

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365814	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/22/2025
NAME OF PROVIDER OR SUPPLIER  Cortland Center		STREET ADDRESS, CITY, STATE, ZIP CODE  369 N High Street Cortland, OH 44410	

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** 44810</b></p> <p>Based on record review, observation, interview, and facility policy review, the facility failed to use appropriate infection control precautions while providing wound care to Resident #50 who was in enhanced barrier precautions. This affected one Resident #50 but had the potential to affect all 29 residents who were ordered enhanced barrier precautions, Residents #5, #8, #9, #11, #12, #14, #15, #16, #17, #18, #19, #20, #21, #23, #24, #30, #31, #33, #36, #37, #40, #44, #46, #50, #58, #61, #63, and #64. The facility census was 64.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #50 revealed an admitted [DATE]. Diagnoses included chronic obstructive pulmonary disease, hypertension, and heart failure.</p> <p>Review of the care plan dated 06/17/24 revealed Resident #50 had impaired skin integrity on her left breast and left side of her neck. Interventions included providing wound care as ordered and enhanced barrier precautions.</p> <p>Review of the physician's order dated 09/16/24 revealed an order for enhanced barrier precautions.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #50 had moderate cognitive impairment. Resident #50 required extensive assistance for all activities of daily living.</p> <p>Observation and interview on 05/22/25 at 11:15 A.M. of wound care for Resident #50 with Registered Nurse (RN) #502 revealed on the front of Resident #50's door signage that she was in enhanced barrier precautions. The sign stated for staff to wear a gown, gloves, and use hand hygiene when providing personal care including wound care. RN #502 entered the room, set up her area, washed her hands, and began performing the wound care. RN #502 maintained good hand hygiene during the wound care and changed her gloves often using hand sanitizer before applying new gloves. After the procedure was over RN #502 cleaned up her area, removed her gloves and washed her hands. Upon exiting the room, RN #502 confirmed Resident #50 was in enhanced barrier precautions and a gown was not worn during the procedure. RN #502 also confirmed that there was signage on Resident #50's door with personal protective equipment.</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
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy infection prevention and control program policy, revised 02/19/24, revealed it is the policy to maintain an organized, effective facility-wide program designed to systemically prevent, identify, control, and reduce the risk of acquiring and transmitting infections among employees, volunteers, visitors, and contract healthcare workers; to conduct surveillance of communicable disease and infectious outbreaks; and to monitor employee health.</p> <p>This deficiency represents an incidental finding identified during the complaint investigation.</p>		