STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366465	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glen The	4300 Gleneste-Withamsville Road Cincinnati, OH 45245

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, interview, and policy review, the facility failed to ensure standard infection control practices were followed during a wound care treatment. This affected one (Resident #54) out of one resident reviewed for pressure ulcer care. The facility census was 50.Findings Included:Review of the medical record revealed Resident #54 was admitted to the facility on [DATE]. Diagnoses included pneumonitis, encephalopathy, and hypertensive heart disease with heart failure. Review of Resident #54's Care Plan included a problem statement dated 12/02/2025, indicating the resident had a skin/wound infection. Interventions directed staff to use proper infection control precautions as indicated and per policy when providing care to the resident. Review of Resident #54's Physician Order Report revealed an active order dated 12/08/2025, with instructions to cleanse the resident's sacrum wound with normal saline, pat dry, apply skin prep to peri-wound, cut to fit and apply a medicated gauze to the wound bed, and cover with a foam border dressing. During an observation of wound care for Resident #54 on 12/11/2025 at 9:40 A.M. revealed Licensed Practical Nurse (LPN) #1 performed hand hygiene and gathered supplies to perform the sacrum wound care for Resident #54. LPN #1 performed hand hygiene, put on personal protective equipment, including gloves, and placed clean supplies on a disinfected bedside table. Resident #54 was rolled on their right side. The old dressing on the resident's sacrum area was removed by LPN #1 and discarded in the trash can. LPN #1 failed to change gloves, perform hand hygiene, and had not put on another pair of clean gloves before she proceeded to measure the sacrum site, obtain a normal saline vial, and provide wound care to the wound. At 10:55 A.M., LPN #1 removed the gloves and washed her hands. During an interview on 12/11/2025 at 10:55 A.M., LPN #1 stated when she went to wash her hands, she realized she had not removed her gloves after removing the old dressing from the sacrum area. During an interview on 12/11/2025 at 5:13 P.M., the Director of Nursing (DON) stated she expected staff to not cross contaminate during wound care when completing dirty-to-clean dressing changes. She stated staff had been trained and were expected to know how to perform dressing changes, when to perform hand hygiene, and when to put gloves on and take them off. During an interview on 12/11/2025 at 6:00 P.M., the Executive Director (ED) stated staff had been trained and were expected to provide wound care according to the process and procedures for that task and according to recommended guidelines. Review of the facility policy titled Guidelines for General Wound and Skin Care, dated 05/10/2017, revealed the Procedure included 1. Wash hands before and after resident contact. Observe standard precautions, and 9. Dress chronic wounds using clean technique, since all chronic wounds are contaminated.

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