

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365847	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/11/2025
NAME OF PROVIDER OR SUPPLIER  Bath Manor Special Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 Smith Road Akron, OH 44333	

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> Based on observation, record review, interviews, and facility policy review, the facility failed to maintain acceptable infection control practices during medication administration to prevent the spread of infection. This affected one resident (#16) and had the potential to affect eight (8) residents (#19, #23, #25, #35, #77, #100, and #118) residing on 100 hall and 300 hall who were identified by the facility to require blood glucose monitoring. The facility census was 113. Findings include: Review of the medical record for Resident #16 revealed an admission date of 06/14/23. Diagnoses included but were not limited to type 2 diabetes mellitus (DM), suicidal ideations, delusional disorders, and vascular dementia. Review of the Minimum Data Set (MDS) 3.0 Significant Change in Status assessment dated [DATE] revealed Resident #16 had impaired cognition. Review of the physician's orders for December 2025 for Resident #16 revealed an order to monitor blood glucose levels twice a day (BID) at 5:00 A.M. and at 4:00 P.M. Observation of blood glucose monitoring on 12/09/25 at 6:03 A.M. revealed Licensed Practical Nurse (LPN) #119 entered Resident #16's room to obtain the resident's blood glucose level and placed the glucometer (a meter to check blood sugar reading) on the resident's over bed tray with no barrier or disinfecting first. The over the bed tray was visibly dirty and contained an open bottle of pop with a straw in it, an opened bag of chips, and a tissue. In addition, after exiting the room LPN #119 did not clean the blood sugar glucometer, which is shared between other residents and placed it back in the medication cart and proceeded to lock the cart. Interview on 12/09/25 at 6:08 A.M. with LPN #119 confirmed she placed the glucometer on the resident's over the bed tray without placing a barrier first or disinfecting. LPN #119 reported she didn't know she had to do that. LPN #119 confirmed she did not clean the glucometer after use on Resident #16. She reported she was in a hurry. LPN #119 confirmed she used the glucometer on other residents on the 100 and 300 hall. Interview on 12/09/25 at 7:36 A.M. with Mobile Director of Nursing (DON) confirmed a barrier is to be placed under the glucometer and the glucometer, which is used on other residents, is to be cleaned before and after each blood sugar check. Review of facility policy, Glucometer/Point of Care Blood Testing and Disinfection Procedure, revised 11/19/25, revealed procedure to wipe meter using friction with recommended type of germicidal disinfectant wipe and to place glucometer on clean surface or place a clean barrier on surface that glucometer is placed/rests on. Review of facility User instruction Manual for Assure Prism Blood Glucose Monitoring System. revealed on page 38, the meter should be cleaned and disinfected after use on each patient and the disinfection procedure is needed to prevent transmission of blood-borne pathogens. This deficiency represents an incidental finding of non-compliance identified during the complaint investigation completed on 12/11/25.</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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