

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365990	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2025
NAME OF PROVIDER OR SUPPLIER New Dawn Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 865 East Iron Avenue Dover, OH 44622	

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>Note: The nursing home is disputing this citation.</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, staff interview and review of policy and procedure, the facility failed to maintain proper infection control procedures during incontinence care. This effected one (Resident #63) of six residents reviewed for urinary tract infections. The census was 72. Findings include: Review of Resident #63's medical record revealed an admission date of 07/13/23. Diagnoses included congestive heart failure (CHF), depression, morbid obesity, diabetes, obstructive sleep apnea, and erythema intertrigo. Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed cognition was intact. She required set up or clean up assistance with eating and oral hygiene, dependent for toileting, shower, bathing and dressing and substantial maximal assistance with personal hygiene. The resident was occasionally incontinent of urine and always incontinent of bowel. Observation of incontinence care to Resident #63 on 08/26/25 at 11:10 A.M. revealed Certified Nurse's Aide (CNA) #111 brought a soapy washcloth, wet washcloth and a towel and laid the towel on the bed with the washcloths on top of the towel. The resident turned to her side and CNA #111 washed her buttocks and anal area and then dried the area. CNA #111 then took the washcloths to the sink and rinsed them and applied soap to one, she removed her gloves, washed her hands over the washcloths in the sink, dried her hands and applied new gloves. Then she washed under the right side of the abdomen, rinsed and dried the area. CNA #111 then took the washcloths to the sink and rinsed them, applied soap to one, washed her hands over the wash clothes in the sink, dried her hands and applied on new gloves. CNA #111 lifted the abdomen and washed the vaginal area from front to back and dried the area. CNA #111 then took the washcloths to the sink and rinsed them, applied soap to one, then removed her gloves, washed her hands and applied new gloves. CNA #111 lifted and washed the left side of the abdomen and dried the area, removed her gloves and washed her hands. Interview with CNA #111 on 08/26/25 at 11:28 A.M. verified she did not follow proper infection control when completing incontinence care. Review of the Perineal Care policy and procedure revised 10/2010 revealed to place the equipment on the bedside stand and for a female resident wash the perineal are, wiping from front to back. Separate the labia and wash downward from front to back. Continue to wash the perineum moving from inside outward to and including thighs, alternating from side to side, and using downward strokes. Do not use the same cloth or water to clean the urethra or labia. Rinse the perineum thoroughly in the same direction, gently dry the perineum. Instruct and/or assist the resident to turn on her side, wash the rectal area thoroughly, wiping from the base of the labia towards and extending over the buttock, dry thoroughly. This deficiency represents non-compliance investigated under Complaint Number 2600023.</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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