STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365643	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Portsmouth Health and Rehab	727 Eighth Street Portsmouth, OH 45662

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, review of the facility's water management plan, review of laboratory test results, and review of the facility weekly logbook documentation of tasks completed, the facility failed to ensure an effective water management and legionella prevention plan were implemented. This had the potential to affect all 75 residents residing in the facility. Findings Include: Review of the facility Water Management Plan, dated 04/18/25 revealed a diagram of the water system, analysis of building water systems, control measures, monitoring/corrective actions, confirmation and documentation. The plan included weekly flushing of all eyewash stations, faucets, and showers not in frequent use, to clean and disinfect the ice machine, check flow and return temperatures at the hot water heater [noting that the hot water heater should not be lower than 140 degrees Fahrenheit (F)], a visual check of the hot water heater internal surfaces, to check the temperature of all running taps, to replace or dismantle, disinfect, clean and eliminate all deposits of scale from aerators or laminar flow faucet attachments, and to measure and record free chlorine levels on the incoming city water supply as well as the most distal location within the facility. Record review of the Water Systems: Testing and Monitoring of Water Management Plan for Legionella from 11/08/25 through 05/30/26 revealed the hot water heater temperatures below 140 degrees F on the following dates: 11/24/25, 12/01/25, 12/08/25, 12/15/25, 12/22/25, 12/29/25, 01/05/26, 01/12/26, 01/19/26, 01/26/26, 02/02/26, 02/09/26, 02/16/26, 02/23/26, 03/02/26, 03/09/26, 03/16/26, 03/23/26, 03/30/26, 04/06/26, 04/17/26, 04/24/26, and 05/07/26. The testing also revealed weekly testing of free chlorine was completed at the hot water tank, not at the incoming city water supply and most distal location, per the water management plan. Review of the weekly flushing documentation from 11/08/25 through 05/30/26 revealed no evidence the showers on the East unit were flushed, or that all the bathroom showers and tubs were flushed.Review of the laboratory testing for Legionella revealed on 04/22/26 the water in room [ROOM NUMBER] was tested for Legionella and on 04/29/26 the sample was positive. On 05/19/26 the water was tested and on 05/28/26 the results received revealed 12 out of 15 water samples were positive for Legionella. The samples ranged from collection sites from the hot water recirculation area, sinks in rooms 100, 113, 218, 219, 230, 318, 319, 320, and 331, the second-floor shower room, and the third-floor shower room. Interview on 06/03/26 at 8:00 A.M. with the Administrator revealed the facility initiated Legionella testing after one year of initiation of the water management plan. The Administrator confirmed upon testing, in total, 13 water samples tested positive for Legionella in the facility. Observation and interview on 06/03/26 at 11:44 A.M. with Maintenance Manager (MM) #17 revealed the hot water temperature testing at the output source was fluctuating between 130 to 132 degrees F. MM #17 also confirmed there were some showers on the east unit not in use that would not turn on and therefore had not been flushed in a long time. Interview with MM #17 on 06/04/26 at 3:10 P.M. confirmed the testing of free chlorine was only being conducted at one place in the facility, at the hot water tank. He further confirmed there was no testing being conducted at the location of the incoming city water supply as well as the most distal location as stated in the facility's water management plan.Interview with MM #17 on 06/04/26 at 3:25 P.M. revealed the facility had not been flushing all the bathroom showers and tubs in the facility prior to (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	the water testing being positive. This deficiency represents non-compliance investigated under Complaint Number 3029107.