

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366439	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OF SUPPLIER OTTERBEIN UNION TOWNSHIP		STREET ADDRESS, CITY, STATE, ZIP 1114 NEIGHBORHOOD DRIVE BATAVIA, OH 45103	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, staff interview, and policy review, the facility failed to maintain proper hand hygiene during kitchen cleanup. This had the potential to affect 10 Residents (#10, #14, #21, #27, #28, #36, #37, #38, #46, #44) who resided in the housing unit and received meals from the kitchen. The facility census was 47. Findings included: Observation on 09/29/20 at 8:33 A.M., of the housing unit revealed Elder Assistant (EA) #08 took the trash out the side door to the dumpster, returned to the kitchen, rinsed dishes in the sink, opened the dish washer, walked back to the sink, squirted dish detergent on a rag, put the rag down, walked over and opened a drawer and started to put on gloves. Through surveyor intervention EA #08 was stopped and asked if she had washed her hands after taking out the trash. EA #08 verified she had not washed or sanitized her hands prior to returning to the kitchen and completing tasks. A sink for hand washing was observed located next to the entrance to the kitchen. Interview on 09/29/20 at 9:30 A.M., the Director of Nursing confirmed EA #08 should always wash hands prior to entering the kitchen area. Review of the facility policy titled hand hygiene dated 11/21/17, revealed hand hygiene should occur before aseptic tasks. Review of the facility policy titled General Waste, Collection and Disposal revised 05/2013 revealed the procedure to remove general waste is to put on gloves before taking out trash, and to remove gloves and wash hands when the task was completed.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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.