

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365592	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2024
NAME OF PROVIDER OR SUPPLIER  Continental Manor Nurs and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  820 East Center Street Blanchester, OH 45107	
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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>43062</p> <p>Based on record review, review of facility infection control surveillance records, staff interviews, review of facility policies and procedures, review of the Centers for Disease Control and Prevention (CDC) guidance, the facility failed to document and track employee reported illness as part of their infection control and prevention program. This affected 17 (#01, #02, #06, #12, #19, #41, #42, #44, #09, #13, #23, #34 #37, #08, #17, #26 and #25) residents but had the potential to affect all residents at the facility. The facility census was 46.</p> <p>Findings include:</p> <p>Review of the facility's infection control and surveillance logs with Infection Preventionist (IP) Nurse #150 revealed the facility experienced a gastroenteritis illness (GI) including symptoms of nausea, vomiting and/or diarrhea (loose stools) from 03/13/24 through 03/16/23. The facility's infection control and surveillance logs documented 17 residents who were affected by the GI illness. On 03/13/24, Residents' (#01, #02, #06, #12, #19, #41, #42, and #44), on 04/14/24, Residents' (#09, #13, #23, #34 and #37), on 03/15/24 Residents' (#08, #17, and #26), and on 03/16/24, Resident #25 had symptoms of a GI illness. Interview with IP Nurse #150 at the same verified she was tasked with being the facility's Infection Preventionist over the infection control and prevention program. IP Nurse #150 verified the facility had a GI virus outbreak that affected 17 residents from 03/13/24 to 03/16/24. IP Nurse #150 was questioned on whether any staff members were affected by the recent GI virus outbreak and IP #150 indicated she would have to call human resources because she did not track employee call offs and/or illnesses. IP Nurse #150 consulted with the Human Resource (HR) Manager #184 and learned a total of ten employees were affected by the GI virus outbreak from 03/13/24 through 03/16/24. The infection control and surveillance logs revealed no documented evidence of any staff members being identified with the GI illness or employees calling off for illness.</p> <p>Review of a facility document titled Staff GI Virus revealed the following 10 employees were affected by the GI Virus: On 03/13/24, Maintenance Director #181 called off with similar GI illness symptoms. On 03/14/24, Registered Nurse #151 and State tested Nursing Assistant (STNA) #162 called off with similar GI symptoms. On 03/15/24, the Administrator called off for similar symptoms and the Admissions/Marketing #160 left work near the end of her workday with similar GI symptoms. On 03/16/24, RN #67 and #167 called for similar GI symptoms. On 03/18/24, STNA #73, Housekeepers' #175 and #185 called off for similar GI symptoms.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  365592	Facility ID:  365592  If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365592	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/01/2024
NAME OF PROVIDER OR SUPPLIER  Continental Manor Nurs and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  820 East Center Street Blanchester, OH 45107	
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 - Some</p>	<p>Review of an untitled facility document revealed five additional employees called off with illnesses from 03/11/24 through 03/18/24. On 03/12/24, housekeeper #198 called off due to being ill and on 03/16/24, STNA #60 called off due to being ill. Housekeeper #198 and STNA #60 were not listed on the infection control and prevention surveillance logs.</p> <p>Interview with IP Nurse #150 and the Director of Nursing (DON) on 03/19/24 at 1:53 P.M. verified the facility does not record, track, and follow up on employee call offs related to illness as part of their infection control and prevention program. IP #150 reported she was not aware she was required to track employee related illness as part of their infection control and prevention program. IP Nurse #150 and DON verified the ten employees identified as being part of the GI outbreak were not recorded on the facility's infection control and surveillance logs. IP Nurse #150 and DON reported any employee call-offs were directed to the Human Resource Manager.</p> <p>During reconciliation of the infection control surveillance logs and employee call-off documentation with IP #150 and DON on 04/01/24 at 12:40 P.M., revealed on 03/18/24, STNA #73, Housekeeper #175 and Housekeeper #185 called off for similar GI symptoms. IP #150 stated she was not aware that the employees had called off related to GI illness on 03/18/24 and after the date the facility determined the GI illness outbreak had ended.</p> <p>Review of a document titled Train - Training Plan Proof of Completion revealed IP Nurse #150 started the Nursing Home Infection Preventionist Training Course on 11/06/22 and completed the course on 03/19/24 and after the surveyor asked for verification of the Infection Preventionist certificate.</p> <p>Review of the facility policy titled, Infection Control Policy and Procedure, dated 2022, revealed the facility will designate an Infection Preventionist (IP) nurse who is responsible for the facilities infection control program. The IP will establish a program to prevent, identify, investigate, and control the infections of residents, staff (includes employees, consultants, contractors, volunteers, students in the nurse aide program, or academic institutions), and visitors. This included ongoing surveillance to identify possible communicable diseases or infections before they can spread to others in the facility.</p> <p>Review of the facility policy titled, Additional Infection Control Policies and Procedures, dated 2022, revealed the facility will have written occupational health policies that address reporting of staff illness and following work restrictions per nationally standards and guidelines and monitoring/evaluating for clusters or outbreaks of illness among staff. Further review of the policy revealed the facility surveillance system shall include a data collection tool and use of the nationally recognized surveillance criteria such as the Centers for Disease Control (CDC) and National Healthcare Network Safety Network (NHSN) Long Term Care Criteria to define infections.</p>		