

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366010	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER The Pinnacle Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 Southwest Ave Tallmadge, OH 44278	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>30809</p> <p>Based on observation, interview, and review of manufacturer's safety data sheet , the facility failed to ensure that high touch surfaces were cleaned and disinfected to prevent the spread of infections in the facility. This affected all the residents in the facility. The facility census was 66.</p> <p>Findings include:</p> <p>An observation of the Housekeeper #75 on 10/02/24 at 10:00 A.M. revealed she was had a housekeeping cart with a bucket of water and cleaning solution on the top of the cart and a large bucket of cleaning solution on the bottom shelf of the housekeeping cart with a floor mop in the bucket.</p> <p>An interview with Housekeeping Manager (HM) #76 on 10/02/24 at 3:40 P.M. revealed she had two different types of cleaning products used to clean the facility. HM #76 stated she prepared the laundry carts in the facility and mixed the cleaning solution in the two buckets on each of the four housekeeping carts everyday prior to the housekeepers starting their shift. HM #76 stated she used the all purpose cleaning solution to prepare the bucket located on the top of the laundry cart used for cleaning the high touch surfaces in the resident rooms, bathrooms and in the common areas of the facility. The mop bucket was used to clean the floors in all areas of the facility. HM #76 stated she used the neutralizer and disinfecting cleaning solution for the mop bucket.</p> <p>An observation on 10/02/24 at 3:50 P.M. with HM #76 of the labeling of two different cleaning solutions used to clean the residents' rooms and common areas of the facility revealed the all purpose cleaner did not disinfect the surfaces cleaned. HM #76 verified she had used the all purpose cleaning solution to prepare the bucket used to clean the high touch surfaces including the bathroom sink and the residents' over-the-bed table.</p> <p>An observation of the housekeeping room with the HM #76 on 10/02/24 at 4:00 P.M. revealed there was an automatic dispensing system that was used by the staff to prepare the cleaning solutions in the facility. The system was used by the staff turning the dial to the appropriate solution desired. There were three different compartments. Each compartment was labeled with one of the following solutions : disinfecting, all purpose cleaner, or glass cleaner. The dispenser had the all purpose solution in the compartment labeled disinfecting solution. HM #76 stated the disinfecting solution should have been placed in the disinfecting compartment and not the all purpose solution.</p> <p>(continued on next page)</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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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An interview with Housekeeper #81 on 10/03/24 at 5:45 A.M. revealed she performed both laundry and housekeeping duties in the facility. Housekeeper #81 stated when the cleaning solution needed changed on the housekeeping cart she emptied the dirty solution down the drain and replaced the cleaning solution in each of the buckets used on the cart. Housekeeper #81 stated she used the all purpose solution to prepare the cleaning solution for the bucket on the top of the cart used to clean the high touch surfaces. Housekeeper #81 stated she used the neutralizer/disinfecting solution for the bucket used to mop the floor in the facility. Housekeeper #81 stated the bucket located on top of the cart was used to clean the high touch surfaces in the residents' room including the bathroom sink and room furniture.</p> <p>A review of the manufacturer's safety data sheet for the concentrated citrus all purpose cleaner revealed the recommended use was for an all purpose cleaner with citrus scent. The safety data sheet indicated no documentation the solution should be used to disinfect surfaces.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00158482, Complaint Number and OH00158209.</p>