

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366047	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Rae Ann Geneva		STREET ADDRESS, CITY, STATE, ZIP CODE 839 W Main Street Geneva, OH 44041	

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** 39973</p> <p>Based on observation, interview, record review, review of the memorandum QSO-24-08-NH and facility policy review, the facility failed to utilize enhance barrier precautions (EBP) when indicated for Residents #9 and #34. This affected two residents (#9 and #34) out of three residents reviewed for the donning of EBP. The facility reported 11 residents (#9, #10, #16, #18, #34, #36, #46, #48, #51, #53, and #54) who were identified on EBP. The facility census was 65.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #34 revealed an admitted [DATE] with diagnoses including osteomyelitis (a bone infection, typically caused by bacteria) of vertebra, chronic ulcer of right foot, and diabetes.</p> <p>Review of the April 2025 physician orders revealed Resident #34 had an order to access and flush her Med Port (a device implanted under the skin to provide long-term access to a large vein near the heart for possible intravenous access) with normal saline 0.9 percent intravenously 10 milliliters (ml) prior to antibiotic, daptomycin (antibiotic) sodium chloride intravenous solution 500 milligram (mg) per 50 ml per Med Port every day and utilize EBP.</p> <p>Review of the care plan dated 04/03/25 revealed Resident #34 was on intravenous antibiotics due to osteomyelitis. Interventions included follow up with labs, monitor temperature, and treatment as ordered. There was nothing regarding EBP in the comprehensive care plan.</p> <p>Observation on 04/14/25 at 11:11 A.M. revealed Licensed Practical Nurse (LPN) #601 entered #34's room to administer her intravenous antibiotic. On the outside of the doorframe indicated Resident #34 was on EBP and a blue bag hung on the door that included gloves, gown, and masks. LPN #601 proceeded to perform hand hygiene, apply gloves and did not don a gown. LPN #601 leaned over Resident #35 causing her uniform to come in direct contact with Resident #34. She proceeded to flush her Med Port with normal saline, start the administration of her daptomycin (antibiotic) 500 mg intravenously, doffed her gloves and performed hand hygiene.</p> <p>Interview on 04/14/25 at 11:20 A.M. with LPN #601 verified Resident #34 was on EBP and she had only donned gloves and no gown. She verified she had come in direct contact with Resident #34 and should have worn a gown during the administration of her intravenous antibiotic.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366047	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Rae Ann Geneva		STREET ADDRESS, CITY, STATE, ZIP CODE 839 W Main Street Geneva, OH 44041	
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>Interview on 04/14/25 at 2:40 P.M. with the Director of Nursing (DON) verified Resident #34 was to be on EBP due to her Med Port and wound. She revealed that it had been an issue with staff remembering to utilize EBP despite the signage on the doorframe and bag with personal protective equipment (PPE) on the door.</p> <p>2. Review of the medical record for Resident #9 revealed an admitted [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD), congestive heart failure, legal blindness, chronic kidney disease, and urinary retention.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #9 had intact cognition and had an indwelling urinary catheter (a thin, flexible tube inserted into the bladder to drain urine continuously). She was dependent on staff assistance for toileting hygiene, upper and lower dressing, transfers and she required substantial to maximum assistance with rolling left and right.</p> <p>Review of the care plan dated 01/13/25 revealed Resident #9 had an indwelling urinary catheter. Interventions included monitor intake and output, monitor and report any signs of urinary tract infection, and position catheter bag and tubing below level of the bladder. There was nothing in the comprehensive care plan regarding EBP.</p> <p>Review of the April 2025 physician orders revealed Resident #9 had an indwelling urinary catheter due to a neurogenic bladder (bladder dysfunction due to nerve damage) and staff was to utilize EBP during care due to urinary catheter.</p> <p>Observation on 04/16/25 at 8:08 A.M. revealed on the outside of Resident #9's door frame was signage that indicated Resident #9 was on EBP and a blue bag hung on the door that contained gloves, gowns and masks. Resident #9 requested to use the bed pan and Certified Nursing Assistant (CNA) #606 performed hand hygiene and applied gloves but no gown. CNA #606 proceeded to assist Resident #9 in turning to her left side, pull her pants down and apply the bed pan as the front of her uniform came in direct contact with Resident #9 as she was dependent on staff for care. Resident #9 then proceeded to have a bowel movement and rang for assistance when she was finished. CNA #606 answered her call light, applied a new set of gloves and did not apply a gown. CNA #606 proceeded to provide catheter care as well as toileting hygiene. CNA #606 doffed the gloves and performed hand hygiene.</p> <p>Interview on 04/16/25 at 8:32 A.M. with CNA #606 verified Resident #9 had signage on the outside of her door that she was on EBP. She revealed she was unsure exactly what that meant as she did not wear a gown anytime she provided care for Resident #9, including toileting hygiene. She revealed she had received training on EBP precautions and could not remember but thought that the facility may have stated to wear a gown when a resident was on EBP.</p> <p>Interview on 04/16/25 at 9:30 A.M. with the DON verified Resident #9 was on EBP as she had an indwelling catheter. She again stated that the staff just did not seem to remember despite the signage and the bag on the door as she was going to re-educate at the next staff meeting.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366047	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Rae Ann Geneva		STREET ADDRESS, CITY, STATE, ZIP CODE 839 W Main Street Geneva, OH 44041	
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>Review of the memorandum, QSO-24-08-NH, entitled Enhanced Barrier Precautions in Nursing Homes, dated 03/20/24, by the Centers for Medicare & Medicaid Services, Department of Health & Human Services revealed enhanced barrier precautions are indicated for residents with wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a multi-drug resistant organism (MDRO). The effective date for implementation of enhanced barrier precautions under the guidelines was 04/01/24.</p> <p>Review of the facility policy labeled, Enhanced Barrier Precautions dated 2024 revealed it was the facility policy to implement EBP for the prevention of transmission of MDRO. The policy revealed the facility would obtain an order for EBP for residents with the following: wounds, and/ or indwelling medical devices such as central lines, urinary catheter, feeding tubes, and tracheostomy even if the resident was not known to be infected or colonized with a MDRO. The policy revealed gown, and gloves should be available and face protection if performing activity with risk of splashing or spraying. PPE was necessary during high contact care activities which included dressing, bathing, transferring, hygiene, assisting with toileting and device care (central line, and urinary catheter).</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00162603.</p>		