STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366084	A. Building B. Wing	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vancrest Health Care Center of Eaton	1600 Park Avenue Eaton, OH 45320

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** 44076 Based on medical record review, observations, staff interview, review of facility policy and review of Centers for Disease and Prevention (CDC) guidelines, the facility failed to ensure infection control procedures were followed during incontinence care. This affected one (#11) out of three residents reviewed for incontinence care. The facility census was 71. Findings include: Review of medical record for Resident #11 revealed admitted [DATE]. Diagnoses include dementia without behavior and type two diabetes mellitus. Review of Resident #11's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed she had a Brief Interview Mental Status (BIMS) score of 11 indicating impaired cognition. Resident #11 required moderate assistance with toileting hygiene, was independent with eating moderate assistance for transfers, supervision for bed mobility. Resident #11 was always in urine and bowel. Observation of incontinence care for Resident #11 on 01/07/25 at 9:37 A.M. revealed Certified Nursing Assistant (CNA) #104 used gloves hands to cleanse Resident #11's peri area. CNA #104 then requested Resident #11 to turn onto her right side. CNA #104 then removed the wet incontinence product, disposed of it in the trash can beside the bed and then cleansed Resident #11's buttocks. After tucking a new incontinence product, she requested Resident #11 to roll over and onto her left side in order to position the incontinence product properly underneath her. The new product was secured by CNA #104 and Resident #11's gown was readjusted and was recovered in blankets. CNA #104 removed the trash liner from the can, tied it off and walked into the hallway. At no time did CNA #104 remove her gloves. Interview on 01/07/25 at 9:54 A.M. with CNA #104 verified she had not removed her gloves after providing incontinence care and exiting Resident #11's room. Record review of the undated facility policy, Incontinence Care documented to remove gloves and place in plastic liner, tie plastic liner, wash hands and dispose of the liner. Review of the CDC guidelines at https://www.cdc.gov/clean-hands/hcp/clinical-safety documented staff should remove gloves before exiting a resident room. (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: 366084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2025
NAME OF PROVIDER OR SUPPLIER: Vancrest Health Care Center of Eaton		STREET ADDRESS, CITY, STATE, ZIP CODE: 1600 Park Avenue, Eaton, OH 45320	

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	This deficiency is based on incidental findings discovered during the course of this complaint investigation.