

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/17/2025
NAME OF PROVIDER OR SUPPLIER  Park Vista Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1216 5th Ave Youngstown, OH 44504	

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 - Few</p>	<p>Provide and implement an infection prevention and control program.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, record review and review of facility policy, the facility failed to maintain infection control procedures during wound care for Resident #61. This affected one resident (#61) of three residents reviewed for wound care. The facility census was 97. Findings include: Review of Resident #61's medical record revealed an admission date of 06/23/25 with diagnoses including Charcot joint (a progressive destruction of joint related to a loss of sensation from nerve damage), heart failure, diabetes, and muscle weakness. Review of the quarterly Minimum Data Set 3.0 (MDS) assessment dated [DATE] revealed Resident #61 was cognitively intact, required moderate assistance for activities of daily living, had venous or arterial ulcers, and required the application of nonsurgical dressings. Review of a wound care note for Resident #61, dated 09/11/25, revealed Resident #61 was being seen by the Advanced Practice Nurse Practitioner for treatment to venous ulcers (chronic full-thickness skin wound that is difficult to heal due to chronic venous insufficiency) to the right and left posterior lower extremities. Both ulcers were present upon admission to the facility, and were assessed as improving/healing. The individualized treatment plan included keeping the wounds clean and dry, avoiding contamination and dressing changes as ordered. Review of the physician orders for Resident #61, dated 09/11/25, revealed orders to cleanse both lower extremities with normal saline, apply alginate (a dressing that helps promote wound healing), apply an abdominal pad (an absorbent bandage), wrap with gauze, and then wrap with an elasticized bandage. The dressing changes were to be completed daily and as needed. Observation on 09/17/25 at 11:47 A.M. with Licensed Practical Nurse (LPN) #208 and Registered Nurse (RN) #210 of wound care and dressing changes for Resident #61 revealed the following: the supplies were gathered for the dressing change, a clean barrier was placed on the residents bedside table and supplies placed on the barrier following proper technique. LPN #208 and RN #210 performed hand hygiene then donned appropriate personal protective equipment (PPE) that included gloves. RN #210 picked up and held the right leg of Resident #61 with gloved hands directly touching the residents bare skin. LPN# 208 cleansed the wound, picked up the clean dressing and applied the dressing to the wound using her gloved hands. RN #210 then gently lowered the leg and assisted the resident to put a shoe and sock onto the right foot. LPN #208 then took off the gloves, did not perform hand hygiene, and put on a new pair of gloves. RN #210 then picked up the left leg without a glove change and held the left leg in direct contact with the residents skin while LPN #208 performed the wound cleansing and dressing application to the left leg with her gloved hands. RN #210 then lowered the leg and assisted the resident to put on the remaining sock and shoe. After all trash was disposed of, the barrier removed from the bedside table, and the PPE was removed, both nurses washed their hands. Interview on 09/17/25 at 12:01 P.M. with LPN #208 and RN #210 verified no hand hygiene was performed after the glove change between right and left leg dressing application by LPN #208, and that no glove change or hand hygiene was performed between holding the right and left leg by RN #210. Review of the facility policy titled Wound Care, last reviewed 04/28/25, revealed the purpose of the procedure was to provide guidelines for the care of wounds to promote healing. Steps included establishing a clean field for supplies placed on the resident's overbed table, position resident, put on exam glove, remove dressing and discard, put on gloves, use no-touch technique, apply treatments, dress wound as ordered, discard items in designated container, remove disposable gloves, wash and dry your hands thoroughly and wipe reusable supplies with alcohol as indicated. The policy did not address hand hygiene between change of gloves from soiled to clean gloves. This deficiency represents non-compliance identified under Complaint Number 2618757.</p>		