

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>366459</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRUNSWICK POINTE TRANSITIONAL CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4355 LAUREL ROAD BRUNSWICK, OH 44212</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview and record review, the facility failed to ensure proper infection control procedures were followed during meal service on the 200 unit. This had the potential to affect 16 (Residents #7, #8, #9, #12, #14, #15, #22, 32, #33, #36, #38, #44, #45, #54, #59, and #63) of 16 residents who resided on the 200 unit who ate food served from that pantry. The facility census was 76. Findings include: Observation on 08/06/20 at 8:02 A.M. revealed Dietary Aide (DA) #102 was in the pantry serving breakfast and did not have all her hair in her hairnet. DA #102 with her gloved hands put the rest of her hair into her hairnet and proceeded to resume her duties. She took toast out of the toaster with the same gloves on her hands that she touched her hair with. DA #102 changed her gloves after she was reminded without washing her hands and proceeded to touch the same toast from the toaster. Interview on 08/06/20 at 8:48 A.M. with Dietary Manager #103 revealed that DA #102 should have known better. DA #102 was in-serviced on food safety when it came to hair net, gloves and hand washing. Review of the policy entitled Infection Control-Dietary/Food Handling dated 03/2016 revealed Food handlers must wash hands before putting on gloves and hairnets must be worn to effectively keep hair from contacting exposed food, clean equipment, utensils and linens.		

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.