

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2025
NAME OF PROVIDER OR SUPPLIER Glenwood Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 836 West 34th Street NW Canton, OH 44709	

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** Based on observation, interview, record review, and facility policy review, the facility failed to maintain infection control procedures while administering medications. This affected two residents (#26 and #53) of four residents observed for medication administration.</p> <p>Findings include:</p> <p>1. Review of Resident #53's medical records revealed an admission date of 07/17/24 with diagnosis of cerebral infarction and chronic pain syndrome.</p> <p>Review of quarterly Minimum Data Set (MDS) dated [DATE] revealed resident had intact cognition.</p> <p>Observation on 06/25/25 at 9:39 A.M. of Licensed Practical Nurse (LPN) #286 revealed she did not perform hand hygiene before preparing nine medications for Resident #53. LPN #286 placed all medications in the medicine cup and at 9:44 A.M. applied gloves without performing hand hygiene. LPN #286 then entered the resident room and removed the Lidocaine patch from Resident #53's left shoulder area and applied a new Lidocaine patch. LPN #286 at 9:47 A.M. removed her gloves and did not perform hand hygiene. LPN #286 at 9:48 A.M. checked the computer on the medication cart and typed on the key board. LPN #286 at 9:50 A.M. opened the medication cart with her keys and pulled out the Tylenol container and placed two Tylenol in a medicine cup for Resident #53 without performing hand hygiene. LPN #286 at 9:51 A.M. administered two Tylenol to Resident #53 without performing hand hygiene. LPN #286 returned to her cart without performing hand hygiene.</p> <p>Interview on 06/15/25 at 9:51 A.M. with LPN #286 verified she did not perform hand hygiene before or after interaction with resident during medication administration with Resident #286 and verified she did not perform hand hygiene before and after glove usage.</p> <p>Interview on 06/25/25 at 1:55 P.M. with Director of Nursing (DON) confirmed hand hygiene was to be performed before and after each resident during medications administrations, and before donning gloves and after doffing gloves.</p> <p>2. Review of Resident #26's medical records revealed an admission date of 06/02/25 with diagnosis of metabolic encephalopathy.</p> <p>Review of quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #26 had intact cognition.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation of medication administration on 06/25/25 at 12:20 P.M. with LPN #280 revealed he washed his hands before administering medications to Resident #26. LPN #280 put two medications in the medicine cup and administered to Resident #26. Upon exiting Resident #26's room LPN #286 did not perform hand hygiene after medication administration was completed.</p> <p>Interview on 06/25/25 at 1:53 P.M. with LPN #280 verified he did not perform hand hygiene after administering Resident #26's medication. LPN #280 reported he got busy and forgot and knows he is supposed to.</p> <p>Interview on 06/25/25 at 1:55 P.M. with Director of Nursing (DON) confirmed hand hygiene is to be performed before and after each resident during medications administrations, and before donning gloves and after doffing gloves.</p> <p>Review of the facility policy, Handwashing/Hand Hygiene, dated 2001, revealed the facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections. Further states, indications for hand hygiene included immediately before touching a resident; after touching a resident; after touching a resident's environment; immediately after glove removal and perform hand hygiene before applying non-sterile gloves. Gloves do not replace hand washing/hand hygiene.</p> <p>Review of the facility policy, Personal Protective Equipment - Gloves, dated 2001, revealed gloves must be worn when handling blood, body fluids, secretions, excretions, mucous membranes and/or non intact skin. Further states to wash your hands after removing gloves or use hand sanitizer.</p>		