

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365633	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/17/2026
NAME OF PROVIDER OR SUPPLIER  The Colony Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  563 Colony Park Drive Tallmadge, OH 44278	
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**</b> Based on observation, interview, record review, and facility policy review, the facility failed to maintain infection control procedures while administering medications. This affected one resident (Resident #29) out of four residents observed for medication administration. The facility census was 108. Findings include: Review of Resident #29's medical record revealed an admission date of 10/27/22 with diagnosis of type 2 diabetes mellitus. Review of quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #29 had intact cognition. Observation on 1/28/26 at 8:29 A.M. of Licensed Practical Nurse (LPN) #215 during medication administration revealed she did not perform hand hygiene before preparing eight medications for Resident #29. LPN #215 placed all medications in the medicine cup and administered them to Resident #29 without washing hands or using hand sanitizer. Interview on 01/28/26 at 8:47 A.M. with LPN #215 confirmed she did not perform hand hygiene before medication administration with Resident #29. LPN #215 reported I forgot and didn't have my hand sanitizer on my cart. Interview on 01/29/26 at 7:00 A.M. with Director of Nursing (DON) confirmed hand hygiene is to be performed before and after administering medications to each resident. Review of the facility policy, Medication Administration, undated, revealed to perform appropriate hand hygiene before beginning medication administration and perform hand hygiene before and after each resident's medication is administered. Review of the facility policy, Standard Precautions, undated, revealed practicing hand hygiene is a simple but effective way to prevent the spread of infections by breaking the chain of infections. Proper cleaning of hands can prevent the spread of germs. Further states when to perform hand hygiene for care between residents.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  365633	Facility ID:  365633  If continuation sheet Page 1 of 1