

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365424	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Southbrook Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2299 S Yellow Springs Street Springfield, OH 45506	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36303</p> <p>Based on medical record review, observation, staff interview, and review of facility policy, the facility failed to follow infection control precautions when providing wound care to a resident. This affected one (#2) of three residents reviewed for infection control. The census was 81.</p> <p>Findings include:</p> <p>Review of Resident #2's medical record revealed an admitted [DATE]. Diagnoses listed included atherosclerotic heart disease, chronic kidney disease, peripheral vascular disease, osteoarthritis, depression, scoliosis, and and dysphagia.</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #2 was cognitively intact.</p> <p>Observation of left leg wound care on 09/19/14 at 10:36 A.M. revealed Registered Nurse (RN) #100 removed a gauze dressing around Resident #2's left leg by cutting it with bandage scissors. RN #100 then laid bandage scissors on a bedside table. RN #100 then used the bandage scissors to cut a Xeroform (non-adherent wound dressing) to size before applying it to Resident #2's left leg wound. RN #100 did not sanitize the bandage scissors after using them to cut off Resident #2's gauze dressing or before using them to cut the Xeroform to size. RN #100 also did not wash or sanitize hands between gloves changes or after removing Resident #2's old wound dressing and applying the new wound dressing.</p> <p>During an interview on 09/19/24 at 11:31 A.M. RN #100 confirmed she had not sanitized the bandage scissors after cutting Resident #2's gauze dressing or before cutting the Xeroform to size. RN #100 also confirmed she did not wash or sanitize her hands between glove changes.</p> <p>Review of the facility's policy titled Standard Precautions dated revised 04/01/17 revealed staff should change gloves after contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressings, when hands move from a contaminated body site to a clean body site during patient care, and after glove removal.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00157421.</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
---	-------	-----------