

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2025
NAME OF PROVIDER OR SUPPLIER Stillwater Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 75 Mote Drive Covington, OH 45318	

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 - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide and implement an infection prevention and control program.</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 - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observations, staff interviews and policy review, the facility failed to implement their policy to ensure residents with enhanced barrier precautions (EBP) have clear signage and/or instruction on their doors indicating required personal protective equipment (PPE) and care activities that require PPE. Additionally, the facility failed to ensure staff have awareness of the EBP policy and what PPE to use. This affected nine (#13, #18, #20, #30, #34, #39, #42, #43 and #56) out of nine residents reviewed for EBP. The facility census was 57. Findings include: Medical record review for Resident #34 revealed an admission date of 12/19/24. Medical diagnoses included acute embolism and thrombosis of left femoral vein. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #34 was cognitively intact. Review of Resident #34's care plan dated 10/06/25 revealed the resident required enhanced barrier precautions due to a complex wound/wound care. Review of Resident #34's physician orders dated 11/25/25 revealed there was no order for EBP. Medical record review for Resident #42 revealed an admission date of 01/05/24. Medical diagnoses included malignant neoplasm of the Larynx. Review of the quarterly MDS dated [DATE] revealed Resident #42 was cognitively intact but non-verbal. Review of the care plan for Resident #42 revealed Resident #42 required enhance barrier precautions due to a laryngostomy tube. Review of Resident #42's physician orders dated 11/25/25 revealed there was no order for EBP. Medical record review for Resident #18 revealed an admission date of 12/12/20. Medical diagnoses included non-traumatic brain dysfunction. Review of the care plan for Resident #18 dated 10/03/25 revealed Resident #18 was in enhanced barrier precautions due to urinary catheter. Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #18 was rarely or never understood. Review of physician orders dated 11/25/25 revealed there was no order for EBP. Medical record review for Resident #56 revealed an admission date of 11/14/25. Medical diagnoses included intracranial abscess and granuloma. Review of Resident #56's medical record revealed an admission MDS was in progress. Further review of an admission progress note dated 11/14/25 revealed resident was cognitively intact and was able to ambulate with assistance. Review of the care plan dated 11/25/25 revealed Resident #56 required EBP due to a peripheral inserted central catheter (PICC) line. Review of physician orders dated 11/25/25 revealed there wasn't one for EBP. Interview with Certified Nursing Aide (CNA) #111 on 11/25/25 at 6:36 A.M. revealed if someone was in a EBP room she would wear a gown, mask and gloves into the room. Interview with CNA #94 on 11/25/25 at 6:50 A.M. revealed if a resident was in EBP she would put on her gown, gloves and a mask while in the room before she talked to the resident. Observations and interview with the Director of Nursing (DON) on 11/25/25 from 7:19 A.M. to 7:35 A.M. revealed Residents #13, #18, #20, #30, #34, #39, #42, #43 and #56 rooms revealed there was a magnetic square that has EP written on it and no other information (i.e. instructing staff on what PPE to wear) was available. Further observation revealed Residents #18, #42, and #34 had no sign in the cart and Resident #56 had a droplet precaution sign in her cart that didn't apply to her. Interview on 11/25/25 at 7:35 A.M. with the DON revealed staff are educated on putting full PPE on for any high contact care for residents with EBP. The DON revealed the staff are trained on EBP monthly at staff meetings and when newly hired. The DON also stated if a staff does not know what to put on or to do for EBP they can ask a nurse in the building or look in a blue book at the nursing station that has the type of isolation a resident is in. The DON confirmed the PPE cart is placed inside the room and there is no distinction at the door for which resident in the room are in EBP. The DON stated the cart would be placed inside the room on the side the resident resided. The DON confirmed there is no additional signage at the door for a resident in EBP, staff would need to look in the cart inside of the room to determine what they would need wear for EBP or look in the resident's chart. The DON stated there is no order for EBP, it is only documented in the resident care plan. The DON confirmed there are currently nine (#13, #18, #20, #30, #34, #39, #42, #43 and #56) resident residing in the facility who are in EBP. Review of the facility policy named, Enhanced Barrier Precautions, dated 08/2022 revealed, staff are trained prior to caring for residents on EBP's and signs are posted on the door or wall outside the resident room to alert staff the resident requires EBP. EBP's employ targeted gown and glove use during high contact resident care activities. This deficiency is based on incidental findings discovered during the course of this complaint investigation.</p>		