

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER Mother Angeline McCrory Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 5199 East Broad Street Columbus, OH 43213	
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** 31404</p> <p>Based on observation, staff interview, record review, document review, and policy review the facility failed to provide a safe and sanitary environment to help prevent the development and transmission of disease and infections when they failed to follow droplet precautions for Resident #90 and failed to properly clean a blood glucose monitoring machine for Resident #3. This had the potential to affect four (Resident #3, #76, #78, and #79) Residents who received blood glucose monitoring on the two East hallway The facility census was 106.</p> <p>Findings include:</p> <p>1. Record review of Resident #90 revealed an admitted [DATE] with pertinent diagnoses of: congestive heart failure, hypothyroidism, atherosclerotic heart disease, atrial fibrillation, and hypertension.</p> <p>Review of the [DATE] admission Minimum Data Set (MDS) assessment revealed the resident is cognitively intact and uses a walker and wheelchair to aid in mobility.</p> <p>Review of a Physician Order dated [DATE] revealed Isolation Precautions: Droplet, for possible exposure to whooping cough every day and night shift droplet precautions.</p> <p>Observation on [DATE] at 8:38 A.M. revealed Licenses Practical Nurse #20 (LPN) went into Resident #90 room to take his blood pressure. There was a sign on the door stating droplet precautions and LPN #20 did not wear any eye, nose or mouth protection.</p> <p>Interview with LPN #20 on [DATE] at 8:40 A.M. revealed the surveyor asked why Resident #90 was on precautions and LPN #20 looked up the information in the computer and stated that Resident #90 was on droplet precautions due to possible exposure to whooping cough.</p> <p>Observation on [DATE] at 8:50 A.M. revealed LPN #20 walked back into Resident #90 room without eye, nose, or mouth protection to administer Resident #90 medications.</p> <p>Interview with LPN #20 on [DATE] at 8:56 A.M. verified he walked into the room and did not wear eye, nose, or mouth protection to administer Resident #90 medications. LPN #20 stated he forgot and he should have wore eye, nose, and mouth protection when going into the room.</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>Interview with the Director of Nursing (DON) on [DATE] at 9:20 A.M. revealed Resident #90 had an exposure to whooping cough on [DATE] during a family gathering in the facility. The family notified the facility on [DATE] and they started Resident #90 on a prophylactic antibiotic, put him on droplet precautions out of an abundance of caution, and contacted the local health department for guidance. Resident #90 was not showing any signs or symptoms of whooping cough.</p> <p>Review of the facility Transmission based isolation precautions policy undated revealed droplet precautions are intend to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions (i.e. respiratory droplets that are generated by a resident who is coughing, sneezing, or talking). Healthcare personnel will wear a facemask for close contact with an infectious resident. Based upon the pathogen or clinical syndrome, if there is a risk of exposure to mucous membranes or substantial spraying of respiratory secretions is anticipated, gloves and gown as well as goggles or face shield should be worn.</p> <p>2. Record review of Resident #3 revealed an admitted [DATE] with pertinent diagnoses of: metabolic encephalopathy, type two diabetes mellitus with foot ulcer, chronic kidney disease stage three, and atherosclerotic heart disease.</p> <p>Review of the [DATE] admission Minimum Data Set (MDS) assessment revealed the resident was moderately cognitively impaired and did not use any devices for mobility</p> <p>Review of a Physicians Order dated [DATE] revealed Humalog Injection Solution 100 units/milliliter (Insulin Lispro) Inject as per sliding scale: if 60 - 149 = 0 Call physician if below 60; 150 - 200 = 2 u; 201 - 250 = 4 u; 251 - 300 = 6 u; 350 - 400 = 8 u If BS higher than 400 call physician, subcutaneously before meals and at bedtime for hyperglycemia.</p> <p>Observation on [DATE] at 8:21 A.M. revealed LPN #20 checking Resident #3 blood glucose with a True Metrix Pro blood glucose monitoring machine. After using the machine LPN #20 used a Bactive wipe with an expiration date of [DATE].</p> <p>Interview with LPN #20 on [DATE] at 8:35 A.M. verified the wipes did not contain bleach and they were expired.</p> <p>Interview with the Director of Nursing on [DATE] at 1:55 P.M. revealed the Bactive wipes are not something the facility purchases to clean the glucometers and she is unaware of how they were on the unit and they were not appropriate for disinfecting the glucometer.</p> <p>Review of the [DATE] True Metrix Pro blood glucose monitoring machine insert revealed to disinfectant with only super sani cloth wipes (or any disinfectant product with the EPA registration number of ,d+[DATE]) rub the entire outside of the meter using three circular wiping motions with moderate pressure.</p>		