STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365447	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookview Healthcare Center	214 Harding Street Defiance, OH 43512

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, staff interview, and review of facility policies, the facility failed to ensure infection control measures were properly utilized during wound care. This affected one (#61) of one residents reviewed for wound care. The facility census was 69.Findings include:Review of the medical record for Resident #61 revealed she was admitted on [DATE] with diagnoses including unspecified open wound to the right ankle, muscle weakness, difficulty walking, malnutrition, psychoactive substance abuse, Charcot's joint of the right ankle, and osteomyelitis.Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #61 was cognitively intact and did not display any behaviors at the time of the assessment. She required supervision to partial assistance with activities of daily living. She required surgical wound care with dressings to her foot.Review of physician orders for Resident #61 revealed an order dated 05/16/26 for enhanced barrier precautions to be used every shift due to her wound. Additionally, there was an order dated 07/01/26 to provide wound care to her right ankle every three days and as needed. The wound care instructions were to cleanse the site with soap and water, pat dry, apply antibiotic ointment, apply silver dressing, and secure with an abdominal pad and fishnet dressing.Observation on 07/01/26 at 1:30 P.M. with Licensed Practical Nurse (LPN) #101 revealed the nurse performed wound care to Resident #61's right ankle. During the wound care observation, LPN #101 did not wear a gown and did not perform hand hygiene between glove changes throughout the procedure. She changed her gloves after removing the old dressing, after cleansing the wound, and after applying the abdominal pad and fishnet dressing. Interview on 07/01/26 at 1:45 P.M. with LPN #101 confirmed she did not wear a gown while performing Resident #61's wound treatment and did not perform hand hygiene between glove changes.Review of facility policy titled, Enhanced Barrier Precautions, dated 07/13/22, revealed gowns and gloves were to be worn during high-contact resident care activities, including wound care.Review of an undated facility policy titled, Wound Care, revealed hand hygiene would be performed before beginning wound care, between glove changes, and at the completion of wound care.

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