

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365046		(X2) MULTIPLE CONSTRUCTION a. building _____ b. wing _____		(X3) DATE SURVEY COMPLETED 10/19/2020	
NAME OF PROVIDER OR SUPPLIER MONTEFIORE HOME THE				STREET ADDRESS, CITY, STATE, ZIP CODE ONE DAVID N MYERS PARKWAY BEACHWOOD OH, 44122			
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F 0000	<p>INITIAL COMMENTS</p> <p>AMENDED 11/12/20 to Correct Verbiage in F880</p> <p>COMPLAINT INVESTIGATION COMPLAINT NUMBER OH00116267 and OH00116212 COVID 19 FOCUSED INFECTION CONTROL SURVEY</p> <p>ADMINISTRATOR: Ari Hyman #6600 CERTIFIED BED CAPACITY: 233 CENSUS IN HOUSE: 207</p> <p>The following deficiencies are based on the COVID 19 Focused Infection Control Survey and complaint investigation completed on 10/19/20. Additionally, a deficiency is based on an incidental findings discovered during the course of this complaint investigation.</p>		F 0000				

laboratory director's or provider/supplier representative's signature

title
ARIEL HYMAN

(X6) date
11/18/2020

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.

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F 0809 F 0809 SS=D	Continued From page 1 483.60(f)(1)-(3) Frequency of Meals/Snacks at Bedtime §483.60(f) Frequency of Meals §483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care. §483.60(f)(2) There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span. §483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care. This STANDARD is not met as evidenced by: Based on observation, meal time review and interview the facility failed to ensure residents received their meals in a timely manner. This affected two residents (Resident #96 and Resident #27) out of four residents reviewed for meals received in a timely manner. The facility census was 207.	F 0809 F 0809	This serves as our Allegation of Compliance and Plans for Correction for all F tags identified in this report. F-0809 Frequency of Meals/Snacks at Bedtime 1. Resident #96 and #207 received new, hot meal trays on 10/14/20 at the time of the observation. It is unclear why the two isolated meals were missed on that day it could have been residents were out of their room or in bathroom when meals were initially plated and delivered. 2. Nutrition Services manager reviewed the current mealtime schedule on 10/14/20 to determine if any other residents were affected. None were affected. 3. GM Dining Services will provide education by 12/1/20 to all dietary staff and the DON/designee will provide education to all STNAs by 12/1/20 on the need to ensure meals are plated timely by dietary staff and delivered to residents by the STNAs. 4. Ongoing quality assurance process- Dining Services Manager, or designated individual, will perform audit to ensure trays are brought to the floor timely and delivered to residents within twenty minutes after being delivered to the floor. This audit will be completed weekly x 4 weeks and then monthly thereafter for 3 months. This may be extended pending audit findings. Audits will be monitored by the LNHA. 5. Quality Assurance for all findings will be reviewed/discussed/addressed at the monthly QAPI meeting and forwarded to the QAA committee as appropriate.	12/01/2020

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F 0809	<p>Continued From page 2</p> <p>Findings Include:</p> <p>On 10/14/20 at 12:45 P.M. the 100 hall kitchen area was observed for timely passing of the lunch meal. Upon inspection of the kitchen on the 100 hall, there were three trays on a cart that had not been passed; one tray was an extra tray and the other two belonged to Resident #96 and Resident #207. The dietary manager who was present at this time verified the trays sitting on the cart were sitting out too long and the food was probably cold. Temperature check of the grilled cheese sandwich registered 90 degrees and the sandwich felt cold to the touch. Dietary Manager #404 stated that he would get these residents a new tray due to the food being cold.</p> <p>Dietary Manager #404 proceeded to take the two trays back to the kitchen at 1:00 P.M. He brought two fresh trays back to the Unit at 1:15 P.M. He then proceeded to deliver these trays to the residents.</p> <p>Interview with Dietary Manager #404 on 10/14/20 at 1:40 P.M. verified that the two residents trays were not passed when they should have been and therefore he had to get them new trays. He also verified that if the State Tested Nurse Aide, who is delivering trays, was tied up then the trays might be passed later than usual.</p> <p>Interview with Resident #96 on 10/14/20 at</p>		F 0809				

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F 0809	Continued From page 3 1:50 P.M. verified her lunch tray was late and she did not know why. She further stated the meals are always served late on this hall. This citation substantiates Complaint #OH00116212.		F 0809				

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F 0812 F 0812 SS=E	Continued From page 4 483.60(i)(1)(2) Food Procurement, Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure food was stored appropriately in the refrigerator, all food delivered to the residents were appropriately covered prior to being taken to the resident, and food sitting out on the counter in the dining area was appropriately covered. This affected six residents (Resident # 43, Resident #52,	F 0812 F 0812	F-0812 Food Procurement, Store/prepare/Serv-Sanitary 1. The uncovered bowls of lettuce and rice were discarded by the dietary manager on 10/13/20. The two bowls of fruit uncovered in the Myers dining room were discarded on 10/13/20. 2. GM Dining services will provide education to all dietary staff by 12/1/20 on safe food handling to include education on proper covering of meal tray items during all points of service and on proper storage and dating of foods in the pantries, including refrigeration units and open air service spaces . 3. Ongoing quality assurance process includes Dining Services Manager, or designated individual, will perform audits to ensure that food stored in the refrigerator is properly covered and dated, and food maintained in dining areas a covered. Additionally, random audits will be complete of resident trays to ensure food is covered for transport. These audits will be completed weekly x 4 weeks and then monthly thereafter for 3 months. This may be extended pending audit findings. Audits will be monitored by the LNHA. 4. Quality Assurance for all findings will be reviewed/discussed/addressed at the monthly QAPI meeting and forwarded to the QAA committee as appropriate.			12/01/2020	

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F 0812	<p>Continued From page 5</p> <p>Resident #96, Resident #, 153, Resident #156, and Resident #187) whose items on the tray were not covered when delivered to them. and had the potential to affect all residents residing in this facility.</p> <p>Findings Include:</p> <p>Observation of the lunch meal being passed on the 100 hall on 10/13/20 at 12:25 P.M. revealed six trays on the dining room tables. These six trays all had a salad in a bowl and fruit in a dessert sized bowl. The salad and the fruit were not covered and were left sitting on the tray on the table. Interview with State Tested Nurse Aide (STNA) #402 on 10/13/20 at 12:30 P.M. verified that the six trays sitting on the table did have a bowl of salad and a bowl of fruit that was not covered on all of the trays. She stated she did not know if they had to be covered and then proceeded to take the trays to the residents rooms.</p> <p>Observation on 10/13/20 at 1:15 P.M. of the second kitchen located on the Myers Hall on the first floor revealed five bowls with lettuce in them. These five bowls were stacked one on top of the other and were in the refrigerator. These bowls of lettuce were not covered, dated. Interview with Dietary Aide #403 at 1:26 P.M. verified the five bowls of lettuce were stacked on top of each other and not covered and dated.</p>	F 0812					

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F 0812	<p>Continued From page 6</p> <p>Observation on 10/13/20 at 1:30 P.M. revealed two bowls of fruit sitting on the counter in the Myers Hall dining room. Both of the bowls of fruit were uncovered and it was unsure how long the bowls of fruit had been there. Interview with STNA #401 on 10/13/20 at 1:38 P.M. verified the above finding. She was also unable to say how long the bowls of fruit were sitting there but stated the bowl mandarin oranges was what was served for lunch today.</p> <p>Observation on 10/14/20 at 9:15 A.M. of the kitchen with dietary manager #404 revealed in the refrigerator were two steel tins one with rice and the other with lettuce in it. Both tins were uncovered, and not dated. Verification interview with Dietary Manager #404 on 10/14/20 at 9:40 A.M. revealed the items were in the refrigerator uncovered.</p> <p>This deficiency is an incidental finding.</p>	F 0812					

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F 0880 F 0880 SS=E	Continued From page 7 483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents	F 0880 F 0880	F 0880 Infection Prevention and Control 1. Resident #52 was not on transmission-based precautions (TBP) on 10/13/20 and is still not on TBP, so no signage is required outside the room. Residents #28, #62, #147, #208, #210, #213 and #122 are no longer on TBP and no longer reside on COVID-19 unit. On 10/19/20 all residents newly admitted from the hospital or readmitted from the hospital were placed in TBP for 14 days. Resident #122 experienced no negative outcome as a result of the 10/15/20 observation. 2. The practice of quarantining new admissions for only 3 days was changed on 10/19/20. (Attachment 1) The current practice follows CMS guidelines of 14 days. The facility has not accepted any new admissions since 10/24/20. 3. All residents have been monitored daily for signs and symptoms of COVID-19 by licensed nursing staff and this process is ongoing. 4. All licensed nurses and Admissions staff will be educated by DON/designee on the need to ensure all new admissions and readmissions are placed in quarantine for 14 days by 12/1/20. 5. All staff will be educated on hand hygiene by 12/1/20. Licensed nurses will be educated on hand hygiene and maintaining infection control during dressing changes by the DON or designee by 12/1/20. 6. The Directed Plan of Correction imposed by ODH will be completed by 12/1/20. (Attachment 2)	12/01/2020

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F 0880	<p>Continued From page 8</p> <p>of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as</p>		F 0880	<p>7. The ongoing quality assurance process includes DON, or designated individual will perform audits to ensure hand hygiene is completed in accordance with CDC guidance, including during dressing changes. Audits will also be completed to ensure that any readmissions or exposed residents are placed in quarantine for 14 days in accordance with the facility policy. These audits will be completed 3 times weekly for 2 weeks, then weekly x 4. The DON or designee will do daily audits to ensure compliance with 14 day quarantining of new admissions and readmissions for 3 weeks. Then weekly audits X 4 weeks.</p> <p>8. Quality Assurance for all findings will be reviewed/discussed/addressed at the monthly QAPI meeting and forwarded to the QAA committee as appropriate.</p>			

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F 0880	<p>Continued From page 9</p> <p>necessary. This STANDARD is not met as evidenced by: Based on interview, record review, review of Centers for Medicare & Medicaid Services (CMS) Memo QSO-20-14-NH (revised 3/13/20), review of the facility's census, and review of the facility's policies and procedures, the facility failed to ensure self-quarantine precautions were implemented and failed to ensure proper hand hygiene was maintained during a dressing change. This affected eight of the new admissions (Resident #28, Resident #52, Resident #67, Resident #147, Resident #208, Resident #210, Resident #212, and Resident #213,) out of the 300 newly admitted residents from June to present and this affected one resident (Resident # 122) out of three residents reviewed for pressure ulcers. This also had the potential to affect all residents in the facility. The facility census was 207.</p> <p>Findings Include:</p> <p>1. Review of the medical record for Resident #52 revealed this resident was admitted to the facility on 07/28/20. Her admitting diagnoses included multiple sclerosis, hypertension, heart disease, major depressive disorder and dementia.</p> <p>Review of this resident's Minimum Data Set (MDS) 3.0 dated 09/26/20 revealed this resident had moderate cognitive</p>		F 0880				

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F 0880	<p>Continued From page 10</p> <p>impairment. Functionally she needed limited assistance of one for bed mobility toilet use and transfers. She required supervision for dressing, eating and personal hygiene.</p> <p>Review of the new admissions policy for this facility dated 02/03/20 revealed any admissions will be admitted to the Post Hospital wing and will be placed in isolation and monitored for 72 hours. Staff were to don appropriate personal protective equipment and encourage the resident to wear a mask during this observation period. Monitoring included vital signs three times a day, and a respiratory infection assessment daily. This was to be done for the three days the resident is in quarantine. After the three days in quarantine, the resident is then moved to their regular unit.</p> <p>Further review of the Center for Medicare and Medicaid Services (CMS) Memo QSO-20-14-NH revealed according to "The Guidance for Infection Control and Prevention of Coronavirus Disease, 2019 in Nursing Homes" showed "Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14</p>		F 0880				

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F 0880	<p>Continued From page 11</p> <p>days with no symptoms (instead of integrating as usual on a short-term rehab floor or returning to long-stay original room)."</p> <p>On 07/28/20 Resident #52 was admitted to a room on the Post Hospital Wing. She was removed from being in quarantine on 07/31/20. However she did remain on the Post Hospital Wing unit but she was out of quarantine. Observation of this resident's room on 10/13/20 revealed no signage on the door and no personal protective equipment located outside the room.</p> <p>Interview with the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) on 10/13/20 at 4:00 P.M. verified that all new admissions are only kept in quarantine for three days when admitted and then they are moved to their regular unit.</p> <p>Interview with the Administrator on 10/14/20 at 8:30 A.M. verified that they do only keep newly admitted residents in quarantine for three days. When the administrator was informed of QSO memo 20-14-NH. He verified that he was aware of the memo and the note of the memo states "If possible" so they could not do the 14 day quarantine due to the large number of admissions they get and due to staffing. He stated it is no way possible for them to do that because they get such a large number of admissions, they do not</p>		F 0880				

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F 0880	<p>Continued From page 12</p> <p>have the room capability to do that and lastly they do not have enough staff to do that. When asked how long they have had there new admissions in quarantine for only three days, he stated since March.</p> <p>Review of the number of residents who were positive for COVID during this time revealed that there were seven residents who tested positive for COVID during what should have been their 14 days in quarantine. These residents were Residents #28, #67, #147, #208, 210, #212, and #213.</p> <p>2. Resident #28 was admitted to this facility on 09/17/20. His diagnoses included Chronic Obstructive Pulmonary Disease, atrial fibrillation, macular degeneration and obesity. He was moved after his three days of isolation to room 166. On 09/25/20 this resident tested positive for COVID. Review of the residents who tested positive for COVID on that same day or after were not located in rooms by this resident so they could not have got it from him.</p> <p>3. Review of Resident #67 who was admitted to this facility on 09/06/17. His admitting diagnoses included atrial fibrillation, cerebral infarction, frontal lobe deficit, throtoxicosis and hallucinations. After his three days of quarantine he was moved to room 128. On 09/17/20 this resident tested positive for COVID. Review</p>	F 0880					

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F 0880	<p>Continued From page 13</p> <p>of all residents who tested positive during this same time or after revealed that no residents who tested positive were close to his room.</p> <p>4. Review of Resident #147 who was re-admitted to the facility on 09/11/20. His admitting diagnoses included malignant neoplasm of the brain, basal cell carcinoma of the skin, viral hepatitis C, and acute kidney failure. After his three days of isolation this resident was moved to room 168. He tested positive for COVID on 09/26/20 when he was moved to the COVID unit. Review of residents who tested positive during or after this time revealed they were not located near this resident to have gotten COVID from him.</p> <p>5. Resident #208 was admitted to the facility on 08/27/20 with a diagnoses of hypokalemia, end stage renal disease, type II diabetes, chronic respirator failure, and heart failure. After her three days of isolation the resident was moved to room 106. On 09/13/20 the resident had a change of mental status, spiked a temperature of 101 and was shaking. She was emergently sent to the hospital where she was tested for COVID and it came back positive. Further review of the residents who tested positive for COVID revealed that two residents had tested positive at this time but their rooms were not close to this resident's room of 106.</p>		F 0880				

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365046		(X2) MULTIPLE CONSTRUCTION a. building _____ b. wing _____		(X3) DATE SURVEY COMPLETED 10/19/2020	
NAME OF PROVIDER OR SUPPLIER MONTEFIORE HOME THE				STREET ADDRESS, CITY, STATE, ZIP CODE ONE DAVID N MYERS PARKWAY BEACHWOOD OH, 44122			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETION DATE	
F 0880	<p>Continued From page 14</p> <p>6. Resident #210 was admitted to the facility on 08/07/20. His admitting diagnoses included hypertensive heart disease, type II diabetes, metabolic encephalopathy and acute pancreatitis. This resident was moved to room 128 after his three days of quarantine. He tested positive for COVID on 08/15/20 and was transferred to the hospital. Review of the residents who tested positive for COVID during this time or after revealed that one resident tested positive during or after this time.. However, on 09/11/20 she was sent out to the hospital and tested positive for COVID and was then readmitted on 09/12/20 to the COVID unit.</p> <p>7. Review of Resident #213 revealed that she was admitted to this facility on 08/28/20 with a diagnoses of vascular disorder of the intestines, morbid obesity, neoplasm of the left breast and of the brain. This resident after her three days of quarantine was transferred from the Post Hospital Wing to room 132. She tested positive for COVID on 09/10/20 and was then moved to the COVID unit. Review of the residents who tested positive during or after this time revealed no resident resided close to this resident's room to have obtained COVID from her.</p> <p>8. Resident #122 was admitted to this facility on 08/14/20. His admitting diagnoses included gastrostomy tube, cardiac arrest, pneumonia, heart failure,</p>	F 0880					

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F 0880	<p>Continued From page 15</p> <p>and acute kidney failure. This resident was admitted with a stage 2 pressure ulcer from the hospital.</p> <p>When Licensed Practical Nurse (LPN) #416 was doing the dressing change to Resident 3122 on 10/15/20 at 3:00 P.M. it was noted that after she removed the dirty dressing, she removed her gloves, washed her hands and then put on a clean pair of gloves. She proceeded to clean the wound appropriately with her right hand while placing her left hand on the resident's buttocks to lift the skin up. This LPN then dried the wound and then applied the mesalt dressing to the wound and covered the wound with the foam dressing. She did not change her gloves and wash her hands after cleaning the wound and before applying the dressing.</p> <p>Interview with LPN #416 on 10/15/20 at 3:30 P.M. revealed that she did not change her gloves and wash her hands after cleaning the residents wound and before putting on the clean dressing..</p> <p>This citations substantiates Complaint #OH00116212</p>	F 0880					