

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365897	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2024
NAME OF PROVIDER OR SUPPLIER New Lebanon Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Mills Place New Lebanon, OH 45345	

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>43062</p> <p>Based on record review, staff interview, review of the directive from Centers for Medicare and Medicaid Services (CMS), and facility policy review, the facility failed to notify the local health department of a COVID-19 facility outbreak that began on 11/16/24 and ended on 12/24/24. This had the potential to affect all residents in the facility. The facility census was 88.</p> <p>Findings include:</p> <p>Review of the facility infection control log and map confirmed the facility had an outbreak of COVID-19 on 11/16/24 through 12/24/24.</p> <p>Interview on 12/30/24 at 4:51 P.M. with the Administrator confirmed the facility experienced an outbreak of COVID-19 from 11/16/24 though 12/24/24. The Administrator confirmed the facility was not aware of a requirement to contact the local health department and failed to notify the local health department of the outbreak.</p> <p>Review of the directive from CMS titled, QSO-20-39-NH, dated May 08, 2023, revealed facilities are expected to contact their health department when responding to COVID-19 transmission within their facility.</p> <p>Review of the facility policy titled, Infection Prevention and Control Program, dated September 2022, confirmed the facility is required to utilize surveillance tracking tools for the occurrence of infections, frequency, detecting outbreaks and epidemics, monitoring employee infections, and detecting unusual pathogens with reaction control implications. Further review of the facility policy under the heading titled, Outbreak Management, confirmed the facility should report the outbreak to the appropriate public health authorities.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00160332.</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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