STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366113	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Liberty Health Care Center Inc	1355 Churchill Hubbard Rd Youngstown, OH 44505

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** Based on observation, interview, record review, and facility policy review, the facility failed to ensure enhanced barrier precautions (EBP) were maintained for chronic wound ulcers. This affected one resident (Resident #273) out of three residents reviewed for wound care. The facility census was 95.Findings include:Record review of Resident #273 revealed an admission date of 03/31/26 with diagnoses of cerebral infarction (stroke), Alzheimer's disease, peripheral vascular disease, type two diabetes, and muscle wasting and weakness.Review of Resident #273's care plan revised 05/22/26 revealed goals and interventions for person-centered care included EBP related to the resident's chronic wound.Review of Resident #273's wound assessment dated [DATE] revealed a chronic one-centimeter left heel pressure ulcer which required daily dressing changes, and it was not a new area. Review of provider orders initiated on 06/04/26 revealed EBP every shift while Resident #273 had an indwelling medical device or chronic wound.Observation on 06/04/26 at 11:15 A.M. of left heel wound dressing change for Resident #273 revealed Licensed Practical Nurse (LPN) #614 did not wear a gown when in contact with and providing wound care for Resident #273 per EBP.Interview with Director of Nursing (DON) and Infection Control Nurse (ICN) #587 on 06/04/26 at 2:49 P.M. verified EBP should have been maintained per order, and LPN #614 should have worn a gown while performing the dressing change to Resident #273's chronic left heel wound. Review of facility policy labeled, Enhanced Barrier Precautions (EBP), revised 11/2024, revealed EBP were used in conjunction with standard precautions and expanded the use of personal protective equipment (PPE) with the donning of a gown and gloves during high contact resident care activities. Indications for EBP were indicated for chronic wounds such as pressure ulcers, diabetic foot ulcers, venous stasis ulcers, arterial ulcers, and unhealed surgical wounds. This deficiency represents non-compliance investigated under Complaint Number 3007806.

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