

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365779	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Wyant Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Wyant Rd Akron, OH 44313	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>35768</p> <p>Based on record review, observations and interviews, the facility failed to respond to or resolve concerns voiced by residents. This affected seven residents (#16, #21, #32, #42, #47, #56, and #112) of seven residents reviewed for Resident Council. The facility census was 158.</p> <p>Findings include:</p> <p>Review of Resident Council Meeting minutes dated January 2024 through April 2025 noted residents requested more activities both in and out of the facility in January, February, June, July, September, and December of 2024 and January and March of 2025. There were no responses or actions documented or provided to indicate the facility was acting on the concerns voiced every month by residents.</p> <p>Interview on 04/07/25 at 2:19 P.M. with Resident #32, who was the Resident Council President (RCP), stated the facility has not a a transportation bus in years. The RCP stated no activities are offered after 4:00 P.M. or on the weekends due to lack of staffing. The RCP stated residents complain about activities all the time.</p> <p>Interview on 04/07/25 at 2:27 P.M. with Activities Leader (AL) #873 stated she worked every other weekend and was unable to provide activities because she was the only one working. AL #873 also stated residents complain about not being able to attend activities outside the facility, like going to the store or going to the movies.</p> <p>Interview on 04/08/25 at 8:52 A.M. with AL #822 stated the facility did not have sufficient staff to provide activities as scheduled and did not have a transportation van for years. AL#822 stated residents complain all the time about not having activities and not being able to go to activities outside the facility. AL#822 stated staff used to take residents to see Christmas lights, see movies, go to museums, and parks. AL #822 stated activities were not provided on the weekends because there was usually only one staff working. AL #822 stated that, at times, the residents will help pass out the handouts and run the activities.</p> <p>A Resident Council meeting was held on 04/08/24 at 2:08 P.M. with Resident #16, #21, #32, #42, #47, #56, and Resident #112. All residents stated they voice concerns all the time to activity staff, including the Activity Director. Residents stated they would like to go to outside activities including shopping, movies, and bowling.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365779	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Wyant Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Wyant Rd Akron, OH 44313	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 04/08/25 at 2:18 P.M., Activity Director (AD) #867 stated he had worked at the facility for three years. AD#867 stated he was aware of resident concerns related to activities and stated there were not enough staff to provide activities as scheduled and the facility was not able to provide transportation for residents to attend outside activities. AD #867 stated all activity staff leave at 4:00 P.M. daily. AD #867 stated direct-care staff provide handouts to residents for activities after 4:00 P.M.</p> <p>Interview on 04/08/25 at 4:04 P.M., the Administrator, Director of Nursing (DON), Regional Director of Clinical Services #900 and #901 confirmed staff were aware that the facility had no transportation bus for years and aware of the resident concerns regarding lack of daily activities. The Administrator stated he recently purchased items for staff to provide activities on the units. Staff had little response to concerns voiced regarding residents attending outside activities.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365779	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Wyant Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Wyant Rd Akron, OH 44313	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51518</p> <p>Based on observations, interview, record review, and review of facility policy, the facility failed to ensure residents received proper assistance with personal hygiene and grooming tasks. This affected three residents (#25, #99, and #114) of five residents reviewed for activities of daily living. The census was 158.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #99 revealed an admitted [DATE] with diagnosis of hypertensive heart and chronic kidney disease, asthma, moderate intellectual disabilities, abnormalities of gait and mobility, arthritis, peripheral vascular disease, and dementia.</p> <p>Review of the Minimum Data Set (MDS) quarterly assessment dated [DATE] revealed Resident #99 required moderate assistance with personal hygiene.</p> <p>Review of the Plan of Care dated 02/05/25 revealed Resident #99 had a deficit related to Activities of Daily Living (ADL) and required moderate assistance with personal hygiene.</p> <p>Observation and interview of Resident #99 on 04/09/25 at 8:11 A.M. revealed resident had a full beard and long fingernails. Resident #99 stated he would like to be shaved and have his nails cut.</p> <p>Observation and interview on 04/09/25 at 9:02 A.M. with Certified Nursing Assistant (CNA) #818 confirmed Resident #99 had a beard and long fingernails. Resident #99 confirmed with CNA #818 that he would like to be shaved and for his fingernails to cut.</p> <p>2. Review of the medical record for Resident #25 revealed an admitted [DATE] with diagnosis of chronic obstructive pulmonary disease (COPD), arthritis, dementia, and cataracts.</p> <p>Review of the Plan of Care dated 01/07/25 revealed Resident #25 had a deficit related to ADLs and required moderate assistance with personal hygiene.</p> <p>Observation on 04/07/25 at 2:20 P.M. of Resident #25 revealed the resident had a mustache and chin hairs. Resident #25 said she would like her mustache shaved and that staff has not done it.</p> <p>On 04/08/25 05:20 P.M. Licensed Practical Nurse (LPN) #740 confirmed mustache and chin hairs on Resident #25. Resident #25 confirmed with LPN #740 that she would like to be shaved by staff.</p> <p>42730</p> <p>3. Review of the medical record for Resident #114 revealed he admitted to the facility on [DATE] with diagnoses that included bipolar disorder, Alzheimer's disease, and osteoarthritis.</p> <p>Review of the physician orders dated 12/29/23 revealed an order for podiatry consultation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365779	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Wyant Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Wyant Rd Akron, OH 44313	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the MDS annual assessment dated [DATE] revealed Resident #114 was alert and oriented to person, place, and time with a cognitive impairment. Review of the MDS assessment revealed Resident #114 required assistance from staff for ADLs.</p> <p>Review of the care plan dated 02/13/25 revealed Resident #114 had a self-care performance deficit that required staff assistance for ADL completion related to dementia.</p> <p>Observation on 04/07/25 at 10:43 A.M. revealed Resident #144 laying in bed with his feet exposed. Resident #114 toenails located on both left and right feet revealed long, jagged, in various lengths, and brownish yellow in color.</p> <p>Interview and observation on 04/07/25 at 10:44 A.M. with CNA #880 revealed Resident #114 toenails were never clipped or maintained. CNA #880 revealed herself or other CNA's maintained resident toenails during shower or bath days, but staff never maintained Resident #114's toenails. CNA #880 revealed some resident's toenails were maintained by the podiatrist, but she could not remember the last time the podiatrist was in the facility. CNA #880 observed, confirmed, and verified Resident #114 toenails at the time of the interview.</p> <p>Interview on 04/07/25 at 10:46 A.M. with LPN #809 revealed Resident #114 was unable to maintain his toenails on his own. LPN #809 revealed sometimes residents could not utilize the podiatrist due to the resident's payor source. LPN #809 confirmed and verified Resident #114 brownish yellow, long, and jagged toenails in various lengths at the time of the interview.</p> <p>Observation on 04/08/25 at 3:18 P.M. revealed Resident #114 laying in bed with nails in the same condition as observed on 04/07/25 at 10:43 A.M.</p> <p>Follow-up interview on 04/08/25 at 3:19 P.M. with LPN #809 revealed the schedule of the podiatrist visits was hard to know due to her not being notified until the day prior by social services. LPN #809 confirmed and verified Resident #114 toenails had not been maintained by staff or the podiatrist and she could not state when the last time they were was clipped or trimmed.</p> <p>Interview on 04/08/25 at 3:25 P.M. with CNA #708 revealed she had not touched Resident #114 feet, and they always looked like that.</p> <p>Interview on 04/08/25 at 3:42 P.M. with Licensed Social Worker (LSW) #823 revealed she was responsible for setting up ancillary services including podiatry appointments. LSW #823 revealed she kept a running list of residents needing to be seen by the podiatrist, who visited the facility twice a month. LSW #823 revealed Resident #114 had not been added to the list, had not been seen by the podiatrist, and could not confirm the last time he received care related to his feet.</p> <p>Follow-up interview on 04/09/25 at 9:20 A.M. with LSW #823 confirmed and verified Resident #114 had not been seen by the podiatrist and was now placed on the list to be seen on 04/22/25.</p> <p>Review of the facility document titled Nail and Hair Hygiene Services undated, revealed the facility had a policy in place to provide routine nail hygiene services that included trimming, cleaning, and filing. Review of the document revealed the facility did not implement the policy.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365779	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Wyant Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Wyant Rd Akron, OH 44313	

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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35768</p> <p>Based on observation, interview, record review, and review of facility policy, the failed to provide activities to meet the interest and needs of residents. This affected eleven residents (#16, # 21, #23, #24, #28, #32, #42, #47, #56, #62, and #112) of 30 residents observed for activities and had the potential to affect the 22 additional residents (#29, #73, #90, #103, #104, #107, #113, #114, #119, #120, #132, #136, #137, #138, #139, #142, #145, #150, #151, #152, #209, and #210) residing on the Birch unit. The facility census was 158.</p> <p>Findings include:</p> <p>1. Review of the facility activity calendar for April 2025 revealed no activities were provided after 4:00 P.M. Further review noted handouts were the only activity provided after 4:00 P.M.</p> <p>Review of Resident Council Meeting minutes dated January 2024 through April 2025 noted residents requested more activities in and out of the facility in January, February, June, July, September, December of 2024 and January and March of 2025.</p> <p>a. Review of the medical record for Resident #16 noted an admitted [DATE]. Diagnoses included generalized anxiety disorder and paranoid schizophrenia.</p> <p>Review of the comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE], revealed Resident #16 had intact cognition. Attending activities of interest was noted to be very important to Resident #16.</p> <p>Review of a revised plan of care dated 11/04/24 noted Resident #16 attended activities of interest.</p> <p>b. Review of the medical record for Resident #21 noted an admitted [DATE]. Diagnoses included unspecified dementia, anxiety disorder and schizoaffective disorder.</p> <p>Review of the comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE], revealed Resident #21 had intact cognition. Attending activities of interest was very important to Resident #21.</p> <p>Review of a revised plan of care dated 11/04/24 noted Resident #21 attended activities of interest.</p> <p>c. Review of the medical record for Resident #32 noted an admitted [DATE]. Diagnoses included chronic obstructive pulmonary disease, type two diabetes, and chronic kidney disease.</p> <p>Review of the comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE], revealed Resident #32 had intact cognition. Attending activities of interest was very important to Resident #32.</p> <p>Review of a revised plan of care dated 08/07/23 noted Resident #32 attended activities of interest.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365779	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Wyant Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Wyant Rd Akron, OH 44313	

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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>d. Review of the medical record for Resident #42 noted an admitted [DATE]. Diagnoses included major depressive disorder and schizophrenia.</p> <p>Review of the comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE], revealed Resident #42 had intact cognition. Attending activities of interest was very important to Resident #42.</p> <p>Review of a revised plan of care dated 07/03/24 noted Resident #42 attended activities of interest.</p> <p>e. Review of the medical record for Resident #47 noted an admitted [DATE]. Diagnoses included generalized anxiety disorder, paranoid schizophrenia, and intermittent explosive disorder.</p> <p>Review of the comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE], revealed Resident #47 had intact cognition. Attending activities of interest was very important to Resident #47.</p> <p>Review of a revised plan of care dated 02/03/25 noted Resident #47 attended activities of interest.</p> <p>f. Review of the medical record for Resident #56 noted an admitted [DATE]. Diagnoses included generalized anxiety disorder, schizoaffective disorder.</p> <p>Review of the comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE], revealed Resident #56 had intact cognition. Attending activities of interest was very important to Resident #56.</p> <p>Review of a revised plan of care dated 11/16/24 noted Resident #56 attended activities of interest.</p> <p>g. Review of the medical record for Resident #112 noted an admitted [DATE]. Diagnoses included Alzheimer's disease and delusional disorder.</p> <p>Review of the comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE], revealed Resident #112 had intact cognition. Attending activities of interest was very important to Resident #112.</p> <p>Review of a revised plan of care dated 02/24/24 noted Resident #112 attended activities of interest.</p> <p>Interview on 04/07/25 at 2:19 P.M., Resident #32 who was the Resident Council President (RCP) stated the facility has not a a transportation bus in years. The RCP stated no activities are offered after 4:00 P.M. or on the weekends due to lack of staffing. The RCP stated residents complain about activities all the time.</p> <p>Interview on 04/07/25 at 2:27 P.M., Activity Leader (AL) #873 stated she worked every other weekend and was unable to provide activities because she was the only one working. AL #873 also stated residents complain about not being able to attend activities outside the facility like going to the store or going to the movies.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365779	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Wyant Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Wyant Rd Akron, OH 44313	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 04/08/25 at 8:52 A.M., AL #822 stated the facility did not have sufficient staff to provide activities as scheduled and did not have a transportation van for years. AL#822 stated residents complain all the time about not having activities and not being able to go to activities outside the facility. AL #822 stated staff used to take residents to see Christmas lights, see movies, go to museums, and parks. AL #822 stated activities were not provided on the weekends because there was usually one staff working. AL #822 stated that at times, the residents will help pass out the handouts and run the activities.</p> <p>A Resident Council meeting was held on 04/08/24 at 2:08 P.M. with Resident #16, #21, #32, #42, #47, #56, and Resident #112. All residents stated they voice concerns all the time to activity staff, including the Activity Director. Residents stated they would like to go to outside activities including shopping, movies, and bowling.</p> <p>42730</p> <p>2. Observation on 04/07/25 at 10:20 A.M. and 04/08/25 at 3:00 P.M. of the locked Birch unit, revealed multiple residents seated in the common area. One television was mounted to the wall playing a black and white movie. No residents were observed watching the television.</p> <p>Interview on 04/08/25 at 3:19 P.M. with Licensed Practical Nurse (LPN) #809, revealed the activity department did not visit the unit as they should. LPN #809 revealed someone from the activity department would come at 2:00 P.M. on scheduled day and to do the store activity. However, if a resident did not have funds they couldn't get anything. LPN #809 revealed, in return caused residents to be confused on why they couldn't get something causing more issues. LPN #809 revealed the activities and activity department was not great at all and the last outside trip was before COVID-19 pandemic.</p> <p>3. Observations on 04/08/25 at 11:18 A.M., of the Buckeye unit noted residents seated in the dining room watching television. Review of the activity calendar noted an activity of crafts including painting was scheduled.</p> <p>Interview on 04/08/25 at 11:10 A.M., Residents #23, #24, and Resident #28 who were seated in the dining room stated activities were not provided on the unit.</p> <p>Interview on 04/08/25 at 11:40 A.M., CNA #813 and CNA #890 stated they must initial the activities and there was not enough staff to provide activities every day.</p> <p>Interview on 04/08/25 at 2:18 P.M., Activity Director #867 stated he had worked at the facility for three years. AD#867 stated there were not enough staff to provide activities as scheduled and the facility was not able to provide transportation for residents to attend outside activities. AD #867 stated all activity staff leave at 4:00 P.M. daily. AD #867 stated direct-care staff provide handouts to residents for activities after 4:00 P.M.</p> <p>Interview on 04/08/25 at 4:04 P.M., the Administrator, Director of Nursing (DON), Regional Director of Clinical Services (RDCS) #900 and RDCS #901 noted staff were aware that the facility had no transportation bus for years and the lack of daily activities. The Administrator stated he recently purchased items for staff to provide activities on the units. Staff had little response to concerns voiced regarding residents attending outside activities.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365779	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Wyant Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Wyant Rd Akron, OH 44313	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of facility policy titled Activities Program, dated 10/16/24 noted the activity program consists of individual and small and large group activities which are designed to meet the needs and interests of each resident. The activities program included social activities, indoor and outdoor activities, activities away from the facility, religious activities, exercise activities, individualized activities, in-room activities, and community activities.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365779	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Wyant Woods Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Wyant Rd Akron, OH 44313	
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> 35768</p> <p>Based on record review, observation and interview, the facility failed to maintain infection control standards during medication administration and failed to appropriately clean a glucometer. This affected one resident (#32) of four residents reviewed for medication administration. The facility identified 29 residents who required blood sugar monitoring. The facility census was 158.</p> <p>Findings include:</p> <p>Review of medical record for Resident #32 revealed an admitted [DATE]. Diagnoses included type two diabetes mellitus with hyperglycemia.</p> <p>Review of the comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE], revealed Resident #32 had intact cognition.</p> <p>Review of plan of care noted Resident #32 had diabetes. Interventions included to administer medications as ordered and check blood sugars before meals.</p> <p>Observation on 04/07/25 at 11:54 A.M. revealed Licensed Practical Nurse (LPN) #891 preparing medications to be administered to Resident #32. LPN #891 prepared four medications into a medication cup. LPN #891 then bumped into the medication cart, causing the medications to fall out of the cup and land on top of the medication cart. LPN #891 proceeded to pick up the medications up with a bare, ungloved hand and place the medications back into the medication cup.</p> <p>Interview with LPN #891 following the observation revealed LPN #891 confirmed the lack of glove use and touching the bare medications. LPN #891 looked confused as to what was asked regarding hand hygiene during medication administration.</p> <p>Continued observations at 12:04 P.M. revealed LPN #891 was observed checking blood sugar for Resident #32. LPN #891 completed the task and returned to the medications cart. LPN #891 placed the un-sanitized glucometer on top of the medication cart. Approximately 5 minutes later, LPN #891 was asked if he was going to clean the still un-sanitized glucometer. LPN #891 proceeded to use an alcohol wipe to cleanse the glucometer. LPN #891 was asked what he usually used to sanitize the glucometer, LPN #891 stated he used alcohol wipes and bleach wipes. LPN #891 stated the bleach wipes were hard to come by, so he used the alcohol wipes in place of bleach wipes.</p> <p>Review of the undated facility policy titled Medication Administration noted not to touch the medications, either by opening a liquid or dose pack.</p> <p>Review of the undated facility policy titled Cleaning and Disinfecting of Glucose Meter noted to use an Environmental Protective Agency (EPA) approved disinfectant against Hepatitis B and C and human immunodeficiency virus (HIV). The policy also indicated alcohol wipes were not appropriate for cleaning/disinfecting a used glucometer.</p>		