

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366033	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER Momentous Health at Sidney		STREET ADDRESS, CITY, STATE, ZIP CODE 510 Buckeye Ave Sidney, OH 45365	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35031</p> <p>Based on resident interview, medical record review, review of video surveillance, staff interview and review of facility policy, the facility failed to ensure gloves were worn during resident care. This affected one (#27) of three residents reviewed for incontinence care. The facility census was 45.</p> <p>Findings include:</p> <p>Review of Resident #27's medical record revealed an admitted [DATE]. Diagnoses included quadriplegia, cervical disc disorder with myelopathy, neuromuscular dysfunction of the bladder, anxiety disorder and transient cerebral ischemic attack.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #27 was cognitively intact and required full assistance for personal hygiene and transfers.</p> <p>Interview on 08/14/24 at 11:00 A.M. with Resident #27 revealed on or about 06/26/24, a female employee touched his genitalia with ungloved hands while providing care.</p> <p>Review of video surveillance of Resident #27's room, dated 06/26/24 and timestamped at 8:14 P.M., revealed a female staff touched Resident #27 in the genital area to observe the resident's skin. The staff did not have gloves on at the time. Further review of the video revealed the female staff apologized to the resident for touching him without gloves on.</p> <p>Interview, and concurrent review of the video surveillance, on 08/14/24 at 2:15 P.M. with the Administrator and the Director of Nursing (DON) confirmed the identity of the female staff as State tested Nurse Aide (STNA) #110. The Administrator and DON further verified STNA #110 touched Resident #27's genital area with ungloved hands.</p> <p>Review of the policy titled Peri Care, dated 05/01/22, revealed staff were to perform hand hygiene and apply gloves prior to resident contact.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00155648.</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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