

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365322	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Maria Joseph Living Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4830 Salem Avenue Dayton, OH 45416	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44412</p> <p>Based on observations, staff interviews, and policy review, the facility failed to ensure appropriate infection control measures were completed during incontinence care. This affected one (#47) resident of three residents reviewed for incontinence care. The facility census was 234.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #47 revealed an admitted [DATE]. Diagnoses included anxiety disorder, major depressive disorder, and chronic obstructive pulmonary disease (COPD).</p> <p>Review of the Annual Minim Data Set (MDS) assessment dated [DATE] revealed Resident #47 had intact cognition as evidenced by a Brief Interview for Mental Status (BIMS) score of 14. This resident was assessed to require setup with eating, dependent with toileting and dressing, and substantial assistance with bathing and transfers.</p> <p>Observation on 03/20/25 at 11:10 A.M. revealed Certified Nursing Assistant (CNA) #13 performed incontinence care to Resident #47. Hand hygiene was performed, and gloves were applied prior to providing care. CNA #13 cleaned Resident #47's perineal (peri) area in the front with a clean washcloth. CNA #13 placed the soiled washcloth back into water basin. CNA #13 cleaned Resident #47's back side with the same washcloth. CNA #13 did not change her gloves during care and touched the clean incontinence brief with her soiled gloves.</p> <p>Interview on 03/20/25 with CNA #13 verified she used the same washcloths to clean Resident #47's front and back side. CNA #13 also verified that she did not change her gloves or complete hand hygiene.</p> <p>Review of the facility policy titled, Infection Control Policy/Procedure Manual, revised 11/28/17 revealed staff performed hand hygiene even if gloves were used in the following situations: before and after contact with the resident, after contact with blood, body fluids, or visibly contaminated surfaces or other objects and surfaces in the resident's environment, and after removing personal protective equipment (PPE).</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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