STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366187	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Minerva Rehabilitation and Nursing Center	1035 East Lincolnway Minerva, OH 44657

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 - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure pre-employment tuberculosis (TB) testing was completed timely for all new staff and new residents received TB testing on admission. This affected one resident (Resident #7) out of three residents reviewed for TB control with the potential to affect all 15 residents residing in the facility. Findings include:1. Review of the employee file of Housekeeper (HK) #202 revealed she had a hire date of 03/27/26. HK #202's employee file revealed she had not received TB testing before working at the facility. Interview on 04/14/26 at 8:43 A.M. with HK #202 revealed she had worked at the facility a little over two weeks. She stated she had not had her TB testing completed since she was hired. Interview on 04/14/26 at 10:29 A.M. with Registered Nurse (RN) #200 verified HK #202 had not received her tuberculin skin test on hire. Interview on 04/14/26 at 11:01 A.M. with Human Resources Director (HR) #211 verified the process for new hires receiving TB testing. She stated when a new staff member was hired she would provide a sheet to nursing to complete both steps of the TB testing. She stated the nursing staff would then return it to her completed. HR #211 stated due to the high turnover of staff recently she had not had time to audit her employee files to ensure staff received the testing required. Review of the facility policy titled, Tuberculosis Control Plan, undated, revealed it was the policy of the facility to screen newly admitted residents and new employees for tuberculosis infections. All newly admitted residents would receive a two-step tuberculin skin test, with the first step administered upon admission. All new employees would receive their first step prior to beginning employment. 2. Review of the medical record for Resident #7 revealed an admission date of 03/19/26 with diagnoses including heart failure, acute respiratory failure, hypertension and difficulty walking. Review of the Medication Administration Record (MAR) for March and April 2026 revealed Resident #7 was scheduled to have Tubersol Solution (tuberculin skin test) administered on admission on [DATE]. However, nursing staff had documented code nine, which meant to review the nursing progress notes. There was no further documentation or orders in the MAR that revealed Resident #7 received his tuberculin skin test from 03/20/26 through 04/14/26. Review of the nursing progress note dated 03/20/26 at 5:50 A.M. revealed nursing staff had documented the Tubersol Solution was unavailable and they were awaiting pharmacy. The physician was made aware. There was no further documentation in the nursing progress notes that Resident #7 had received his tuberculin skin test from 03/20/26 through 04/14/26. Review of the nursing progress note dated 04/14/26 at 10:52 A.M. by Licensed Practical Nurse (LPN) #209 revealed Resident #7's physician was updated that he had missed his initial admission tuberculin skin test on 03/19/26. The physician ordered for the facility to administer his skin test on 04/14/26. Interview on 04/14/26 at 10:10 A.M. with Registered Nurse (RN) #200 verified Resident #7 had not had his tuberculin skin test administered on admission and there was no follow-up to ensure the facility received the Tubersol Solution from the pharmacy. Review of the facility policy titled, Tuberculosis Control Plan, undated, revealed it was the policy of the facility to screen newly admitted residents and new employees for tuberculosis infections. All newly admitted residents would receive a two-step tuberculin skin test, with the first step administered upon admission. All new employees would receive their first step prior to beginning employment. This deficiency represents non-compliance investigated under Complaint Number 2973174.

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