

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365821	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Walnut Creek Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5070 Lamme Road Kettering, OH 45439	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36303</p> <p>Based on medical records review, staff interview, observation, review of facility policy, and review of Centers of Disease Control and Prevention (CDC) guidance, the facility failed to ensure staff wore appropriate personal protective equipment (PPE) while caring for a resident who was positive with Coronavirus Disease 2019 (COVID-19). This affected one (#1) out of three residents reviewed for infection control. The census was 90.</p> <p>Findings include:</p> <p>Review of Resident #1's medical record revealed an admitted [DATE]. Diagnoses listed included cerebral atherosclerosis, hypertension, vascular dementia, and chronic kidney disease.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #1 was severely cognitive impaired and receiving Hospice services.</p> <p>Review of physician orders revealed an order dated 01/13/25 for contact and droplet precautions due to COVID-19.</p> <p>Review of progress notes dated 01/13/25 at 12:36 P.M. revealed Resident #1 tested positive for COVID-19 with a rapid test nasal swab.</p> <p>Observation on 01/15/25 at 11:06 A.M. revealed Certified Nursing Assistant (CNA) #100 in Resident #1's room standing at the right side of her bed. CNA #1 was gathering bed linens and repositioning Resident #1's bedding. CNA #100 was not wearing a gown, faceshield or goggles. CNA #100 was wearing a surgical style face mask. Observation of Resident 1's room entry revealed a sign stating to use contact and droplet precautions. A bin outside the door contained PPE.</p> <p>Interview with CNA #100 on 01/15/25 at 11:09 A.M. confirmed Resident #1 was in contact and droplet precautions due to being COVID-19 positive. CNA #100 confirmed she did no wear a gown, faceshield or goggles, or N95 (respirator) while in Resident #1's room providing care.</p> <p>Review of the facility's Covid QAPI Plan dated revised August 2024 revealed all staff must use PPE when going into a COVID-19 positive resident room- N95, eyewear, gown, and gloves.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 365821
		If continuation sheet Page 1 of 2

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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 CDC Infection Control Guidance: SARS-CoV-2 revealed healthcare personnel who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to standard precautions and use a NIOSH (National Institute for Occupational Safety and Health) approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).</p> <p>This deficiency is based on incidental findings discovered during the course of this complaint investigation.</p>		