident #22 is droplet precautions/isolation due to testing positive for COVID.</p> <p>Review of the Care plan for Resident #22 revealed maintain droplet/contact isolation precautions and personal protective equipment as indicated on 08/24/24.</p> <p>Review of Resident #22's Minimum Data Set (MDS) Admission assessment, dated 08/27/24, revealed the resident was cognitively intact. The resident required setup or clean-up assistance for eating, oral hygiene, and personal hygiene. The resident required substantial/maximal assistance for toileting hygiene, shower/bathe self, upper body dressing, and lower body dressing.</p> <p>Observation on 08/28/24 at 10:43 A.M., revealed Physical Therapist #4 and Rehab Services Manager #9 donning PPE to enter Resident #22's room. Physical Therapist #4 and Rehab Services Manager #9 donned a gown, a surgical mask and gloves prior to entering Resident #22's room.</p> <p>Observation on 08/28/24 at 10:43 A.M., of Resident #22's door revealed a pink sign that stated, Special Droplet/Contact Precautions. The sign further reads Everyone Must: including visitors, doctors, and staff, clean hands when entering and leaving room, wear face mask, wear eye protection (face shield or goggles), gown and glove at door, when doing aerosolizing procedures fit tested N-95 with eye protection or higher required, keep door closed, use patient dedicated or disposable equipment, and clean and disinfect share equipment.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 08/28/24 at 10:43 A.M., with Physical Therapist #4 and Rehab Services Manager #9 confirmed they both do not have eye protection and did not wear N-95 face masks.</p> <p>Observation on 08/28/24 at 10:43 A.M., revealed Physical Therapist #4 and Rehab Services Manager #9 entered Resident #22's room without eye protection or an N-95 face mask.</p> <p>Observation on 08/28/24 at 11:04 A.M., revealed State tested Nurse Assistant (STNA) #222 entered Resident #22's room without eye protection.</p> <p>Interview on 08/28/24 at 11:09 A.M., with STNA #222 when she came out of Resident #22's room confirmed she did not have on eye protection. STNA #222 stated No, not in there. I wish.</p> <p>Interview on 08/28/24 at 11:09 A.M., with the Director of Nursing confirmed eye protection PPE is not available for Resident #22 and for Resident #66 who is in contact isolation across the hall.</p> <p>Interview on 08/28/24 at 3:04 P.M., with STNA #222 revealed she is responsible for Room numbers 32, 35, 38, 40, 41, and 42.</p> <p>Interview on 08/28/24 at 4:25 P.M., with Certified Nursing Assistant (CNA) #29 revealed she was working with Resident #22 this past weekend after he got COVID. CNA #29 confirmed she only had surgical masks and did not have access to eye protection. Lastly, CNA #29 revealed she worked both sides of the hall because we hall try to help each other out.</p> <p>Review of the list of residents seen by Physical Therapist #4 and Rehab Services Manager #9 on 08/28/24 revealed ten residents (#5, #11, #22, #30, #33, #44, #66, #77, #105, #120) from all hallways in the facility.</p> <p>Review of the undated policy titled Personal Protective Equipment-PPE revealed the sequence for putting on PPE which starts with the gown, mask or respirator, goggles or face shield, and gloves.</p> <p>Review of the policy titled, Transmission-Based Precautions dated 06/12/24 stated ensure that protective equipment (i.e., gloves, gowns, masks, etc.) is maintained outside the resident's room so that anyone entering the room can apply the appropriate equipment.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00157121.</p>