STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365766	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkside Health Care Center	930 East Park Avenue Columbiana, OH 44408

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49774 Based on record review and interview the facility did not ensure contact isolation precautions were implemented timely. This affected one of three residents reviewed for infection control, Resident #61. The facility census was 60. Findings include: Review of the medical record revealed Resident #61 was admitted [DATE] with diagnoses including acute respiratory failure with hypoxia, chronic obstructive pulmonary disease, and parainfluenza virus. Resident #61 required assistance with bathing, dressing, mobility, and toileting. No cognitive deficit was noted, however Resident #61 refused all food and beverages and received hospice care. Review of the hospital after visit summary dated 06/14/24 revealed under the area of continuity of care (COC) instructions Resident #61 was diagnosed with Parainfluenza with an onset date of 06/08/24. Further review of the COC instructions revealed under the area of isolation/infection: isolation. Review of Resident #61's Physician's orders revealed an order dated 06/24/24 indicating enhanced barrier precaution (EBP) during high contact activities related to an indwelling midline medical device for intravenous hydration. Interview on 08/31/24 at 3:20 P.M. with the Infection Preventionist (IP) revealed the nurse who completed the admission was responsible for reviewing the hospital discharge instructions and notifying the IP if there were diagnoses that required isolation including parainfluenza. The IP confirmed he was not made aware Resident #61 was admitted with a diagnosis of parainfluenza and required isolation upon admission. Interview on 08/31/24 at 3:33 P.M. with the Director of Nursing (DON) revealed Resident #61's admission was completed by Registered Nurse (RN) #2 who missed the isolation instructions from the hospital; however, Licensed Practical Nurse (LPN) #21 completed a review of the admission orders on the next shift and noted Resident #61 required isolation. Contact isolation was immediately implemented after LPN #21 reviewed the orders. The DON reported approximately 12 hours passed before the isolation order was implemented from the time of the admission. This deficiency represents non-compliance investigated under Complaint Number OH00155732.

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