

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366384	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/23/2024
NAME OF PROVIDER OR SUPPLIER  Cypress Pointe Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE  600 West National Road Englewood, OH 45322	

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** 44412</b></p> <p>Based on medical record review, observation, staff interview, review of the facility policy, the facility failed to ensure proper hygiene was completed during wound care. This affected one (Resident #24) of three residents reviewed for pressure sores. The facility census was 66 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #24 revealed an admitted [DATE] with diagnoses including type two diabetes mellitus, chronic kidney disease, and congestive heart failure.</p> <p>Review of the physician's orders for Resident #24 revealed an order dated 07/10/24 to cleanse the wound to the right foot/ankle with wound cleanser or normal saline, apply calcium alginate, and cover with dressing every day or as needed.</p> <p>Observation of wound care for Resident #24 per Licensed Practical Nurse (LPN) #20 on 07/22/24 at 3:59 P. M. revealed the nurse performed hand hygiene prior to starting the wound treatment and donned gloves. During wound care, LPN #20 removed the old dressing and cleansed the wound without changing her gloves and performing hand hygiene. LPN #20 continued to complete the dressing change with the same pair of gloves throughout the entire treatment. LPN #20 removed her gloves and performed hand hygiene after completion.</p> <p>Interview on 07/22/24 at 4:18 P.M. with LPN #20 confirmed she did not change her gloves or perform hand hygiene during the dressing change for Resident #24.</p> <p>Review of the facility policy titled Guideline for Handwashing/Hand Hygiene dated 12/31/23 revealed handwashing was the single most important factor in preventing transmission of infection. All health care workers should utilize hand hygiene frequently and appropriately.</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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