

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/05/2024
NAME OF PROVIDER OR SUPPLIER  Gardens at Celina		STREET ADDRESS, CITY, STATE, ZIP CODE  1301 Myers Road Celina, OH 45822	

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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>35031</p> <p>Based on observation, staff interview, and facility policy review, the facility failed to ensure medications were handled in a hygienic manner. This affected five residents (#01, #02, #13, #14, and #25) of five reviewed for medication administration. The facility census was 25.</p> <p>Findings include:</p> <p>Observation on 11/05/24 from 7:10 A.M. to 7:45 A.M. revealed Registered Nurse (RN) #100 administering medications to facility residents. RN #100 obtained the medications for Resident #01 to include Calcium (supplement) 600 milligrams (mg) with Vitamin D3 (vitamin) tablet, Acidophilus (probiotic) capsule, and Iron (supplement) 325 mg tablet. RN #100 opened the Acidophilus capsule with ungloved hands and poured the powder into a dish of applesauce and administered the medications to Resident #01. RN #100 returned to the medication cart did not perform hand hygiene and prepared medications for Resident #14 which consisted of Iron 325 mg, Metoprolol (used to lower blood pressure) 25 mg, and Keppra (anticonvulsant) 750 mg, touching the medications with ungloved hands. RN #100 the administered the medications to Resident #14 and returned to the medication cart without performing hand hygiene. RN #100 prepared medications for Resident #02 which consisted of Vitamin B12 (vitamin) 500 mg two tablets and Tramadol (opiate) 25 mg. RN #100 handled the medications with ungloved hands and administered the medications to Resident #02. RN #100 returned to the medication cart, without performing hand hygiene and began to prepare medications for Resident #25 consisting of two Acetaminophen (analgesic) 325 mg tablets, Amiodarone (antiarrhythmic) 200 mg, Amlodipine (used to lower blood pressure) 10 mg, Vitamin C (vitamin) 500 mg, Vitamin D 1000 international units, Eliquis (anticoagulant) 2.5 mg, Ocular vitamin, Lasix (diuretic) 40 mg, and Lisinopril (used to lower blood pressure) 2.5 mg, touching many of the medications with ungloved hands, and administered the medications to Resident #25. RN #100 returned to the medication cart, without performing hand hygiene and began preparing medications for Resident #13 consisting of Acidophilus, Aspirin (non-steroidal anti inflammatory) 81 mg, Calcium 600 mg with Vitamin D3, Multivitamin, Acetaminophen 500 mg two tablets, Pantoprazole (proton pump inhibitor) 40 mg, Zyvox (antibiotic) 600 mg, and Losartan (used to lower blood pressure) 100 mg, touching many of the medications with ungloved hands, and administered the medications to Resident #14. Interview immediately after the observation, RN #100 verified she had not performed hand hygiene and had touched many of the medications with ungloved unwashed hands prior to administering the medications to the residents.</p> <p>Review of the policy titled Hand Hygiene undated, revealed staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice.</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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