

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365453	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/09/2025
NAME OF PROVIDER OR SUPPLIER  Ayden Healthcare of Oregon		STREET ADDRESS, CITY, STATE, ZIP CODE  3953 Navarre Ave Oregon, OH 43616	

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 - Many</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> Based on personnel record review, staff interview, review of policy, and review of the facility's Tuberculin (TB) Risk Assessment, the facility failed to ensure all new hire employees had current TB testing results in their employee files. This had the potential to affect all 80 residents. The facility census was 80. Findings include: Review of the facility's TB Risk assessment dated [DATE] revealed the facility had a TB screening program for all employees that required a baseline skin test with a two-step skin test for all healthcare workers. 1. Review of the personnel file for Licensed Practical Nurse (LPN) #460 revealed a hire date of 02/05/25. Further review of the personnel file for LPN #460 revealed no TB skin test results in the file. Interview on 09/09/25 at 4:50 P.M. ,with Human Resource Director (HRD) #410 verified there were no TB skin test results in the personnel file for LPN #460. 2. Review of the personnel file for Housekeeper #400 revealed a hire date of 09/11/24. Further review of the personnel file for Housekeeper #400 revealed a one step TB test was completed on 09/11/24 and read as a negative result on 09/14/24. Further review of the TB skin test form revealed a second step TB skin test was due to be completed one to three weeks following the first step and the form was blank. 3. Review of the personnel file for Certified Nursing Assistant (CNA) #450 revealed a hire date of 06/25/25. Further review of the personnel file for CNA #450 revealed a one step TB test was completed on 06/25/25 and read as a negative result on 06/27/25. Further review of the TB skin test form revealed a second step TB skin test was due to be completed one to three weeks following the first step and the form was blank. Interview on 09/09/25 at 5:05 P.M., with HRD #410 verified Housekeeper #400 and CNA #450 completed only the first step of the required two step TB skin test upon hire. Interview on 09/09/25 at 5:19 P.M., with Regional Director of Operations (RDO) #440 stated new employees should have the two-step TB skin test upon hire. RDO #440 further stated there have not been any TB infections in the facility. Review of the policy titled, Tuberculosis, Employee Screening for, revised August 2019 revealed all employees are screen for latent tuberculosis infection (LTBI) and active tuberculosis (TB) disease, using tuberculin skin test (TST) or interferon gamma release assay (IGRA) and symptom screening, prior to beginning employment. This deficiency represents non-compliance investigated under Complaint Number 2612082.</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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