

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366079	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/25/2024
NAME OF PROVIDER OR SUPPLIER  Eliza Jennings Home		STREET ADDRESS, CITY, STATE, ZIP CODE  10603 Detroit Avenue Cleveland, OH 44102	

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>Note: The nursing home is disputing this citation.</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45442</b></p> <p>Based on medical record review, facility electronic mail communication with local health department, and interview the facility failed to timely report rashes of unknown origin which were suspicious of scabies to the local health department. This affected five residents (Resident #207, #213, #245, #284 and #298) of 19 residents residing in the memory care unit (#201, #202, #207, #213, #220, #225, #228, #230, #232, #233, #245, #257, #274, #279, #284, #296, #297, #298, and #308). The facility census was 118.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #207 revealed an admitted [DATE]. Diagnoses included but were not limited to allergic contact dermatitis (10/05/23), paranoid schizophrenia, vascular dementia, and anxiety disorder. Resident #207 was noted to have severe cognitive impairment and required supervision for activities of daily living.</p> <p>Review of the facility's infection control log for the past six months revealed concerns were logged and identified. Following a dermatologist appointment for Resident #207, on 06/25/24, for a rash of unknown origin, four additional residents (#213, #245, #284 and #298), who resided in memory care, were identified with rashes of unknown origin.</p> <p>Interview on 07/24/24 at 12:27 P.M. with the Director of Nursing (DON) revealed Resident #207 was identified as having a prickly rash and was sent to the dermatologist on 06/25/24 and returned with an order to treat scabies empirically. Resident #207 did not have a scraping completed while at the appointment to confirm scabies due to having previously been treated with oral and topical steroids. Following the dermatologist's order treatment for scabies for Resident #207, the facility completed skin sweeps 06/25/24 and identified four other residents that had a rash of unknown origin and began to treat the additional four residents first and then two days later the remaining 14 residents were treated.</p> <p>Review of the Fax correspondence from the facility to the local health department dated 07/24/24 timed at 5:16 P.M. revealed the facility reported the five residents (#207, #213, #245, #284 and #298) as suspected cases of scabies, 30 days after the suspected cases of scabies were identified.</p> <p>Phone interview on 07/25/24 at 10:02 A.M. with County Health Department Nurse #24 revealed the health department wanted suspected cases of scabies reported within 24 business hours to monitor and prevent further potential outbreak.</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 - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of the guidance from the Centers for Disease Control (CDC) website Public Health Strategies for Scabies Outbreaks in Institutional Settings   Scabies   related to scabies revealed when the characteristic symptoms of itching and rash were absent, it was easy to misdiagnose scabies, which could lead to outbreaks. Maintain a high index of suspicion that scabies could be the cause of undiagnosed skin rash; evaluate and confirm suspected cases by obtaining skin scraping. If there were multiple cases, the guidance indicated to notify the local health department of the outbreak.</p> <p>Review of the Ohio Department of Health (ODH) guide titled; Know Your ABCs: A Quick Guide to Reportable Infection Diseases in Ohio from the Ohio Administrative Code Chapter 3701-3 effective August 1, 2019, revealed under Class C: Report an outbreak, unusual incident or epidemic of other diseases (e.g. histoplasmosis, pediculosis, scabies, staphylococcus infections) by the end of the next business day.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00155236.</p>		