STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365920	A. Building B. Wing	08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Embassy of Lebanon	700 Monroe Road Lebanon, OH 45036

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** 46613 Based on medical record reviews, observations, staff interviews, and policy review, the facility failed to follow infection control procedures. This affected two (#10 and #13) residents out of the three residents reviewed. The facility census was 58. Findings include: 1. Review of the medical record for Resident #10 revealed an admitted [DATE] with medical diagnoses of anoxic brain damage, anxiety, dependence on ventilator, tracheostomy, and seizures. Review of the medical record for Resident #10 revealed a quarterly Minimum Data Set (MDS) assessment dated [DATE] which indicated Resident #10 was rare/never understood or able to understand others. The MDS indicated Resident #10 was dependent upon staff for all activities of daily living (ADLs). Review the MDS revealed Resident #10 had a gastrointestinal tube (g-tube), tracheostomy, and was on a mechanical ventilator. Review of the medical record for Resident #10 revealed a physician order dated 06/26/24 for Enhanced Barrier Precaution (EBP) related to enteral tube and tracheostomy. Observation on 08/07/24 at 9:47 A.M. revealed upon entering Resident #10's room Registered Nurse (RN) #103 was observed administering Resident #10's medications via g-tube. The observation revealed RN #103 was not wearing a gown but was wearing gloves. The observation revealed Resident #10 had an EBP sign posted on her door and an isolation cart with personal protective equipment (PPE) inside located outside of Resident #13's room. Interview on 08/07/24 at 9:58 A.M. with RN #103 confirmed she had administered Resident #10 rise medications via g-tube. RN #103 confirmed she had not donned a gown prior to administering the medications via g-tube. RN #103 confirmed Resident #10 had an EBP sign posted on her door and an isolation cart located outside of the room. 2. Review of the medical record for Resident #13 revealed an admitted [DATE] with medical diagnoses of acute and chronic respiratory failure with hypoxia, dependence on ventilator, injury of spinal cord, and atrial fibrillation. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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	Review of the medical record for Resident #13 revealed an admission assessment, dated 07/25/24, which indicated Resident #13 was alert and oriented to person, place, time, and situation. The assessment indicated Resident #13 was able to mouth words and required extensive staff assistance with all ADLs. Further review of the assessment revealed Resident #13 had a tracheostomy and was on a ventilator. Review of the medical record for Resident #13 revealed physician order dated 04/10/24 for EBP related to wound, tracheostomy, catheter, and g-tube and an order dated 06/24/24 to suction tracheostomy as needed. Observation on 08/07/24 at 9:59 A.M. of Resident #13 revealed Respiratory Therapist (RT) #116 performing tracheostomy suctioning. RT #116 was noted to have gloves on but did not have a gown on. The observation revealed an EBP sign posted on Resident #13's door and an isolation cart with PPE inside located outside of Resident #13's room. Interview on 08/07/24 at 10:05 A.M. with RT #116 confirmed she had performed tracheostomy suctioning on Resident #13 and did not wear a gown while performing the task. RT #116 confirmed Resident #13 had an EBP sign posted on her door and an isolation cart located outside of the room. Review of the facility policy titled, EBP, revised 06/01/24 stated EBP is an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities. The policy stated EBP are only necessary when performing high-contact care activities which included dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, wound care, and device care/use such as central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, midlines, and hemodialysis catheters.