STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365844	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aurora Manor Special Care Cent	101 S Bissell Rd Aurora, OH 44202

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** Based on observation, interview, and policy review the facility failed to ensure infection control standards were implemented during incontinence care. This affected one resident (Resident #42) out of four residents reviewed for incontinence care. Findings include:Review of the medical record revealed Resident #42 was admitted to the facility on [DATE] with diagnoses including cerebral palsy, high blood pressure, Alzheimer's disease, and history of falling.Review of the Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident had cognitive impairment, was dependent on staff for toileting, and was always incontinent of bowel and bladder.Observation on 12/01/25 at 1:10 P.M. of incontinence care for Resident #42 revealed Certified Nurse Aid (CNA) #128 placed supplies directly onto the bedside table without cleaning the table or placing a barrier. During resident cleansing CNA #128 removed their soiled gloves, went to the resident bathroom to retrieve additional supplies, and then immediately put on a new pair of gloves without hand hygiene before resuming incontinence care.An interview on 12/01/25 at 1:22 P.M. with CNA #128 verified the above findings.Review of the facility policy Hand Hygiene Policy, dated 02/28/2025, revealed hand hygiene is to be completed immediately after glove removal.The following violation was issued relative to incidental findings that were discovered during this complaint investigation completed on 12/01/25.

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