

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Concordia at Sumner		STREET ADDRESS, CITY, STATE, ZIP CODE 970 Sumner Parkway Copley, OH 44321	

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>(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Concordia at Sumner		STREET ADDRESS, CITY, STATE, ZIP CODE 970 Sumner Parkway Copley, OH 44321	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and facility policy review, the facility failed to ensure infection control protocols were maintained during incontinence care and Hoyer (mechanical) lift transfers. This affected one resident (#8) out of one resident observed for incontinence care and Hoyer lift transfers. The facility census was 42. Findings included: Review of the medical record for Resident #8 revealed an admission date of 01/05/22. Diagnoses included but not limited to chronic kidney disease, anxiety disorder, and unsteadiness on feet. Review of the Minimum Data Set (MDS) quarterly assessment dated [DATE] revealed Resident #8 had intact cognition. Resident #8 was dependent on staff for incontinence care and transfers and was always incontinent of bladder and bowel. Observation on 08/21/25 at 7:08 A.M. of incontinence care for Resident #8 revealed Certified Nursing Assistant (CNA) #261 gathered supplies, provided privacy, and explained the procedure to Resident #8. CNA #261 used hand sanitizer in Resident #8's room and went to don gloves and the box was empty. At 7:09 A.M., CNA #261 left the room and went to the supply room, touched the doorknob and went in and received a box of gloves. At 7:11 A.M., CNA #261 returned to Resident #8's room and donned gloves without performing hand hygiene. CNA #261 removed Resident #8's brief which was soiled with a moderate amount of urine. CNA #261 provided perineal care, then with the same gloves on, she touched Resident #8's basin and moved multiple items around in basin to find the barrier cream container. CNA #261 then proceeded to put barrier cream on her gloves and applied it to Resident #8's buttocks. CNA #261 then applied a new brief with the same soiled gloves. CNA #261 then, with same gloves still applied, got the sling pads for the Hoyer lift and positioned the sling pad underneath Resident #8. CNA #261 then got the Hoyer life, attached the sling to the lift, raised Resident #8, and transferred the resident into the electric wheelchair. CNA #261 then gathered garbage and linens and before exiting room where she removed the glove from her right hand and the glove on the left hand remained. Before exiting room CNA #261 used hand sanitizer located on Resident #8's wall on her right ungloved hand and rubbed her right hand, moving fingers around and on palm of right hand and exited room, glove on the left hand remained. CNA #261 then went to the Hopper room, a designated utility room, with the glove still intact to her left hand. In the Hopper room she removed her left glove and then rubbed her left hand together with her right ungloved hand. At this point there was no visible hand sanitizer remaining on her right hand. Interview on 08/21/25 at 7:29 A.M. with CNA #261 confirmed she did not perform hand hygiene or glove usage correctly during incontinence care or with Hoyer lift. CNA #261 reported she just forgot. Interview on 08/21/25 at 8:34 A.M. with the Director of Nursing (DON) and Clinical Nurse Consultant (CNC) #400 confirmed hand hygiene is to be performed before and after glove usage, after perineal care, before applying barrier cream, and before and after each procedure. Review of the facility document, Aide Skills: Providing Perineal Care, undated, revealed to perform hand hygiene and don new gloves before starting the procedure. Review of the facility policy, Hand Hygiene procedure, dated 2022, revealed all staff will perform proper hand hygiene procedure to prevent the spread of infection to other personnel, residents, and visitors, and the use of gloves does not replace hand hygiene. If task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves. Further states, hand hygiene is indicated and will be performed under the condition listed in the attached hygiene table to include the following: before applying and removing personal protective equipment (PPE), including gloves, before and after handling clean or soiled linens, before performing resident care procedures, after handling items potentially contaminated with excretions/body fluids, during resident care, moving from a contaminated body site to a clean body site, after assistance with personal body functions to include elimination, and when in doubt.</p>		