

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365607	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Ayden Healthcare of Piqua		STREET ADDRESS, CITY, STATE, ZIP CODE 275 Kienle Drive Piqua, OH 45356	

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>48570</p> <p>Based on review of facility infection control records, observations, staff interviews, review of electronic mail (e-mail) correspondence, review of facility policies and procedures, review of the Center for Disease Control and Prevention CDC guidance, and review of Ohio Department of Health's (ODH) guidance for reporting infectious diseases, the facility failed to develop and implement effective infection control policies and practices which includes a failure to ensure cleaning schedules for ice buckets were developed/implemented, failure to ensure storage areas were maintained in a sanitary manner to potentially prevent rodent/animal contamination, failure to ensure the handwashing sink in the kitchen was appropriately functioning, failure to develop written policies and procedures which included when and to who potentially communicable diseases should be reported, and failure to ensure the local health department was notified in a timely manner of a Campylobacter illness outbreak. This affected a total of nine (Resident #10, #32, #43, #45, #48, #54, #61, #65 and #66) residents who experienced gastrointestinal symptoms, five of which (Resident #10, #32, #48, #61 and #66) tested positive for Campylobacter. This had the potential to affect all 67 residents residing in the facility. The facility census was 67.</p> <p>Findings include:</p> <p>Review of the facility infection control records for a 2024 gastrointestinal outbreak revealed the onset of the outbreak was 03/12/24 and the reporting date was 04/01/24. The facility had nine (#10, #32, #43, #45, #48, #54, #61, #65 and #66) residents who experienced gastrointestinal illness including symptoms of vomiting and/or diarrhea (loose stools) from 03/12/24 through 03/31/24. On 03/12/24, Resident #66 experienced loose stools. On 03/17/24, Resident #32 experienced loose stools. On 03/18/24, Resident #10 experienced both vomiting and loose stools. On 03/22/24, Resident #45 experienced vomiting. On 03/25/24, Resident #61 experienced loose stools. On 03/27/24, Resident #65 experienced loose stools. On 03/30/24, Resident #43 experienced loose stools and Resident #48 experienced both vomiting and loose stools. On 03/31/24, Resident #54 experienced loose stools. Five (#10, #32, #48, #61 and #66) residents tested positive for Campylobacter</p> <p>Further review of the infection control records revealed the facility had five (Director of Nursing (DON), State tested Nursing Assistant (STNA) #220, Licensed Practical Nurse (LPN) #312, Registered Nurse #223 and #300) staff members who experienced gastrointestinal illness including symptoms of vomiting, diarrhea (loose stools), and/or nausea from 03/11/24 through 04/06/24. There were no confirmed cases of Campylobacter among the staff.</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 - Many</p>	<p>Initial tour of the facility on 04/11/24 at 8:17 A.M. through 8:35 A.M. with Human Resource Director #246, revealed the kitchen had one sink with soap and hand towels for handwashing but observations revealed the sink did not have working hot water. Observations revealed there was no sign indicating the hot water was not working and/or no sign indicating where staff should wash their hands.</p> <p>While completing the facility tour, an interview on 04/11/24 at 8:33 A.M. with Cook #252, confirmed she was not sure how long the hot water had not been working but knows it has been at least a couple of days. Cook #252 also revealed management has been working on it. Cook #252 revealed staff has been washing their hands in the 3-sink area. Cook #252 confirmed there is no soap or hand towels in 3-sink area, but she just uses what is available in the sink area that is not working. Cook #252 also confirmed other staff members would not know which sink to use unless told because there is not a sign hung to let staff know the hot water is not working and to use the other sink.</p> <p>Interview on 04/11/24 at 10:47 A.M. with Cook #310 confirmed the hot water in the hand washing sink is not working and it hasn't worked for a couple weeks. Cook #310 also confirmed the last Administrator was told it was not working before he left. Cook #310 confirmed staff wash their hands in the 3-compartment sink area and the staff use the hand soap and hand towels available at the hand washing sink which is approximately eight feet away. Cook #310 confirmed the new ice buckets have only been brought to the kitchen one time since 04/08/24 to be run through the dishwasher. Cook #310 is not aware of a cleaning schedule for the ice buckets, which are used to pass ice to the residents.</p> <p>During an interview on 04/11/24 at 11:38 A.M., the DON confirmed the local health department was not notified of the gastrointestinal outbreak until 04/01/24, which was approximately 20 days after the outbreak began. The DON also confirmed there was no policy which specified when and to whom communicable diseases should be reported. The DON also confirmed gloves and Styrofoam cups that were stored in the garage that was contaminated with possible rodents and cat feces and these items were being used. Observations of the storage garage and interview with the DON revealed the area had been cleaned up and there was currently no evidence of rodents or cats in the area. The DON confirmed that new ice buckets have been purchased based on the recent health departments recommendations but there is not a cleaning schedule in place, but there are expectations of the night shift floor staff to take them to the kitchen and change them out nightly for clean ones. The DON confirmed a total of nine (#10, #32, #43, #45, #48, #54, #61, #65 and #66) residents who experienced gastrointestinal symptoms and five (#10, #32, #48, #61 and #66) residents tested positive for Campylobacter. The DON confirmed there were five (DON, STNA #220, LPN #312, RN #223 and #300) staff members who experienced gastrointestinal illness including symptoms of vomiting, diarrhea (loose stools), and/or nausea from 03/11/24 through 04/06/24 but there were no confirmed cases of Campylobacter among these staff members.</p> <p>Interview on 04/11/24 at 2:20 P.M. with LPN #326 confirmed when gloves and Styrofoam cups were needed staff would go to the garage and pull the extra from the stock. LPN #326 confirmed there were evidence in the garage, before all of the outbreak, of cats using the garage as a litter box. LPN #326 confirmed gloves would be worn to pull supplies out of the garage so not to touch any nasty items.</p> <p>Interview on 04/11/24 at 2:39 P.M. with STNA #220 confirmed no knowledge of who's responsible for cleaning the ice buckets on the halls. STNA #220 confirmed the ice buckets are used to pass ice to residents. STNA #220 confirmed gloves and Styrofoam cups were pulled from the garage when it was dirty and had possible animal feces everywhere.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 04/11/24 at 4:11 P.M. with the Administrator confirmed he was not aware of the hot water not working in the hand washing sink in the kitchen until today. The Administrator also confirmed the staff in the kitchen were aware to wash their hands in the prep sink and there was soap available for use. The Administrator confirmed there was no sign at the hand washing sink in the kitchen to inform staff the sink was not working and to use the prep sink. The Administrator confirmed staff members who do not work in the kitchen, would not know to wash their hands elsewhere. The Administrator confirmed the hot water in the hand washing sink was fixed during the investigation.</p> <p>Review of the e-mail correspondence from the local health department, dated 04/01/24, revealed after reviewing the line list, the Campylobacter was the infection with the first positive case being on 03/14/24 and the local health department notification was on 04/01/24. The health department inquired about any other interventions implemented such as staff being kept from work for at least 48 hours past resolution of symptoms.</p> <p>Review of the facility policy titled Infection Prevention and Control Program (IPCP), revised 11/15/21, revealed the IPCP designee should report communicable diseases that are reportable to local/state public health authorities. The policy did not contain specific information regarding when and to whom potentially communicable diseases would be reported.</p> <p>Review of the CDC guidance titled Guideline for the Prevention and Control of Campylobacter Gastroenteritis Outbreaks in Healthcare Settings dated 07/03/23, revealed as with all outbreaks, notify appropriate local and state health departments, as required by state and local public health regulations, if an outbreak of Campylobacter is suspected.</p> <p>Review of ODH guidance titled, Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio, effective 08/01/19 revealed Campylobacter was listed under the section Class B. Facilities should report an outbreak, unusual incident or epidemic of other diseases by the end of the next business day.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152778.</p>