

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2021
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Fayette County		STREET ADDRESS, CITY, STATE, ZIP CODE 375 Glenn Avenue Washington Court Hou, OH 43160	

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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44069</p> <p>Based on observations, staff interviews, interview with the Legionella Consultant, record reviews, review of the Certificate of Death, review of the water sample report, review of the facility's water management policy, review of the facility's Legionella water management program, and review of the facility's Legionella written plan, the facility failed to adhere to their policy and water management program to prevent the spread of Legionella. This resulted in Immediate Jeopardy and the potential for serious life-threatening harm, injury, and/or death on [DATE] when one resident (Resident #100) was found lethargic, with a reddened rash, cool skin, unable to answer or follow commands, and was going in and out of consciousness. Resident #100 was sent to the emergency room for evaluation. On [DATE], Resident #100 tested positive for legionella at the hospital, and expired on [DATE]. This affected one (Resident #100) of three residents reviewed for exposure to Legionella and placed all other residents residing in the facility at risk for potential negative health outcomes as the facility was not implementing their water management program to detect and prevent the spread of Legionella. The facility census was 51.</p> <p>On [DATE] at 4:16 P.M., the Administrator, Director of Nursing (DON), and Corporate Nurse #300 were notified that Immediate Jeopardy began on [DATE] when Resident #100 was found lethargic, with a reddened rash, cool skin, unable to answer or follow commands, and was going in and out of consciousness before being transported to the hospital. The resident was subsequently diagnosed with Legionella on [DATE] and expired on [DATE]. Additionally, the facility was not implementing their water management program in accordance with their Water Management Policy by not obtaining quarterly water testing to detect and prevent the spread of Legionella and not maintaining their holding tank at the required temperature of 140 degrees Fahrenheit or above.</p> <p>The Immediate Jeopardy was removed on [DATE] at 2:45 P.M. when the facility implemented the following corrective actions:</p> <p>On [DATE] at 10:30 A.M., Assistant Director of Nursing (ADON) #75 received a phone call from the [NAME] County Health Department that Resident #100 had tested positive for Legionella.</p> <p>On [DATE] at 10:42 A.M., ADON #75 notified the DON of potential Legionella in the water system.</p> <p>On [DATE] at 10:46 A.M., ADON #75 notified the Medical Director of potential Legionella in the water system.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2021
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Fayette County		STREET ADDRESS, CITY, STATE, ZIP CODE 375 Glenn Avenue Washington Court Hou, OH 43160	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 10:56 A.M., ADON #75 notified the Administrator of potential Legionella in the water system.</p> <p>On [DATE] at 11:00 A.M., ADON #75 notified all department managers of potential Legionella in the water system.</p> <p>On [DATE] at 11:15 A.M., the facility suspended mobile drink carts, all communal activities involving food and drink, and suspended all resident showers.</p> <p>On [DATE] at 11:30 A.M., ADON #75 met with all floor staff and department heads currently working in the facility to provide an update on potential Legionella in the water system and discussed the immediate action plan which included to enact the emergency water plan, suspend any use of water for consumption, including the ice machine and juice machine, and showers suspended until further notice.</p> <p>On [DATE] at 12:00 P.M., Plant Operations Director #150 was notified of the need for the emergency water plan to be enacted. The residents were notified not to drink water through room taps by ADON #75.</p> <p>On [DATE] at 12:35 P.M., the facility received instruction from the Medical Director on monitoring guidelines and current orders for resident testing.</p> <p>On [DATE] at 12:45 P.M., ADON #75 and all Licensed Nursing Staff screened all in-house residents for signs and symptoms of Legionella. Two residents (Resident #08 and #20) were identified as potentially having symptoms and urine tests were obtained with results being negative for Legionella Antigen.</p> <p>On [DATE] at 1:00 P.M., ADON #75 instructed licensed nursing staff and State tested Nursing Assistants (STNA's) that showers were suspended until further notice. ADON #75 notified kitchen staff to cease utilizing the juice dispenser and ice maker. ADON #75 notified nursing staff and STNA's that the ice makers on the units were to be taken out of use until further notice.</p> <p>On [DATE] at 1:40 P.M., ADON #75 notified Regional Support of potential Legionella in the water system.</p> <p>On [DATE] at 2:00 P.M., ADON #75 in-serviced all nursing staff on temporary measures implemented which included tap water was not to be used for consumption, shower rooms are put out of service, ice machines and juice machines are out of service, and to monitor residents for any signs and symptoms of respiratory changes.</p> <p>On [DATE] at 6:00 P.M., a Teams Meeting was held with the Regional Nurse Consultant, [NAME] President, and Regional Plant Operations to update on measures taken and receive any further guidance.</p> <p>On [DATE] at 7:30 P.M., ADON #75 obtained free chlorine test kits and results showed acceptable amounts in the cold water with 0.6 ppm FC. ADON #75 updated Plant Operations Director #150 with the results.</p> <p>On [DATE], the City of [NAME] Court House came to the facility and tested the water system.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2021
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Fayette County		STREET ADDRESS, CITY, STATE, ZIP CODE 375 Glenn Avenue Washington Court Hou, OH 43160	

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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On [DATE], the facility received the results from the City of [NAME] Court House with no negative findings in the water.</p> <p>On [DATE], the Administrator received a call and a follow-up e-mail from the Ohio Department of Health, Bureau of Environmental Health and Radiation Protection with recommendations made for the facility which included to obtain a Legionella Consultant.</p> <p>On [DATE], the facility hired Legionella Consultant #500.</p> <p>On [DATE], the facility ordered shower filters.</p> <p>On [DATE], the facility obtained a quote from a plumbing company to completely fix their boiler system. During the quote inspection, it was identified that there were temperature issues in the holding tank dropping below the required 140 degrees.</p> <p>On [DATE], shower filters arrived and installation began by Plant Operations Director #150 and facility showers continued.</p> <p>On [DATE], a Quality Assurance Performance Improvement (QAPI) meeting was held with the Medical Director, DON, Administrator, and ADON #75.</p> <p>On [DATE], Legionella Consultant #500 swabbed water sources in the facility to gather samples. There were a total of 20 samples obtained.</p> <p>On [DATE], water samples were delivered to the Centers for Disease Control (CDC) testing facility.</p> <p>On [DATE], water filters were installed in all resident rooms and community water sources by Plant Operations Director #150.</p> <p>On [DATE], Plant Operations Director #150 called the plumbing company to follow up on the status of the boiler repairs. The plumbing company notified Plant Operations Director #150 that the new boiler system arrived damaged in shipping and a new system was reordered.</p> <p>On [DATE], the water sample report was received by the facility with positive results for Legionella in the water system.</p> <p>On [DATE], Plant Operations Director #150 called the plumbing company to follow-up on the status of the new boiler and was told the company was still awaiting shipment.</p> <p>On [DATE], Regional Plant Operations Director discussed plans with Legionella Consultant #500 of the plan to replace the boiler system before sanitizing piping, follow the chemical disinfectant with a heat disinfectant and then have Plant Operations Director #150 run the water where the samples indicated Legionella bacteria in the test report, then water will be tested after disinfecting by Legionella Consultant #500 and then again 12 days later.</p> <p>On [DATE], Plant Operations Director #150 called the plumbing company to follow-up on the status of the new boiler and was told the company was still awaiting shipment.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2021
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Fayette County		STREET ADDRESS, CITY, STATE, ZIP CODE 375 Glenn Avenue Washington Court Hou, OH 43160	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On [DATE], Plant Operations Director #150 called the plumbing company to follow-up on the status of the new boiler and was told the company was still awaiting shipment.</p> <p>On [DATE], all residents in-house were re-screened by DON/Designee for signs and symptoms of Legionella with no findings.</p> <p>On [DATE], re-education started with all staff on the facility's Legionella policy, as well as the signs and symptoms of Legionella by the DON/Designee.</p> <p>On [DATE], Plant Operations Director #150 was re-educated on the facility water management and Legionella policies and procedures by the Administrator.</p> <p>On [DATE] at 2:45 P.M., the DON/Designee finished re-education with all staff on the facility's Legionella policy, as well as the signs and symptoms of Legionella.</p> <p>Beginning on [DATE], the DON/Designee will screen five residents for Legionella three times a week for four weeks, then monthly for two months. In addition, the facility Plant Operations Director #150 will test the water for free chlorine and pH levels weekly for four weeks, monthly for two months, then quarterly thereafter. Results of the screens will be reviewed with QAPI committee monthly for three months with further recommendations as warranted.</p> <p>Although the Immediate Jeopardy was removed on [DATE], the deficiency remained at Severity Level 2 (no actual harm with potential for more than minimal harm that is not Immediate Jeopardy) as the facility was still in the process of implementing their corrective action plan to ensure on-going compliance.</p> <p>Findings include:</p> <p>Resident #100 was admitted on [DATE], discharged on [DATE], readmitted on [DATE], and discharged on [DATE]. Diagnoses included anemia, atrial fibrillation, chronic kidney disease, hyperlipidemia, osteoarthritis, glaucoma, chronic obstructive pulmonary disease, obstructive sleep apnea, muscle weakness, hypokalemia, and benign prostatic hyperplasia. Review of the five-day Minimum Data Set (MDS) 3.0 assessment, dated [DATE], revealed this resident had intact cognition and was assessed to require extensive assistance for bed mobility, transfer, dressing, eating, toileting, and personal hygiene.</p> <p>Review of the physician progress note dated [DATE] revealed Resident #100 was seen for increased confusion. It was noted he had a history of urinary tract infections causing confusion and stated he felt ok on the date of service. The plan of care indicated the following laboratory tests (basic metabolic panel, complete blood count, and urinalysis) were to be ordered and nursing staff were to monitor chronic and acute conditions with no acute condition changes noted on this date.</p> <p>Review of the nursing note dated [DATE] at 5:55 P.M. revealed the resident was awakened by staff earlier this morning for a visit with his daughter. The daughter reported she was concerned about the resident being confused with a rash on his hand. He was assessed, vitals were taken, and he was found to be alert and oriented times three. The resident reported that he felt fine and denied discomfort. The nurse practitioner was notified and gave an order to apply hydrocortisone cream to rash and monitor. The note indicated as of 5:00 P.M. on this date there was a light rash and puffiness with improvement noted.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2021
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Fayette County		STREET ADDRESS, CITY, STATE, ZIP CODE 375 Glenn Avenue Washington Court Hou, OH 43160	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the nursing note dated [DATE] at 11:11 P.M. revealed the resident was noted to be lethargic with a reddened rash, ashy skin, cool to touch, pedal pulse was absent on left foot, and was coming in and out of consciousness. He was unable to answer or follow simple commands. The nurse practitioner and Director of Nursing were notified, and an order was obtained to send the resident to the emergency room .</p> <p>Review of the Certificate of Death dated [DATE] revealed Resident #100 expired on [DATE] of multisystem organ failure due to severe sepsis and Legionella Pneumonia.</p> <p>Interview on [DATE] at 11:54 A.M. with Plan Operations Director #150 revealed there had been ongoing issues with the boiler system, including a leak. He stated new boilers were ordered but were damaged in shipping and had to be reordered.</p> <p>Interview on [DATE] at 12:36 P.M. with the Administrator, DON, Plant Operations Director #150, and ADON #75 revealed the ADON received a call on [DATE] from the local public health department informing them Resident #100 had tested positive for legionella. The ADON reported he informed the DON, medical director, and Administrator. A meeting was held with department heads, the emergency water plan was implemented, and staff education was provided to nurses and STNAs. It was revealed during the interview that the city came out per the facility ' s request to test the water with no concerns identified.</p> <p>Interview on [DATE] at 5:28 P.M. with the Administrator confirmed the facility does not have documentation regarding the water quality samples being measured at least quarterly.</p> <p>Interview on [DATE] at 9:56 A.M. with ADON #75 revealed the facility was contacted by an individual from the Bureau of Environmental Health with the Ohio Department of Health. The ADON reported the facility was given a recommendation to hire a consultant.</p> <p>Interview on [DATE] at 10:20 A.M. with the Administrator revealed he was not the facility ' s Administrator when a conference call was held between the facility and Environmental Health. He reported a legionella consultant was hired and the water was tested for legionella. He stated the consultant was not concerned by the results. The Administrator reported the consultant said there would be tolerable amounts of Legionella in the system. Review of the water sample report provided during the interview and dated [DATE] revealed there were several water samples that tested positive for legionella, including a sample from the room where Resident #100 resided in.</p> <p>Interview on [DATE] at 10:45 A.M. with Legionella Consultant #500 revealed the facility had failures in their boilers and the water temperature was too cool. He stated the water samples came back with high results of legionella.</p> <p>Interview on [DATE] at 11:01 A.M. with Plant Operations Director #150 revealed filters were installed on [DATE] on all water sources.</p> <p>Observation on [DATE] at 2:03 P.M. revealed there was not a filter on the sink in the bistro area where an employee was observed passing out ice cream floats.</p> <p>Interview on [DATE] at 2:07 P.M. with Plant Director #150 confirmed there was not a filter on the sink. He immediately went and installed a filter after the interview.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2021
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Fayette County		STREET ADDRESS, CITY, STATE, ZIP CODE 375 Glenn Avenue Washington Court Hou, OH 43160	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Interview on [DATE] at 12:14 P.M. and 12:42 P.M. via phone with Corporate Nurse #300 revealed he was aware of legionella issues and stated the water sample report was received on [DATE].</p> <p>Interview on [DATE] at 12:24 P.M. with Legionella Consultant #500 revealed the facility ' s water system was unable to maintain consistent temperatures and that the temperatures were not where they needed to be for pathogen control as 140 degrees Fahrenheit will kill Legionella. Legionella Consultant #500 also expressed he recommended quarterly sampling to the facility.</p> <p>Interview on [DATE] at 12:59 P.M. with Plant Operations Director #150 revealed the holding tank had been showing a temperature of 137 to 138 degrees Fahrenheit and confirmed the temperature should be above 140 degrees Fahrenheit. He stated repairs were being done and it was during the repairs that there were other parts malfunctioning, which led to the decision to replace the boilers.</p> <p>Observation on [DATE] at 2:40 P.M. of the mechanical room where the boilers are located revealed buckets were on top of one of the boilers to catch water and there were wet linens on the floor due to leaks in the system.</p> <p>Observation on [DATE] at 9:26 A.M. revealed the temperature probe located on top of the holding tank for hot water read 133 degrees Fahrenheit.</p> <p>Interview on [DATE] at 9:30 A.M. with Plant Operations Director #150 confirmed the water temperature was 133 degrees Fahrenheit. He stated there is no documentation of logging the temperature for the holding tank.</p> <p>Review of the records provided by the facility regarding their water management program revealed there was no documentation to support quarterly water testing had been completed or the temperature for the holding tank had been maintained at 140 degrees Fahrenheit or above.</p> <p>Review of the facility policy titled Facility Water Management Policy, last revised on [DATE], revealed the facility will have a water management program in place to prevent, detect and control water-borne contaminants and ensure domestic water is safe for consumption and use. Further review of the policy revealed water temperatures in water heaters and holding tanks need to meet or exceed 140 degrees Fahrenheit, and water quality samples will be measured a minimum of quarterly using organization approved test kit.</p> <p>Review of the facility policy titled Legionella Water Management Program, last revised [DATE], revealed the purposes of the water management program are to identify areas in the water system where Legionella bacteria can grow and spread, and to reduce the risk of Legionnaire ' s disease. Further review of the policy revealed the program includes the identification of situations that can lead to Legionella growth, such as water temperature fluctuations as well as specific measures used to control the introduction and/or spread of Legionella like temperature.</p> <p>Review of the undated LEGIONELLA WRITTEN PLAN, revealed cold water is heated to 140 degrees Fahrenheit by a split boiler system, stored in a 200-gallon storage tank, and hot water is distributed to all resident fixtures through the 200-gallon storage tank. The water is tempered (mixed with cold water) by thermostatic mixing valves.</p> <p>This deficiency substantiates Master Complaint Number OH00124714 and Complaint Number OH00124693.</p>		