

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER Springfield Masonic Community		STREET ADDRESS, CITY, STATE, ZIP CODE 3 Masonic Drive Springfield, OH 45501	

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>Based on medical record review, observation, staff interview, review of Centers for Disease Control and Prevention (CDC) guidance, and review of facility policy, the facility failed to ensure therapy staff followed the physician orders for enhanced barrier precautions (EBP) for residents who receive therapies while in the therapy room. This affected one resident (#45) and the facility identified eight residents who were on EBP and receiving therapy services. The facility census was 74. Findings include:</p> <p>Review of the medical record for Resident #45 revealed an admission date of 02/12/26. Diagnoses included sepsis, multiple myeloma, congestive heart failure, and other bacterial infections.</p> <p>The admission Minimum Data Set (MDS) assessment, dated 02/19/26, revealed Resident #45 was cognitively intact and required substantial/maximum staff assistance with transfers and bed mobility and was dependent upon staff for toilet hygiene and bathing.</p> <p>The physician order dated 02/23/26 revealed an order for EBP.</p> <p>Observation on 03/05/26 at 7:53 A.M. revealed Physical Therapy Assistant (PTA) #801 providing hands on assistance to Resident #45 with a transfer from his wheelchair to a set of steps in a common area on the unit. The observation revealed PTA #801 did not have on a gown or gloves.</p> <p>Interview on 03/05/26 at 7:55 A.M. with PTA #801 confirmed he provided Resident #45 with hands on assistance with transfer out of his wheelchair and continued to provide hands on assistance to Resident #45 for the steps. PTA #801 confirmed Resident #45 was on EBP because of a wound and he had not donned a gown or gloves when he provided hands on assistance with transfers. PTA #801 stated therapy staff do not wear gowns or gloves in the hallway or in the therapy room when they provided therapy services to residents under EBP.</p> <p>Interview on 03/05/26 at 7:58 A.M. with Occupational Therapy (OT) #802 stated therapy staff follow EBP when treating the residents in their rooms but stated EBP are not followed in the therapy gym when staff are providing hands on assistance.</p> <p>Interview on 03/05/26 at 8:01 A.M. with Director of Rehabilitation (DOR) #805 confirmed therapy staff do not follow EBP when providing treatment for residents with orders for EBP in the therapy gym.</p> <p>Review of the policy titled Enhanced Barrier Precautions revealed the facility is to implement EBP for the prevention of transmission of multi-drug resistant organisms (MRDOs). The policy stated EBP refers to an infection control intervention designed to reduce transmission of MRDOs that employs targeted gown and gloves use during high contact resident care activities. The policy stated EBP should be followed outside the resident's room when performing transfers and assisting during (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>bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assistance with transfers and mobility.</p> <p>Review of CDC guidance titled Implementation of PPE Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) found at https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html and dated 04/02/24 revealed MDRO transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs. EBP is an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities. EBP may be indicated for residents with any of the following: wounds or indwelling medical devices, regardless of MDRO colonization status.</p> <p>This deficiency represents non-compliance investigated under Complaint Number 2748252.</p>		