

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/21/2025
NAME OF PROVIDER OR SUPPLIER  Heritage Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  24613 Broadway Avenue Oakwood Village, OH 44146	
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>Based on observation, interview, and facility policy review, the facility failed to ensure staff performed hand hygiene to prevent cross contamination of germs during medication administration. This affected two residents (#8 and #21) out of five residents observed for medication administration. The facility census was 32. Findings include: An observation of Licensed Practical Nurse (LPN) #35 on 08/21/25 at 8:51 A.M. revealed the nurse was preparing to administer Resident #21's ordered morning medications. LPN #35 did not perform hand hygiene and proceeded to prepare the morning medications for Resident #21. LPN #35 administered the medications to Resident #21 and exited Resident #21's room and did not perform hand hygiene. LPN #35 proceeded to return to the medication cart. Continued observation at 9:00 A.M. revealed LPN #35 returned to the medication cart and was not observed to perform hand hygiene. LPN #35 began to prepare Resident #8's ordered medications. LPN #35 finished preparing the resident's medications and proceeded to Resident #8's room where she administered oral medications and eye drops to Resident #8. LPN #35 then exited Resident #8's room without performing hand hygiene. An interview with LPN #35 on 08/21/25 at 9:04 A.M. verified the above findings and agreed she should have washed/sanitized her hands prior to obtaining Resident #21's and Resident #8's medications and after administering their medications. Review of the facility policy titled Hand Hygiene revised 12/01/21 revealed the policy was all staff would perform hand hygiene to prevent the spread of infection to other personnel, residents and visitors. The policy applied to all staff working in all locations within the facility. Review of the facility policy titled Medication Administration revised 08/22/22 revealed the policy was medications were administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. the policy compliance guidelines included for staff to wash hands prior to administering medications per facility protocol. After administering medications staff should wash their hands.</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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