

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/04/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/08/2023
NAME OF PROVIDER OR SUPPLIER Harrison Pavilion Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2171 Harrison Avenue Cincinnati, OH 45211	
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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39703</p> <p>Based on record review, observations, staff interviews, review of facility policy, and review of online guidance per the Centers for Disease Control (CDC), the facility failed to ensure staff wore proper personal protective equipment (PPE) to prevent the spread of Coronavirus Disease 2019 (COVID-19). This affected four (#39, #58, #61 and #80) of five residents reviewed for infection control. The facility census was 81.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #39 revealed an admitted [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD), chronic respiratory failure (CRF) with hypoxia, diabetes mellitus (DM), anxiety disorder, cerebral infarction, and atherosclerotic heart disease.</p> <p>Review of the Minimum Data Set (MDS) for Resident #39 dated 08/11/23 revealed resident was cognitively intact and required limited assistance of one staff with activities of daily living (ADL's).</p> <p>Review of the physician orders for Resident #39 revealed an order dated 09/08/23 for strict room isolation with all services provided in the room due to positive COVID-19 infection.</p> <p>Interview on 09/08/23 at 9:26 A.M. during the entrance conference of Licensed Practical Nurse (LPN) #325 confirmed the facility was experiencing a COVID-19 outbreak with 23 COVID-19 positive residents in the facility at the time of the survey. LPN #325 confirmed staff should don the following personal equipment when entering the room or working with a COVID positive resident: gown, gloves, N-95 mask, eye protection (face shield)</p> <p>Observation on 09/08/23 at 9:42 A.M. revealed Resident #39's door was shut and there was a sign on the door indicating the resident was on droplet precautions and there was an isolation cart outside the door. Further observation revealed LPN #585 entered Resident #39's room wearing a cloth mask and carrying a plastic cup of pills and a cup of water.</p> <p>Observation on 09/08/23 at 9:48 A.M. revealed LPN #585 exited the room wearing a cloth mask.</p> <p>Interview on 09/08/23 at 9:48 A.M. of LPN #585 confirmed she was an agency nurse and no one had told her in report that Resident #39 had COVID-19. LPN #585 confirmed she was wearing a cloth mask she brought from home and had not donned PPE prior to entering Resident's #39's room to administer medications.</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: 365065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/08/2023
NAME OF PROVIDER OR SUPPLIER Harrison Pavilion Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2171 Harrison Avenue Cincinnati, OH 45211	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Review of the medical record for Resident #80 revealed an admitted [DATE] with diagnoses including cerebral infarction, DM, and atrial fibrillation.</p> <p>Review of the MDS for Resident #80 dated 08/17/23 revealed resident was cognitively intact and required limited assistance of one staff with ADL's.</p> <p>Review of the physician orders for Resident #80 revealed an order dated 09/06/23 for strict room isolation with all services provided in the room due to positive COVID-19 infection.</p> <p>Interview on 09/08/23 at 10:25 A.M. with the Director of Nursing (DON), the Infection Preventionist (IP) for the facility confirmed staff should wear an N-95 mask when providing care to a COVID-19 positive resident.</p> <p>Observation on 09/08/23 at 12:09 P.M. revealed Resident #80's door was shut and there was a sign on the door indicating resident was on droplet precautions and there was an isolation cart outside the door. Further observation revealed State tested Nursing Assistant (STNA) #350 entered Resident #80's room carrying a lunch tray. Prior to entering the room STNA #350 donned gown, glove, surgical mask and face shield.</p> <p>Interview on 09/08/23 at 12:16 P.M. of STNA #350 confirmed she entered Resident #80's room to deliver his lunch tray and to provide care wearing a gown, gloves, surgical mask and face shield. STNA #350 confirmed Resident #80 was COVID-19 positive. STNA #350 thought wearing an N-95 mask was optional and that a surgical mask was an acceptable substitute.</p> <p>3. Review of the medical record for Resident #61 revealed an admitted [DATE] with diagnoses including, anxiety disorder, cerebral infarction, depression, hypertension, and DM.</p> <p>Review of the MDS for Resident #61 dated 07/29/23 revealed resident was cognitively intact and required limited assistance with ADL's.</p> <p>Review of the physician orders for Resident #61 revealed an order dated 09/04/23 for strict room isolation with all services provided in the room due to positive COVID-19 infection.</p> <p>Observation on 09/08/23 at 12:19 P.M. revealed Physical Therapist (PT) #510 was providing stand by assistance with ambulation to Resident #61 in the hallway. Resident #61 was wearing a surgical mask and was walking toward the exit. PT #510 was wearing a surgical mask with an N-95 mask on top of the surgical mask.</p> <p>Interview on 09/08/23 at 12:19 P.M. of PT #510 confirmed Resident #61 was COVID-19 positive and he was assisting the resident to go outside to get some fresh air. PT #510 confirmed he was wearing an N-95 mask on top of a surgical mask.</p> <p>Interview on 09/08/23 at 1:50 P.M. with the DON confirmed an N-95 mask should not be placed on top of a surgical mask because this practice defeats the purpose of the N-95 and does not allow the N-95 to seal properly thus increasing the risk of transmission of infection.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/08/2023
NAME OF PROVIDER OR SUPPLIER Harrison Pavilion Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2171 Harrison Avenue Cincinnati, OH 45211	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Review of the medical record for Resident #58 revealed an admitted [DATE] with diagnoses including seizures, insomnia, mood disorder, hypertension, and hemiplegia and hemiparesis following cerebral infarction.</p> <p>Review of the MDS for Resident #58 dated 06/14/23 revealed resident was cognitively intact and required supervision of one staff with ADL's.</p> <p>Review of the physician orders for Resident #58 revealed an order dated 09/04/23 for strict room isolation with all services provided in the room due to positive COVID-19 infection.</p> <p>Observation on 09/08/23 at 12:10 P.M. revealed Resident #58's door was shut and there was a sign on the door indicating resident was on droplet precautions and there was an isolation cart outside the door. Further observation revealed STNA #210 entered Resident 58's room carrying a lunch tray. Prior to entering the room STNA #210 donned gown, gloves, and surgical mask.</p> <p>Interview on 09/08/23 at 12:23 P.M. of STNA #210 confirmed Resident #58 was COVID-19 positive and she had entered his room to deliver his meal tray and provide care wearing a gown, gloves, and a surgical mask. STNA #210 confirmed eye protection was available, but she had donned a face shield before entering Resident #58's room.</p> <p>Interview on 09/08/23 at 1:50 P.M. with the DON confirmed the facility had an adequate supply of PPE including N-95 masks and face shields.</p> <p>Review of information handout per the CDC undated and provided to the staff as part of the facility's infection control education titled Sequence for Donning PPE revealed staff should ensure mask/respirator fits snugly against the face.</p> <p>Review of the facility Droplet Precautions sign undated which had been placed on the doors of rooms for Residents #39, #58, #61, and #80 revealed the sign indicated staff should ensure their eyes, mouth, and nose were fully covered prior to entering the room.</p> <p>Review of the facility policy titled Personal Protective Equipment (PPE) dated January 2012 revealed employees who failed to use appropriate PPE when indicated could be subject to disciplinary action.</p> <p>Review of online resource per the CDC at https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated 05/08/23 revealed healthcare workers who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to standard precautions and use a NIOSH Approved particulate respirator with N95 filters or higher , gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00146145.</p>		