

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  12/18/2024
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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44076</b></p> <p>Based on record review, observations, staff interviews and review of Centers for Disease Control and Prevention (CDC) guidelines, the facility failed to ensure staff followed proper infection control procedures during incontinence care. This affected one (#16) out of three residents review for infection control. The facility census was 82.</p> <p>Findings include:</p> <p>Review of medical record for Resident #16 revealed admitted [DATE]. Diagnoses include chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF). The resident remained in the facility.</p> <p>Review of Resident #16's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had a Brief Interview Mental Status (BIMS) score of eight out of 15 indicating impaired cognition. Resident #16 required set up for eating, maximum assistance with bed, transfers and was dependent for toileting hygiene. Resident #16 was frequently incontinent of bladder and always incontinent of bowel.</p> <p>Observation was made on 12/18/24 at 10:58 A.M. of incontinence care by Certified Nursing Assistants (CNA's) #104 and #105 for Resident #16. Resident #16 was assisted to her left side and CNA #104 was observed to thoroughly cleanse her of stool. Without removing her gloves, CNA #10 placed a new incontinence product under Resident #16 and encouraged her to lay on her back. CNA #105 then cleansed Resident #16's peri area. Just prior to applying the new incontinence product, CNA #104 grabbed two more wet wipes and cleaned her peri area.</p> <p>Interview on 12/18/24 at 11:23 A.M. with CNA #105 verified she did not remove her gloves after cleaning stool and used the soiled gloves when cleaning Resident #16's peri area. CNA #105 acknowledged she should have removed her gloves and washed her hands after cleaning stool.</p> <p>Review of guidelines from the CDC for Healthcare Providers for Hand Hygiene, located at <a href="https://www.cdc.gov/clean-hands/hcp/clinical-safety/?CDC_AAref_Val=https://www.cdc.gov/handhygiene/providers">https://www.cdc.gov/clean-hands/hcp/clinical-safety/?CDC_AAref_Val=https://www.cdc.gov/handhygiene/providers</a> revealed the need to change gloves and clean hands if moving from work on a soiled body site to a clean body site.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00160272.</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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