

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 515063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Cortland Acres Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 39 Cortland Acres Lane Thomas, WV 26292	

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>Based on observation and staff interview, staff failed to change contaminated gloves after performing perineal care and before touching clean resident gown and linens. This was true for one (1) of one (1) residents observed during perineal care. Resident identifier: # 70. Facility census: 90. Based on observation and staff interview, staff failed to change contaminated gloves after performing perineal care and before touching clean resident gown and linens. This was true for one (1) of one (1) residents observed during perineal care. Resident identifier: # 70. Facility census: 90. Findings included: a) Resident #70 On 06/24/25 at 11:05 AM an observation of perineal care for Resident #70 found that Nurse Aide (NA) #14 completed perineal care with no issues observed with the procedure. Upon completion of the perineal care, NA #14 failed to change the contaminated gloves and assisted the resident to put on a clean gown. The surveyor intervened and stopped the continued use of the contaminated gloves. NA #14 confirmed she should have changed her gloves after completed perineal care. NA #14 immediately removed the contaminated gloves, performed hand hygiene, and donned new gloves.</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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