

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365514	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2020
NAME OF PROVIDER OF SUPPLIER ALLEN VIEW HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2615 DERR ROAD SPRINGFIELD, OH 45503	
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 0882 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on review of the infection control specialized staff training and staff interview, the facility failed to ensure the designated Infection Preventionists (IPs) had completed the required specialized training. This had the potential to affect all 98 residents of the facility. Findings include: On 10/21/20 at 10:15 A.M. documentation of the completed specialized training for the IPs was requested. Interview with the Director of Nursing (DON) at that time revealed she and Licensed Practical Nurse (LPN) #100 were functioning as the IPs, however neither had completed the required specialized training in infection control and prevention. Interview with LPN #100 on 10/21/20 at 1:00 P.M. verified she had started the specialized IP training, however was not able to complete the program.		

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.