

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/21/2025
NAME OF PROVIDER OR SUPPLIER  Centerburg Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE  4531 Columbus Road Centerburg, OH 43011	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34298</b></p> <p>Based on record review, observation, interview, policy review and review of the Center of Disease Control recommendations, the facility failed to ensure appropriate infection control procedures were followed while incontinence care was provided. This affected one (Resident #2) of one residents observed for incontinence care. Facility census was 68.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #2 was admitted on [DATE] and readmitted on [DATE] with diagnoses that included respiratory failure with hypoxia, dependence of respirator, and type 2 diabetes.</p> <p>The Minimum Data Set, dated dated [DATE] revealed Resident #2 was moderately impaired and was always incontinent of bowel and bladder.</p> <p>An observation on 04/21/25 at 10:00 A.M. of incontinence care by Certified Nurse Assistant (CNA) #206 for Resident #2, who was in enhanced barrier precautions (EBP), revealed CNA #206 put a gown and gloves on to provide care. Resident #2 had a small soft bowel movement. CNA #206 used wipes to remove the feces. CNA #206 did not remove gloves or perform any hand hygiene before placing a clean incontinence brief on Resident #2 and pulling the sheet up to cover Resident #2. CNA #206 verified she did not remove the gloves she was wearing when cleaning feces. CNA #206 stated she was not aware she had to change gloves when wearing the personal protective equipment (PPE) for EBP.</p> <p>The Centers for Disease Control (CDC) website <a href="https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html">https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html</a> dated 02/27/24 revealed recommendations for hand hygiene for healthcare workers included hand hygiene should be performed before moving from working on a soiled body site to a clean body site on the same patient and after contact with body fluids or contaminated surfaces.</p> <p>The facility policy for Hand Hygiene/Handwashing revised on 02/28/25 revealed the use of gloves does not replace the need for hand cleaning by either hand rubbing or hand washing.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00164491.</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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