

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366496	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Allbridge Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5500 East Broad Street Columbus, OH 43213	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49039</p> <p>Based on observation, record review, and staff interview, the facility failed to ensure enhanced barrier precautions (EBP) were followed for one (Resident #1) of four residents reviewed for EBP. The facility census was 39.</p> <p>Findings include:</p> <p>Review of Resident #1's medical record revealed an admitted [DATE] with diagnoses of acute respiratory failure, tracheostomy, gastrostomy status, and pneumonia due to pseudomonas on 12/13/24 due to recent hospitalization .</p> <p>Review of the quarterly Minimum data set (MDS) 3.0 assessment completed 12/31/24 revealed Resident #1 had memory problem and was severely cognitively impaired. Resident #1 was dependent on staff for all activities of daily living and has a tracheostomy.</p> <p>Review of the physician orders dated 12/22/24 revealed Resident #1 had an order for enteral feed for nutrition, and a tracheostomy (surgical airway) and EBP during high contact resident care activities.</p> <p>Review of Resident #1's EBP care plan dated 11/23/24 revealed interventions included signage on door and gloves and gowns for high contact resident care.</p> <p>Observation on 01/09/25 at 6:12 A.M. with Certified Nursing Assistant (CNA) #62 and #80 showed they were preparing to administer perineal care to Resident #1. Upon entering the room, they knocked on the door, performed hand hygiene, and then entered. An EBP sign was posted on the door, indicating all direct care staff providing personal care should wear a gown before assisting the resident with direct care. CNA #62 and #80 proceeded by gathering the necessary supplies, including filling a bucket with water, collecting washcloths and soap, opening linen bags for disposal, and placing towels on a clean surface. However, upon initiating perineal care, CNA #62 and #80 did not put on gowns.</p> <p>The EBP signage posted outside of the door revealed everyone must clean their hands, including before entering and when leaving the room. providers and staff must also: wear gloves and a gown for the following high-contact resident care activities, dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting and device care or use: central line, urinary catheter, feeding tube or tracheostomy.</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
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 01/09/25 at 6:52 A.M. with CNA #62 confirmed she did not wear a gown when providing perineal care on Resident #1.</p> <p>Interview on 01/09/25 at 6:55 A.M. with CNA #80 confirmed she did not wear a gown when providing perineal care on Resident #1.</p> <p>Interview on 01/09/25 at 7:43 A.M. with Regional Nurse #99 confirmed Resident #1 had EBP signage on her door, she confirmed staff members should be wearing gowns when performing perineal care since Resident #1 has a tracheostomy and a gastro-tube.</p> <p>This was an incidental finding during the course of the complaint investigation.</p>		