

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365828	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/01/2022
NAME OF PROVIDER OR SUPPLIER  Harvard Gardens Rehabilitation & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  18810 Harvard Ave Cleveland, OH 44122	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>39333</p> <p>Based on observation and staff interview, the facility to ensure food was stored in a manner to prevent food borne illness, the dishwashing area was maintained in a clean and sanitary manner, and the sanitizer level of the dishmachine was maintained at the proper level. This had the potential to affect 80 out of 82 residents receiving food from the facility kitchen. Two residents (Residents #27 and #41) out of 82 residents received nothing by mouth. The facility census was 82.</p> <p>Findings include:</p> <p>During tour of the kitchen on 11/28/22 from 7:35 A.M. to 8:15 A.M. with Dietary Supervisor (DS) #128 revealed the following.</p> <ol style="list-style-type: none"> <li>1. Observation of the walk-in freezer revealed a bag of breadsticks which was not closed properly and without a date as to when the bag was opened.</li> <li>2. Observation in the walk-in refrigerator revealed applesauce, gravy, and spaghetti sauce that was not labeled or dated.</li> <li>3. Observation of the dishwashing room revealed the side drainboard was dirty with dried food.</li> <li>4. Observation of Dietary Aide (DA) #104 measuring the sanitizer level of the dishmachine revealed the sanitizer level was 25 parts per million (ppm). DA #104 did not know what the sanitizer level should be. DS #128 verified the test strip measured 25 ppm and indicated she was not sure what the proper ppm should be for the low temperature dish machine.</li> </ol> <p>Interview on 11/28/22 at 11:33 A.M. with Registered Dietitian #133 revealed she audited kitchen sanitation at least monthly and tray line weekly.</p> <p>Review of the undated facility policy titled, Sanitary Conditions revealed that all opened food items were to be stored properly in covered containers, labeled, and dated.</p> <p>Review of the undated facility policy titled; Sanitary Conditions revealed a cold-water sanitizing system would be used with a minimum of 50 ppm of hypochlorite.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>After it was determined the sanitization level of the dishmachine was not at the level required and before dishes went through the dishmachine, the dishmachine was serviced and the sanitizer level corrected by a contacted service company.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00137853.</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44457</b></p> <p>Based on the unprecedented global pandemic that resulted in the Presidential declaration of a State of National Emergency dated 03/13/20, review of Centers for Disease Control and Prevention (CDC) guidelines, review of the facility's COVID-19 positivity log, review of facility infection control policies, interviews with staff, observations, interview with the local health department (LHD) and medical record review, the facility failed to implement effective and recommended infection control practices to prevent the spread of COVID-19. This resulted in Immediate Jeopardy on 11/17/22 when Resident #47 tested positive for COVID-19 exposing Resident #33. The facility cohorted exposed COVID-19 negative Resident #33 with COVID-19 positive Resident #47. Resident #33 tested positive for COVID-19 on 11/21/22. On 11/19/22 Resident #44 tested positive for COVID-19 exposing Resident #43. The facility cohorted exposed COVID-19 negative Resident #43 with COVID-19 positive Resident #44. Resident #43 tested positive for COVID-19 on 11/21/22. On 11/21/22 three residents (Residents #16, #18, and #42) tested positive for COVID-19 exposing five residents (Residents #14, #23, #27, #37, and #46). The facility cohorted exposed COVID-19 negative Resident #27 with COVID-19 positive Resident #16; two exposed COVID-19 negative residents (Residents #14 and #23) with COVID-19 positive Resident #18, and two exposed COVID-19 negative residents (Residents #37 and #46) with COVID-19 positive Resident #42. Resident #27 tested positive for COVID-19 on 11/24/22, Resident #46 tested positive for COVID-19 on 11/25/22. Residents #14, #23, and #37 remained negative for COVID-19.</p> <p>On 11/22/22 State tested Nurses Assistant (STNA) #119 was observed walking down hallway wearing a reusable gown and failed to change mask or sanitize eye protection after contact with COVID-19 positive resident; Housekeeper #156 was cleaning a COVID-19 positive room without appropriate personal protective equipment (PPE); Licensed Practical Nurse (LPN) #147 passed medications in a COVID-19 positive room without appropriate PPE, and LPN #148 wore PPE in hallway and did not change mask or sanitize eye protection after exiting COVID-19 positive room. Further observation on 11/22/22 revealed no signage or PPE supplies available for COVID-19 positive Residents #49 and #55 and no signage for COVID-19 positive Resident #18. Resident #33 who was COVID-19 positive was observed to be out of isolation in hallway and on smoking patio.</p> <p>The lack of effective infection control practice affected 16 residents (Resident's #14, #16, #18, #23, #27, #33, #37, #42, #43, #44, #46, #47, #49, #52, #55, #59) and placed all residents at risk for serious life-threatening harm, complications and/or death. The facility census was 82.</p> <p>On 11/22/22 at 5:23 P.M. the Administrator (LNHA) and Director of Nursing (DON) were notified Immediate Jeopardy began on 11/17/22 when the facility cohorted COVID-19 exposed negative residents with COVID-19 positive residents, the facility did not implement CDC guidance, and did not implement their COVID-19 policy and procedure for appropriate use of PPE and isolation of COVID-19 positive residents.</p> <p>The Immediate Jeopardy was removed on 11/23/22 when the facility implemented the following corrective actions.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 11/22/22 beginning at identification at 12:15 P.M., the Assistant Director of Nursing (ADON) placed signage indicating type of transmission-based precautions and type of PPE required for COVID-19 positive residents. The ADON also placed isolation cart with supplies for COVID-19 positive Residents #49 and #55.</p> <p>On 11/22/22 at 6:15 P.M. COVID-19 positive Resident #18 was moved to cohort with two other COVID-19 positive residents (Residents #52 and #59). Residents #14 and #23 were tested for COVID-19 with negative results. COVID-19 positive Resident #16 was moved to cohort with COVID-19 positive Resident #42. Residents #37 and #46 were tested for COVID-19 with negative results and moved to other rooms.</p> <p>On 11/22/22 beginning at 6:15 P.M. all facility staff were educated by the LNHA, DON, and ADON on required PPE during outbreak, correct use of PPE, ensuring signage and supplies were available, and who to notify for restock of PPE.</p> <p>On 11/22/22 at 6:30 P.M. the LNHA and DON were educated on cohorting residents and ensuring PPE and signage were available by Regional Director of Clinical Services #155.</p> <p>On 11/22/22 at 7:00 P.M. the Medical Director was notified by LNHA of infection control concerns.</p> <p>On 11/22/22 at 7:16 P.M. the ADON completed repeat observation and verification correct signage and PPE supplies were in place.</p> <p>On 11/22/22 the facility began audits which would be completed by the DON or designee for appropriate use of transmission-based precautions (TBP) including cohorting, appropriate use of isolation signage, and readily available PPE supplies. Additionally, an audit would be completed by the DON or designee for appropriate use of PPE by facility staff on each shift. Audits would be completed daily for four weeks. Results would be reviewed by facility Quality Assurance and Performance Improvement (QAPI) committee for any further recommendations as needed.</p> <p>Although the Immediate Jeopardy was removed on 11/23/22, the facility remained out of compliance at Severity Level 2 (no actual harm with harm that is not Immediate Jeopardy) as the facility was still in the process of implementing their corrective actions and monitoring to ensure on-going compliance.</p> <p>Findings include:</p> <p>Review of facility documentation revealed a COVID-19 outbreak began on 11/16/22 when Residents #52 and #61 tested positive for COVID-19. On 11/22/22 there were 15 residents, who were positive for COVID-19. Six of 15 residents were residing on Magnolia Unit (Residents #33, #34, #42, #43, #44, and #47). Six of 15 residents were residing on Meadow [NAME] Unit (Residents #49, #51, #52, #55, #59, and #61). One of 15 residents was residing on Orchard Unit (Resident #67). Two of 15 residents were residing on Glenville Unit (Residents #16 and #18). Two residents had been hospitalized with diagnoses including COVID-19 since outbreak began (Residents #42 and #61) and one resident had tested positive for COVID-19 upon arrival to hospital (Resident #51).</p> <p>Review of CDC COVID Data Tracker for County Transmission Levels for Cuyahoga County as reported for 11/22/22 revealed the transmission level was high.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>1. a.) Review of Resident #14 ' s medical record revealed admission to facility on 08/09/22 with diagnoses including diabetes mellitus, hypertension, bipolar disorder, and muscle weakness. Resident #14 was vaccinated for COVID-19 on 01/02/21 and 01/23/21 and had booster doses on 01/20/22 and 07/05/22. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #14 had moderately impaired cognition with Brief Interview for Mental Status (BIMS) score of 09. Review of progress notes dated 11/17/22 and 11/21/22 revealed Resident #14 tested negative for COVID-19.</p> <p>Review of Resident #18 ' s medical record revealed admission to facility on 08/25/22 with diagnoses including hypertension, anxiety disorder, and alcohol dependence with alcohol induced persisting dementia and withdrawal delirium. Resident #18 was vaccinated for COVID-19 on 09/24/21 and 10/16/21. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed Resident #18 had moderately impaired cognition with BIMS score of 10. Review of progress note dated 11/21/22 revealed Resident #18 tested positive for COVID-19 and was displaying no symptoms. The progress note indicated Resident #18 was placed on isolation. Review of physician ' s order dated 11/21/22 revealed Resident #18 required isolation and observation due to positive COVID-19 status.</p> <p>Review of Resident #23 ' s medical record revealed admission to facility on 02/02/07 with diagnoses including senile degeneration of brain, diabetes mellitus, chronic pancreatitis, acute respiratory failure with hypoxia, and alcohol dependence. Resident #23 was vaccinated for COVID-19 on 12/21/20 and 01/11/21 and had booster dose on 11/29/21. Review of the significant change MDS 3.0 assessment dated [DATE] revealed Resident #23 did not have cognitive patterns assessed and was on hospice services. Review of progress notes dated 11/17/22 and 11/21/22 revealed Resident #23 tested negative for COVID-19.</p> <p>Review of the facility daily census dated 11/22/22 revealed Resident #14, #18, and #23 remained in same room despite Resident #18 testing positive for COVID-19 and Residents #14 and #23 testing negative for COVID-19 for the time frame 11/17/22 through 11/21/22.</p> <p>b.) Review of Resident #16 ' s medical record revealed Resident #16 was admitted to facility on 06/02/21 with diagnoses including diabetes mellitus, dysphagia, hypertension, and personal history of COVID-19. Resident #16 was vaccinated for COVID-19 on 05/04/21. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed Resident #16 was unable to participate in BIMS assessment and had noted short- and long-term memory problems with severely impaired decision making. Review of progress note dated 11/21/22 revealed Resident #16 had tested positive for COVID-19 and was displaying symptoms of runny nose and sneezing. The progress note indicated Resident #16 was placed on isolation. Review of physician ' s order dated 11/21/22 revealed Resident #16 required isolation and observation due to positive COVID-19 status.</p> <p>Review of Resident #27 ' s medical record revealed admission to facility on 10/19/21 with diagnoses including hypertension, non-traumatic intracranial hemorrhage, cerebral aneurysm, and moderate protein calorie malnutrition. Resident #27 had no evidence of COVID-19 vaccination. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed Resident #27 had severely impaired cognition with BIMS score of 06. Review of progress note dated 11/17/22 and 11/21/22 revealed Resident #27 tested negative for COVID-19.</p> <p>Review of the facility daily census dated 11/22/22 revealed Resident #16 and Resident #27 remained in same room despite Resident #16 testing positive for COVID-19 and Resident #27 testing negative for COVID-19.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Further Review of Resident #27 ' s medical record revealed a positive COVID-19 test result on 11/24/22 with symptoms of cough with clear mucus, low grade fever, watery eyes, and fatigue.</p> <p>c.) Review of Resident #33 ' s medical record revealed admitted [DATE] with diagnoses including dementia without behavioral disturbance, hypertension, diabetes mellitus, alcohol abuse, and schizophrenia. Resident #33 was vaccinated for COVID-19 on 01/11/21 and 02/01/21 with booster dose on 11/29/21. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed Resident #33 had intact cognition with BIMS score of 13. Review of progress note dated 11/17/22 revealed Resident #33 tested negative for COVID-19.</p> <p>Review of Resident #47 ' s medical record revealed admitted [DATE] with diagnoses including adult failure to thrive, kidney failure, altered mental status, depression, and anemia. Resident #47 was vaccinated for COVID-19 on 12/21/20 and 01/11/21 with booster dose on 11/29/21. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed Resident #47 had moderately impaired cognition with BIMS score of 11. Review of progress note dated 11/17/22 revealed Resident #47 tested positive for COVID-19 and was displaying no symptoms. Review of physician ' s order dated 11/17/22 revealed Resident #47 required isolation and observation due to positive COVID-19 status.</p> <p>Review of the facility daily census dated 11/22/22 revealed Resident #33 and #47 remained in same room despite Resident #47 testing positive for COVID-19 and Resident #33 testing negative for COVID-19 for the time period of 11/17/22 through 11/21/22.</p> <p>Further Review of Resident #33 ' s medical record revealed a positive COVID-19 test result on 11/21/22 with symptom of dry cough.</p> <p>d.) Review of Resident #37 ' s medical record revealed admitted [DATE] with diagnoses including paranoid schizophrenia, dementia with behavioral disturbance, hypertension, and depression. Resident #37 was vaccinated for COVID-19 on 12/21/20 and 01/11/21 and had booster dose on 11/29/21. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed Resident #37 had moderately impaired cognition with BIMS score of 09. Review of progress notes dated 11/17/22 and 11/21/22 revealed Resident #37 tested negative for COVID-19.</p> <p>Review of Resident #42 ' s medical record revealed admission to facility on 04/28/22 with diagnoses including adult neglect or suspected abandonment, diabetes mellitus, and cerebral infarction. Resident #42 was vaccinated for COVID-19 on 03/20/21 and 04/10/21. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed Resident #42 had moderately impaired cognition with BIMS score of 08. Review of progress note dated 11/21/22 revealed Resident #42 tested positive for COVID-19 and was displaying no symptoms. The progress note indicated Resident #42 was placed on isolation. Review of physician ' s order dated 11/21/22 revealed Resident #42 required isolation and observation due to positive COVID-19 status. Review of progress note dated 11/22/22 revealed Resident #42 began displaying abnormal lung sounds and a chest x-ray was ordered. Review of progress note dated 11/22/22 revealed Resident #42 ' s chest x-ray results showed bilateral infiltrates and congested lungs. Review of progress note dated 11/24/22 revealed Resident #42 was sent to hospital related to breathing heavily and unresponsiveness.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of Resident #46 ' s medical record revealed admitted [DATE] with diagnoses including hypertension, multiple sclerosis, aphasia, and mild protein calorie malnutrition. Resident #46 was vaccinated for COVID-19 on 07/01/21 and 07/29/21. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed Resident #46 had severely impaired cognition with BIMS score of 06. Review of progress notes dated 11/17/22 and 11/21/22 revealed Resident #46 tested negative for COVID-19.</p> <p>Review of the facility daily census dated 11/22/22 revealed Resident #37, #42, and #46 remained in same room despite Resident #42 testing positive for COVID-19 and Residents #37 and #46 testing negative for COVID-19.</p> <p>Further Review of Resident #46 ' s medical record revealed positive COVID-19 test result on 11/25/22 with no symptoms displayed.</p> <p>e.) Review of Resident #43 ' s medical record revealed admitted [DATE] with diagnoses including bipolar disorder, schizophrenia, epilepsy, and cerebral infarction. Resident #43 was vaccinated for COVID-19 on 12/21/20 and 01/11/21 with booster dose on 11/29/21. Review of the annual MDS 3.0 assessment dated [DATE] revealed Resident #43 had intact cognition with BIMS score of 15. Review of progress notes dated 11/17/22 and 11/19/22 revealed Resident #43 tested negative for COVID-19.</p> <p>Review of Resident #44 ' s medical record revealed admitted [DATE] with diagnoses including morbid obesity, anxiety disorder, hypertension, schizophrenia, asthma, and bronchitis. Resident #44 was vaccinated for COVID-19 on 12/21/20 and 01/11/21 with booster dose on 11/29/21. Review of the annual MDS 3.0 assessment dated [DATE] revealed Resident #44 had intact cognition with BIMS score of 15. Review of progress note dated 11/19/22 revealed Resident #44 tested positive for COVID-19 and was placed on isolation. Review of physician ' s order dated 11/20/22 revealed Resident #44 was on respiratory and droplet precautions for COVID-19 positive status.</p> <p>Review of the facility daily census dated 11/22/22 revealed Resident #43 and #44 remained in same room despite Resident #44 testing positive for COVID-19 and Resident #43 testing negative for COVID-19 for the time frame of 11/19/22 through 11/21/22.</p> <p>Further Review of Resident #43 ' s medical record revealed positive COVID-19 test result on 11/21/22 with symptom of dry cough and sneezing.</p> <p>Interview on 11/22/22 at 11:19 A.M. with LPN #132 and LPN #160 revealed there were two COVID-19 positive residents on Glenville Unit. LPN #132 and LPN #160 confirmed both COVID-19 positive residents had roommates who were negative for COVID-19. LPN #132 indicated they would only wear PPE in room to complete care for the COVID-19 positive resident. LPN #132 indicated they would remove PPE and pull privacy curtain closed when caring for the COVID-19 negative resident.</p> <p>Interview on 11/22/22 at 11:41 A.M. with the LNHA and DON confirmed the list of COVID-19 positive residents was correct as of testing on 11/21/22. The LNHA and DON confirmed the resident room roster was correct.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Interview on 11/22/22 at 11:52 A.M. with the DON revealed they were treating all COVID-19 exposed residents as positive. They had found when there was an exposed roommate, they would later test positive for COVID-19 about two days later. In an effort not to spread further they were isolating the COVID-19 positive residents and exposed COVID-19 residents in same room. The DON confirmed Resident #16 was positive for COVID-19 on 11/21/22 and remained in room with exposed roommate Resident #27 despite testing negative. The DON confirmed Resident #18 was positive for COVID-19 on 11/21/22 and remained in room with exposed roommates Residents #14 and #23 despite testing negative. The DON confirmed Resident #42 was positive for COVID-19 on 11/21/22 and remained in room with exposed roommates Residents #37 and #46 despite testing negative.</p> <p>Interview on 11/22/22 at 12:08 P.M. with the ADON revealed the ADON was the facility ' s Infection Preventionist. The ADON indicated they had many three and four person rooms, so their corporate office had advised not to start moving residents when outbreak started. They were to treat each exposed resident despite negative test as COVID-19 positive. They anticipated since the roommates were exposed they would become positive as well.</p> <p>Interview on 11/22/22 at 2:37 P.M. with Medical Director #150 revealed awareness of a few positive cases of COVID-19 at facility. Medical Director #150 indicated unawareness of the facility being in outbreak or having a significant number of positive COVID-19 cases. Medical Director #150 indicated in the past the facility set up an entire unit for outbreaks which was noted to be successful in limiting positive cases. Medical Director #150 indicated when a resident was positive, he would recommend isolating resident and separate from any roommates. Medical Director #150 would then expect the facility to do serial testing of residents and staff. Medical Director #150 confirmed 15 positive cases of COVID-19 was more than he was notified of. Medical Director #150 indicated cohorting positive COVID-19 residents with negative residents should never happen and he was unaware the facility was cohorting COVID-19 positive and COVID-19 negative residents in same room.</p> <p>Interview on 11/22/22 at 3:01 P.M. with Disease Surveillance Specialist (DSS) #151 for LHD revealed the facility had notified them of 15 positive COVID-19 cases in facility. DSS #151 indicated the LNHA had reported cohorting positive COVID-19 residents. DSS #151 indicated the facility had not asked for any guidance on cohorting or infection control. When asked if it was appropriate to cohort positive COVID-19 residents with COVID-19 negative residents, DSS #151 indicated absolutely not. DSS #151 confirmed COVID-19 negative residents should not be in same room as COVID-19 positive residents. DSS #151 indicated the facility should be isolating COVID-19 positive residents and minimizing staff assigned to them.</p> <p>Review of the facility policy Resident Exposure dated 09/28/22 revealed a resident with Confirmed COVID-19 infection should be placed in single-person room with door kept closed. The policy indicated cohorting may only be done with residents with the same respiratory pathogen.</p> <p>Review of the facility policy Transmission-Based (Isolation) Precautions dated 10/12/22 revealed the facility would apply TBP to residents who were known or suspected to be infected with certain infectious agents. Residents could be placed on TBP empirically while awaiting confirmation. TBP would be least restrictive as possible. Residents with empirically initiated TBP were to have the TBP discontinued when additional clinical information, such as confirmatory laboratory result, became available.</p> <p>(continued on next page)</p>		



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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of facility in-service sign-in forms from 05/01/22 to 05/23/22 revealed all departments were trained on COVID-19 transmission, hand washing, appropriate use of PPE, and whom to contact for PPE supplies.</p> <p>Review of CDC guidance: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic dated 09/23/22 revealed patients who had met criteria for empiric TBP based on close contact with someone with COVID-19 infection should not be cohorted with patients with confirmed COVID-19 infection. Patients could only be cohorted with confirmed COVID-19 infection test. The CDC recommendations indicated empiric use of TBP was not required while being evaluated for COVID-19 following close contact with COVID-19 infection. The CDC recommendation was to place a resident with COVID-19 infection in single-person room and door should be kept shut.</p> <p>2. Review of Resident #42 ' s medical record revealed admission to facility on 04/28/22 with diagnoses including adult neglect or suspected abandonment, diabetes mellitus, and cerebral infarction. Review of progress note dated 11/21/22 revealed Resident #42 tested positive for COVID-19 and was displaying no symptoms. Review of physician ' s order dated 11/21/22 revealed Resident #42 required isolation and observation due to positive COVID-19 status.</p> <p>Review of Resident #52 ' s medical record revealed admitted [DATE] with diagnoses including altered mental status, vascular dementia, seizures, cerebral infarction, depression, and hypertension. Review of progress note dated 11/16/22 revealed Resident #52 tested positive for COVID-19 with no displayed symptoms. Review of physician ' s order dated 11/17/22 revealed Resident #52 required isolation and observation due to positive COVID-19 status.</p> <p>Review of Resident #59 ' s medical record revealed admitted [DATE] with diagnoses including diabetes mellitus, altered mental status, encephalopathy, paraplegia, and pressure ulcer. Review of progress note dated 11/21/22 revealed Resident #59 tested positive for COVID-19 with symptoms of malaise. Review of physician ' s order dated 11/21/22 revealed Resident #59 required isolation and observation due to positive COVID-19 status.</p> <p>Observation on 11/22/22 from 7:30 A.M. to 8:00 A.M. revealed facility staff were wearing a variety of PPE. Some staff were wearing an N95 mask with eye protection, some were wearing only an N95 mask, and some were wearing surgical masks.</p> <p>Interview on 11/22/22 at 7:53 A.M. with LPN #148 revealed the rooms with signs and PPE bins were COVID-19 positive.</p> <p>Observation on 11/22/22 at 7:54 A.M. revealed STNA #119 walked down the hallway wearing a reusable gown. STNA #119 walked through the Magnolia Unit to the nursing station. STNA #119 stood at the nursing station wearing the reusable gown and eventually removed the gown and balled it up with her bare hands and discarded the reusable gown in the soiled linen room.</p> <p>Observation on 11/22/22 at 7:56 A.M. revealed Housekeeper #156 cleaning the room of Resident #42 who was COVID-19 positive. There was a stocked PPE isolation cart outside of door and a sign on door that indicated to see nurse before entrance. Housekeeper #156 was wearing a N95 mask that was upside down with the nose piece by her chin and one of two straps at the crown of her head. Housekeeper #156 was wearing gloves, however, was not wearing a gown or eye protection.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Harvard Gardens Rehabilitation & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  18810 Harvard Ave Cleveland, OH 44122	
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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Interview on 11/22/22 at 7:58 A.M. at the doorway to Resident #42 ' s room with Housekeeper #156 revealed she was unaware of any COVID-19 changes in the facility. Housekeeper #156 believed she should be wearing eye protection glasses; however, could not find any. Housekeeper #156 verified rooms with signs to see nurse before entrance were for COVID-19 and verified she was not utilizing appropriate PPE upon entering the COVID-19 positive room. Following the interview Housekeeper #156 continued to clean in Resident #42 ' s room without donning the additional PPE required. Housekeeper #156 then continued with assigned tasks without replacing the N95 mask or donning eye protection.</p> <p>Observations from 8:00 A.M. to 8:30 A.M. revealed facility staff members filing down to the first floor nursing station to gather N95 masks and eye protection. Continued observation revealed staff members from nursing department, dietary department, and housekeeping department changing into N95 masks and donning eye protection.</p> <p>Observation on 11/22/22 at 8:17 A.M. revealed STNA #119 appropriately donned PPE to enter the room shared by Residents #43 and #44 who were COVID-19 positive. STNA #119 was observed to deliver breakfast meals to Residents #43 and #44. STNA #119 exited room after doffing PPE. STNA #119 did not change N95 mask or sanitize eye protection prior to crossing hallway and again donning PPE to enter COVID-19 positive Resident #42 ' s room.</p> <p>Observation on 11/22/22 at 8:25 A.M. revealed LPN #147 donning PPE at doorway to Resident #34 ' s room who was COVID-19 positive. LPN #147 had on N95 mask, gown, and gloves. LPN #147 did not don eye protection prior to entering Resident #34 ' s room. LPN #147 had on glasses for vision which did not provide coverage for sides of face.</p> <p>Interview on 11/22/22 at 8:50 A.M. with the DON confirmed Residents #34, #42, #43, and #44 were COVID-19 positive. Findings of inappropriate PPE use were reviewed with the DON and confirmed.</p> <p>Interview on 11/22/22 at 10:51 A.M. with LPN #147 verified no eye protection was donned to enter the room of Resident #34 who was COVID-19 positive. LPN #147 indicated she had a pair of goggles, but the goggles were not the kind that fit over eyeglasses. LPN #147 held up a pair of goggles that were in a plastic sleeve. The goggles would not have fit over LPN #147 ' s glasses as indicated.</p> <p>Observation on 11/22/22 at 11:05 A.M. revealed LPN #148 entering the shared room of Residents #52 and #59 who were COVID-19 positive. LPN #148 was observed to don the correct PPE upon entrance to the COVID-19 positive room. Upon exit LPN #148 was observed removing gown and gloves, however, did not change mask or sanitize eye protection. LPN #148 was also wearing foot coverings which were not removed prior to leaving the COVID-19 positive room. LPN #148 walked down the hall towards a housekeeping cart where the foot coverings were removed and disposed of into the trash bag on the housekeeping cart. LPN #148 then sanitized hands and walked down hallway back to nurse ' s station.</p> <p>Interview on 11/22/22 at 11:09 A.M. with LPN #148 confirmed PPE worn in COVID-19 positive rooms should be taken off at doorway upon exiting room. LPN #148 indicated there were bins for disposal of used PPE and another for soiled linens. LPN #148 verified there were extra N95 masks available in PPE bins outside of COVID-19 positive rooms.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Interview on 11/22/22 at 12:08 P.M. with the ADON revealed there were face shields available for staff who wore eyeglasses. The face shields were on isolation carts and extra were available in the medication storage room. The ADON confirmed the staff were not following appropriate masking protocol on the morning of 11/22/22. The ADON had instructed nursing staff to check front desk</p> <p>and nurses ' station on second floor for N95 masks and eye protection. The ADON had instructed nursing staff to distribute N95 mask and eye protection to ensure all staff were wearing the appropriate PPE. The ADON reported difficulties with entire boxes of N95 disappearing from nursing stations and indicated they had to limit the amount of N95 masks left out for use by the employee entrance.</p> <p>Review of the facility policy Care for the Patient with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) dated 08/01/22 revealed residents with known or suspected COVID-19 should be cared for in a single-person room with door closed. The policy indicated a sign would be placed on door and PPE equipment would be placed outside of resident room. The policy indicated staff who entered room should use a respirator mask, gown, gloves, and eye protection. The policy indicated reusable eye protection should be cleaned and disinfected prior to re-use.</p> <p>Review of the facility policy Mask and Eyewear dated 09/28/22 revealed when the facility was in high community transmission rates all staff members would be required to wear eye protection. Eye protection was to be disinfected between patient care areas for COVID-19. The policy indicated an N95 face mask was to be worn in the event of an outbreak of COVID-19.</p> <p>Review of facility in-service sign-in forms from 05/01/22 to 05/23/22 revealed all departments were trained on COVID-19 transmission, hand washing, appropriate use of PPE, and whom to contact for PPE supplies.</p> <p>Review of CDC guidance: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic dated 09/23/22 revealed health care professionals entering room of resident with COVID-19 infection should wear NIOSH-approved N95 mask gown, gloves, and eye protection (that covers front and sides of face).</p> <p>3. Review of Resident #18 ' s medical record revealed admission to facility on 08/25/22 with diagnoses including hypertension, anxiety disorder, and alcohol dependence with alcohol induced persisting dementia and withdrawal delirium. Review of progress note dated 11/21/22 revealed Resident #18 tested positive for COVID-19 and was displaying no symptoms. Review of physician ' s order dated 11/21/22 revealed Resident #18 required isolation and observation due to positive COVID-19 status.</p> <p>Review of Resident #49 ' s medical record revealed admitted [DATE] with diagnoses including hypertension, viral hepatitis C, diabetes mellitus, dementia with behavioral disturbance, and degenerative disease of nervous system. Review of progress note dated 11/21/22 revealed Resident #49 tested positive for COVID-19 and was displaying no symptoms. Review of physician ' s order dated 11/21/22 revealed Resident #49 required isolation and observation due to positive COVID-19 status.</p> <p>Review of Resident #55 ' s medical record revealed admitted [DATE] with diagnoses including epilepsy, hypertension, colon cancer, vascular dementia with behavioral disturbance, and paranoid schizophrenia. Review of progress note dated 11/21/22 revealed Resident #55 tested positive for COVID-19 with symptom of malaise. Review of physician ' s order dated 11/21/22 revealed Resident #55 required isolation and observation due to positive COVID-19 status.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Observation on 11/22/22 at 11:06 A.M. revealed there was no access to PPE outside of Resident #49 and #55 ' s room and no signage to indicate use of isolation precautions. The door to Resident #49 ' s and #55 ' s room was open.</p> <p>Observation on 11/22/22 at 11:15 A.M. revealed there was access to PPE outside of Resident #16 ' s room, however there was no signage to indicate use of isolation precautions. The door to Resident #16 ' s room was open.</p> <p>Interview on 11/22/22 at 12:15 P.M. with the ADON confirmed Residents #49 and #55 were positive for COVID-19 and confirmed there should be access to PPE outside of room and signage. The ADON also confirmed Resident #16 was positive for COVID-19 and should have signage.</p> <p>Review of the facility policy Care for the Patient with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) dated 08/01/22 revealed residents with known or suspected COVID-19 should be cared for in a single-person room with door closed. The policy indicated a sign would be placed on door and PPE equipment would be placed outside of resident room. The policy indicated staff who entered</p>		

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<p>F 0888</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure staff are vaccinated for COVID-19</p> <p>44457</p> <p>Based on interview and record review the facility failed to implement processes for tracking and securely documenting COVID-19 vaccination status and COVID-19 vaccination exemptions. This affected five staff members (State tested Nursing Assistant [STNA] #118, Licensed Practical Nurse [LPN] #165, Dietary Aide #166, Activities Aide #167, and STNA #168) of 10 reviewed for COVID-19 vaccination status. The facility identified 81 staff members and 12 regularly scheduled contracted housekeeping staff members. The facility census was 82.</p> <p>Findings include:</p> <p>1. Review of COVID-19 Staff Vaccination Status for Providers prepared on 11/28/22 revealed STNA #118 was granted medical exemption, LPN #165 was partially vaccinated and was pending/granted medical exemption, Dietary Aide #166 had partial vaccination and was pending/granted medical exemption, Activities Aide #167 was pending/granted medical exemption, and STNA #168 was partially vaccinated and was granted non-medical exemption.</p> <p>Review of National Healthcare Safety Network (NHSN) data for week ending in 11/13/22 revealed 75 percent of facility staff had primary COVID-19 vaccination series.</p> <p>Review of facility documentation revealed a COVID-19 outbreak began on 11/16/22 and as of 11/21/22 there were 15 positive resident COVID-19 cases and three positive staff COVID-19 cases.</p> <p>Review of Impact Statewide Immunization Information System (SIIS) patient vaccination report for STNA #118 dated 11/28/22 revealed no evidence of COVID-19 vaccination.</p> <p>Review of Time Sheets from November 2022 revealed STNA #118 was a full time STNA and had worked on 11/11/22, 11/12/22, 11/13/22, 11/15/22, 11/16/22, 11/19/22, and 11/20/22.</p> <p>Review of Impact SIIS patient vaccination report for LPN #165 dated 11/28/22 revealed no evidence of COVID-19 vaccination.</p> <p>Review of Time Sheets from November 2022 revealed LPN #165 was a part time LPN and had worked on 11/07/22, 11/12/22, 11/18/22, and 11/21/22.</p> <p>Review of Impact SIIS patient vaccination report for Dietary Aide #166 dated 11/28/22 revealed he had one dose of two dose series on 11/20/21 with no additional COVID-19 vaccination evidence.</p> <p>Review of Time Sheets from November 2022 revealed Dietary Aide #166 was a part time dietary aide and had worked on 11/23/22, 11/26/22 and 11/27/22.</p> <p>Review of Impact SIIS patient vaccination report for Activities Aide #167 dated 11/28/22 revealed no evidence of COVID-19 vaccination.</p> <p>(continued on next page)</p>		

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<p>F 0888</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Review of Staff Request for Religious Accommodations from COVID-19 Vaccine form dated 09/28/22 revealed Activities Aide #167 made request for accommodation however there was no determination of approval or denial completed.</p> <p>Review of Time Sheets from November 2022 revealed Activities Aide #167 was a part time activities assistant and had worked on 11/02/22, 11/03/22, 11/05/22, 11/07/22, 11/09/22, 11/10/22, 11/11/22, 11/14/22, 11/15/22, 11/16/22, 11/17/22, 11/20/22, 11/22/22, 11/23/22, and 11/24/22.</p> <p>Review of Impact SIIIS patient vaccination report for STNA #168 dated 11/28/22 revealed she had one dose of a two-dose series on 10/16/21 with no additional COVID-19 vaccination evidence.</p> <p>Review of Time Sheets from November 2022 revealed STNA #168 had not worked related to Family and Medical Leave Act (FMLA).</p> <p>Interview on 11/28/22 at 2:18 P.M. with the Licensed Nursing Home Administrator (LNHA) revealed approval for COVID-19 vaccination exemptions went through corporate office for approval or denial. LNHA indicated she had not completed any exemptions requests since she was hired. LNHA indicated she had been employed for about 90 days. LNHA reported she was unable to find any files in human resources office that stored COVID-19 vaccination exemptions. LNHA indicated the Human Resources (HR) Director would have been responsible for tracking and storage of exemptions. The previous HR Director was terminated on 11/11/22 because she was not completing tasks as assigned. The HR Director position had been filled however they had not worked on a system for tracking and securely storing staff COVID-19 vaccination status.</p> <p>Follow up interview on 11/28/22 at 4:06 P.M. with the LNHA revealed when a staff member was not up to date on vaccinations or had pending/granted exemption they were expected to wear N95 face mask in all patient care areas.</p> <p>Interview on 11/28/22 at 5:29 P.M. with [NAME] President of Human Resources (VP of HR) #162 revealed exemption approval should take no longer than 24 hours. VP of HR #162 indicated she had been completing all exemption approvals and denials until April 2022 then Regional Human Resources took over. VP of HR #162 indicated the facility was to scan copy of exemption request form and information to support request. VP of HR #162 indicated herself or Regional HR would review within 12-24 hours and send confirmation of approval or denial. VP of HR #162 reported the confirmation would be sent to the HR Director at facility.</p> <p>Review of email correspondence with LNHA dated 11/30/22 at 2:08 P.M. confirmed STNA #168 was hired on 01/22/12, STNA #168 had been out on FMLA since August 2022, and had no evidence of exemption available on file. LNHA confirmed STNA #118 was hired 11/18/19 and had no evidence of exemption available on file. LNHA indicated STNA #118 was terminated on 11/21/22. LNHA confirmed Dietary Aide #166 was hired on 11/21/22 and had filled out exemption form on 11/21/22 however the form had not been sent to or approved by corporate office until 11/29/22. LNHA confirmed Activities Aide #167 was hired on 09/28/22 and had filled out exemption form on 09/28/22 however the form had not been approved by corporate office. LNHA confirmed LPN #165 was hired on 11/04/22 however no evidence of COVID-19 vaccination status was on file. LNHA indicated LPN #165 was on vacation and was unable to send copy of COVID-19 card.</p> <p>(continued on next page)</p>		

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<p>F 0888</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Review of facility policy COVID-19 Staff Vaccination Mandate undated revealed the facility would allow for exemptions from vaccination mandate for medical and religious belief. The policy indicated for staff who believed they would be eligible to contact HR. Staff who were not fully vaccinated would be required to take additional precautions including COVID-19 testing and wearing mask within the facility. This would apply to staff who have pending/granted medical exemption, temporary delay or newly hired staff who had not completed vaccination series. The policy indicated the facility would track and securely maintain documentation of vaccination status for all staff. The policy indicated HR would be responsible for obtaining and tracking vaccination status for all staff.</p>		