

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366207	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2024
NAME OF PROVIDER OR SUPPLIER Bella Terrace Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1520 Hawthorne Avenue Columbus, OH 43203	
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>47569</p> <p>Based on observation, staff interview, and facility policy review the facility failed to perform hand hygiene during medication administration. This deficient practice affected three residents (Resident #7, #26, and #42) of three residents observed for medication administration. The facility census was 81.</p> <p>Findings Include:</p> <p>Observation on 11/25/24 from 8:10 A.M. to 8:35 A.M. revealed Licensed Practical Nurse (LPN) #381 completing morning medication administration for the third floor unit of the facility. LPN #381 prepared medications for Resident #7. LPN #381 did not wash or sanitize their hands prior to removal of the medications into the medication cup. LPN #381 then entered Resident #7's room and administered the medications, exited the room and returned to the medication cart without washing or sanitizing their hands.</p> <p>LPN #381 began preparing medications for administration for Resident #26 without washing or sanitizing their hands.</p> <p>LPN #381 then donned a gown and gloves following Enhanced Barrier Precautions (EBP) ordered for Resident #26, entered the room and administered medications to Resident #26. LPN #381 then removed the gown and gloves placing them in the trashcan and exited the room without washing or sanitizing their hands.</p> <p>LPN #381 returned to the medication cart, began preparing medications for administration for Resident #42 without sanitizing their hands. LPN #381 completed medication preparation for Resident #42, donned a gown and gloves due to EBP orders for Resident #42, entered the room and administered Resident #42's medications. LPN #381 removed the gown and gloves, placing them in the trashcan and sanitized their hands prior to exiting the room.</p> <p>Interview on 11/25/24 at 8:35 A.M. with LPN #381 confirmed her hands had not been washed or sanitized during the morning medication administration except after Resident #42's medications had been administered. LPN #381 stated hands are to be washed or sanitized prior to and following medication administration to each resident.</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>Review of the facility's policy titled, Administering Medications dated 12/12 revealed, Staff shall follow established facility infection control procedures (e.g. handwashing, antiseptic technique, gloves, isolation precautions, etc) for the administration of medications, as applicable.</p>