

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2026
NAME OF PROVIDER OR SUPPLIER Heritage The		STREET ADDRESS, CITY, STATE, ZIP CODE 2820 Greenacre Dr Findlay, OH 45840	

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>Based on observation, record review, staff interview and policy review, the facility failed to ensure complete proper hand hygiene during a dressing change. This directly affected one (Resident #8) of three residents reviewed for wound care. The facility census was 83. Findings include: Review of the medical record of Resident #8 revealed an admission date of 07/18/22. Diagnoses include metabolic encephalopathy, acute osteomyelitis, paraplegia, and pressure ulcer injury of sacral region. Observation on 01/05/26 at 2:15 P.M. revealed Licensed Practical Nurse (LPN) #210 performed a dressing change on Resident #8. LPN #210 donned gloves, gown, and a mask and entered the room. LPN #210 assisted Resident #8 to roll to his right side exposing his bilateral ischium wounds. The wounds were covered with a bordered dressing and there was a small amount of brownish colored discharge on the protective pad beneath him. LPN #210 touched the drainage and removed the gloves, performed hand hygiene and donned new gloves. LPN #210 removed the soiled dressings, and without performing hand hygiene or changing gloves, cleaned the wounds with wound cleanser, applied skin prep to the surrounding tissue, and applied new dressings to both wounds. Interview directly after the procedure with LPN #210 provided confirmation she had not changed gloves nor performed hand hygiene between soiled and clean. Review of the policy titled Guidelines for General Wound and Skin Care, dated 05/10/17 with a review date of 12/16/14, revealed the facility will wash hands with soap and water after removing old dressings and apply new clean gloves for the continued care. This deficiency represents non-compliance investigated under Complaint Number 2670977.</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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