STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365893	A. Building B. Wing	08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Berea Center	49 Sheldon Rd Berea, OH 44017

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, interviews, and policy review, the facility failed to ensure infection control procedures were followed during incontinence care. This affected one resident (#4) of three residents reviewed for incontinence care. The facility census was 47.Findings include:Review of the Medical record for Resident #4 revealed an admission date 04/14/23. Diagnoses included dementia, major depression, chronic kidney disease, and psychotic disorder with delusions due to known physiological condition. Review of the Minimum Data Set (MDS) dated [DATE] revealed Resident #4 had impaired cognition. Resident #4 was dependent on staff for toileting and was incontinent of bowel and bladder. Observation on 08/06/25 at 9:26 A.M. of incontinence care for Resident #4 with Certified Nurse Assistant (CNA) #327 and CNA #337 revealed the CNA's both put gloves on and positioned Resident #4 in bed for incontinence care. Resident #4 was incontinent of a moderate amount of urine. CNA #327 and CNA #337 rolled Resident #4 side-to-side to remove the soiled brief. CNA #337 removed the soiled brief and threw it on the floor beside the bed. Then, CNA #327 brought over the trash can and CNA #337 picked up the dirty brief off the floor and threw it in the trash can. CNA #337 continued to finish peri care and put a clean brief on Resident #4. After incontinence care was completed, CNA #337 removed her dirty gloves and put them in the trash can and continued to finish up with Resident #4 without washing her hands or putting on clean gloves. CNA #337 and #327 used the mechanical lift to put Resident #4 back into the wheelchair, without washing their hands. After Resident #4 was in the wheelchair, CNA #337 then took the mechanical lift back to storage room and still had not washed her hands. CNA #327 did not wash her hands and pushed Resident #4 back to the dining room without washing her hands. Interview on 08/06/25 at 9:36 A.M. with CNA #327 and CNA #337 verified they did not wash their hands during or after incontinence care for Resident #4, and CNA #337 verified that she threw the soiled brief on the floor and stated she should have put it in the appropriate receptacle. Interview on 08/06/25 at 9:50 A.M. with Director of Nursing (DON) verified when completing incontinence care staff are to wash their hands and then put clean gloves on and after removing dirty gloves staff should be washing their hands. The DON additionally verified dirty linens or soiled briefs should not be thrown on the floor due to infection control. Review of the facility policy, Perineal Care- Male and Female, dated 07/07/18 revealed arrange items at side of bed and perform hand hygiene and put gloves on. Continue to provide incontinence care. Discard disposable items into designated containers. Remove gloves and discard into designated containers, perform hand hygiene and put on clean gloves reposition resident comfortably, clean up resident area and then perform hand hygiene again. This deficiency represents non-compliance investigated under Complaint Number 1283308 (OH00165852).

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