STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365265	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Piqua Manor	1840 West High Street Piqua, OH 45356

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 - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, interviews, and facility policy review, the facility failed to ensure staff completed hand hygiene. This affected three residents, (#02, #07, and #17) of three reviewed for infection control. The facility census was 90. Findings Include: 1. Review of medical record for Resident #02 revealed the resident was admitted to the facility on [DATE]. Diagnoses included epilepsy, neuromuscular dysfunction of bladder, atrial fibrillation, and obesity. Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #02 had Brief Interview of Mental Status (BIMS) score of 15 indicating intact cognition. Resident #02 was dependent on dressing her lower body and toileting hygiene. Resident #02 required substantial to maximal assistance for bathing and personal hygiene. Resident #02 used a manual wheelchair to ambulate. 2. Review of medical records for Resident #17 revealed the resident was admitted to the facility on [DATE]. Diagnoses included multiple sclerosis, major depression, and mild cognitive impairment. Review of the quarterly MDS dated [DATE] revealed Resident #17 had BIMS of 15 indicating intact cognition. Resident #17 required substantial to maximal assistance for toileting hygiene, putting on and off shoes, and personal hygiene. Resident #17 required partial to moderate assistance for dressing upper body and bathing. Resident #17 used a manual wheelchair to ambulate.3. Review of medical record for Resident #07 revealed the resident was admitted to the facility on [DATE]. Diagnoses included right heart failure, Type Two Diabetes, and chronic kidney disease stage three. Review of the quarterly MDS dated [DATE] revealed Resident #07 had BIMS of 14 indicating intact cognition. Resident #07 was dependent for dressing lower body and toileting hygiene. Resident #07 required substantial to maximal assistance for dressing upper body, bathing, and personal hygiene. Resident #07 required partial to moderate assistance in eating and oral care. Observation on 06/29/26 at 3:18 P.M. through 3:21 P.M. of Certified Nursing Assistant (CNA) #239 and CNA #228 revealed the staff came to assist Resident #02 to transfer the resident to her bathroom toilet. CNA #239 and CNA #228 were observed to put on gloves and assist Resident #02 in her bathroom, pull down Resident #02's pants and placed her on the toilet with assist of the sit to stand lift. Resident #02 was educated by the CNA's to place her call light on when she was finished. CNA #239 and CNA #228 were observed to remove their gloves and exit the room. Hand hygiene was not performed by either CNA prior to putting on gloves or after removing their gloves. Observation on 06/29/26 at 3:22 P.M. revealed CNA #228 exited Resident #02's room and was observed to answered the call light in Resident #07's room. CNA #228 entered Resident #07's room and turned off the resident's call light. Then CNA #228 was observed to sit down on Resident #07's bed to talk to Resident #07. CNA #228 was observed to exit Resident #07's room. CNA #228 did not perform hand hygiene when entering or exiting Resident #07's room. Observation on 06/29/26 at 3:23 P.M. revealed CNA #239 entered Resident #17's room to provide assistance. CNA #239 was observed to talk with Resident #17 and assist Resident #17 with managing his bedside table. CNA #239 did not perform hand hygiene when she entered or exited Resident #17's room. Interview with CNA #239 on 06/29/26 at 3:25 P.M. confirmed she never performs hands hygiene after toileting Resident #02 in her room. CNA #239 verified she left Resident #02's room, and entered Resident #17's room and did not performed hand hygiene. CNA #239 additionally verified she did not (continued on next page)

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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(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 - Few	perform hand hygiene after leaving Resident #17 room. Interview with CNA #228 on 06/29/26 at 3:26 P.M. confirmed she exited Resident #02's room and never performed hand hygiene after removing Resident #02's pants and placing Resident #02 on the toilet. CNA #228 confirmed she removed her gloves and left Resident #02's room. CNA #228 verified she entered Resident #07's room, and sat on the resident's bed and did not perform hand hygiene when she entered or exited the room. Review of the facility policy titled Standard Precautions Transmission-based Precautions General Principles dated 07/2003 and last revised 10/2019 revealed: Hand hygiene is performed before and after removing gloves; after touching potentially contaminated environmental surfaces or items and before caring for another resident. Review of the facility policy titled Standard Precautions Hand Hygiene dated 07/2003 and last revised 10/2019 revealed: hand hygiene was essential to reducing over-all infections. Hand hygiene was number one defense in preventing infections. When to use alcohol hand sanitizer: only when visible soil is absent, after contact with resident's intact skin (as in taking pulse, blood pressure, or repositioning a resident), after contact with inanimate objects (including medical equipment), before donning sterile gloves, before entering the resident's room, before exiting the resident's room, and have residents use prior to eating or group activities. This deficiency represents non-compliance investigated under Complaint Number 3018113.