STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365745	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Swanton Valley Rehabilitation and Healthcare Cente	401 W Airport Hwy Swanton, OH 43558

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 - Few	Provide and implement an infection prevention and control program. Based on observation, medical record review, staff interview, and facility policy review, the facility failed to ensure staff members maintained proper infection control measures by wearing appropriate personal protective equipment when providing direct care for residents on enhanced barrier precautions. This affected two (#5 and #8) of two residents reviewed for enhanced barrier precautions. The facility census was 73.Findings Include: 1. Review of the medical record for Resident #5 revealed an admission date of 06/07/25 with diagnoses including malignant neoplasm of corpus uteri, chronic osteomyelitis, displacement of an indwelling urethral stent, infection and inflammatory reaction due to indwelling ureteral stent, sacral and sacrococcygeal osteomyelitis of the vertebra, extended-spectrum beta-lactamase resistance, type II diabetes mellitus, pressure-induced deep tissue damage of sacral region, stage three chronic kidney disease, retention of urine, and overactive bladder.Review of the most recent Significant Change Minimum Data Set (MDS) assessment, dated 03/16/26, revealed Resident #5 had moderately impaired cognition. Review of the medical record for Resident #5 revealed a physician order, dated 06/01/26, indicating Resident #5 was to be in enhanced barrier precautions (EBP) every shift for chronic non-healing wounds. Observation on 06/14/26 at 8:00 A.M. of Resident #5's room door revealed a sign indicating Resident #5 was on EBP and everyone must clean their hands, including before entering and when leaving room. Providers and staff must also wear gloves and a gown for the following high-contact resident care activities including dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use (central line, urinary catheter, feeding tube, tracheostomy), and wound care (any skin opening requiring a dressing). Do not wear the same gown and gloves for the care of more than one person. Observation on 06/14/26 at 8:21 A.M. of incontinence care for Resident #5, provided by Certified Nurse Aide (CNA) #150 revealed CNA #150 did not don (put on) a gown prior to providing incontinence care nor at any time while she provided incontinence care to Resident #5. Interview on 06/14/26 at 8:33 A.M. with CNA #150 verified Resident #5 had a current order to be in EBP and there was also EBP signage on Resident #5's door. CNA #150 verified she provided incontinence care to Resident #5 and did not put on a gown while providing the care. 2. Review of the medical record for Resident #8 revealed an admission date of 06/08/26 with diagnoses including cerebral infarction due to unspecified occlusion or stenosis of the left middle cerebral artery, chronic respiratory failure, difficulty in walking, generalized muscle weakness, nonrheumatic aortic valve insufficiency, presence of prosthetic heart valve, encounter for attention for gastrostomy, encounter for attention to tracheostomy, esophageal obstruction, gastroesophageal reflux disease, and insomnia.Review of the medical record for Resident #8 revealed a physician order, dated 05/25/26, indicating Resident #8 was to be in EBP every shift for a tracheostomy (a tube that is inserted through a hole in the windpipe to assist with breathing) and a percutaneous endoscopic gastrostomy (PEG) tube (a small, flexible tube placed through the abdominal wall directly into the stomach which allows a person to receive nutrition, fluids, and medications without swallowing). Observation on 06/15/26 at 11:40 A.M. of Resident #8's room door revealed a sign indicating Resident #5 was on EBP and everyone must clean their hands, including before entering and when leaving room. Providers and staff must also wear gloves and a gown for the following high-contact resident (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
	365745	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Swanton Valley Rehabilitation and Healthcare Cente	401 W Airport Hwy Swanton, OH 43558

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 - Few	care activities including dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use (central line, urinary catheter, feeding tube, tracheostomy), and wound care (any skin opening requiring a dressing). Do not wear the same gown and gloves for the care of more than one person.Observation on 06/15/26 at 11:43 A.M. of incontinence care for Resident #8, provided by Registered Nurse (RN) #151 revealed RN #151 did not put on a gown prior to flushing Resident #8's PEG tube with free water and administering tube feeding to Resident #8. Interview on 06/15/26 at 11:56 A.M. with RN #151 verified Resident #8 had a current order for EBP and there was also EBP signage on Resident #8's door. RN #151 verified she administered free water and tube feeding to Resident #8 and did not put on a gown at any time during the administrations. Review of the facility policy titled, Enhanced Barrier Precautions (EBPs), dated January 2024, revealed EBP are an infection control method used in the facility to reduce transmission of drug-resistant organisms (MDROs). EBP refers to the use of gown and gloves during high-contact care activities for residents with any of the following including known infection or colonization with a resistant organism with contact precautions do not otherwise apply, chronic wounds, and indwelling medical devices. Further review revealed chronic wounds included pressure ulcers, diabetic ulcers, non-healing surgical wounds, and venous stasis ulcer; and indwelling medical devices included central lines, hemodialysis catheter, urinary catheter, feeding tube, and tracheostomy. High-contact resident care activities included changing briefs or assisting with toileting, caring for or using an indwelling medical device (for example, central venous catheter, urinary catheter, feeding tube care, tracheostomy/ventilator care), and performing wound care. This deficiency represents non-compliance investigated under Complaint Number 3015949.