



# STEPS AND PARTNERSHIPS IN OUTBREAK INVESTIGATION

**Tonya D. Estep McGuire,**  
**Public Health Epidemiologist,**

*Athens, City of Ironton, Gallia,  
Hocking, Lawrence, Meigs, Ross,  
and Vinton County Health  
Departments*

# OBJECTIVES

- Identify reportable disease resources in Ohio
- Recognize a possible infectious disease outbreak
- Explain the steps of an infectious disease outbreak investigation
- Recognize the appropriate collection and handling of specimens for a suspected outbreak
- Cite advantages of working with the Local Health Department in an outbreak investigation

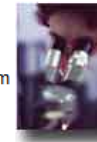


Frequently Asked Questions

BCMH Health Care Providers

Infectious Disease Control Manual

The Infectious Disease Control Manual (IDCM) is a project of the Ohio Department of Health State Epidemiology Office with the assistance of the Bureau of Infectious Diseases, the Bureau of HIV/AIDS, STD and TB and the Bureau of Public Health Laboratories. It is designed to be a reference for local health departments, hospitals, laboratories and physicians in, providing information about infectious diseases from a public health perspective, including prevention, control and reporting of suspected and diagnosed cases. This manual is updated at least annually to reflect changes in public health practices and disease prevention and control activities.



- [Section 1](#) General information, telephone numbers, abbreviations, definitions, lists of reportable diseases alphabetically and by class, surveillance and epidemiologic investigations and interagency collaboration.
- [Section 2](#) Rules that pertain to infectious disease control.
- [Section 3](#) Reportable and non-reportable infectious diseases are described in this section. Includes reporting requirements, description of the disease agents, case definition, signs and symptoms, diagnostic criteria, epidemiology of the disease and public health management. [Forms](#) needed for reporting and to assist in case investigation.
- [Section 4](#) Describes the services available at the Ohio Department of Health Laboratories and discusses proper specimen submission.
- [Section 5](#) Limitations on movement and infection control practices to prevent the spread of infectious diseases.
- [Section 6](#) For informational purposes only.

Identify reportable disease resources in Ohio

http://www.odh.ohio.gov/healthresources/infectiousdiseasemanual.aspx

## Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio

From the Ohio Administrative Code Chapter 3701-3; Effective January 1, 2014

### Class A:

Diseases of major public health concern because of the severity of disease or potential for epidemic spread – report immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists.

- Anthrax
- Botulism, foodborne
- Cholera
- Diphtheria
- Influenza A – novel virus
- Measles
- Meningococcal disease
- Plague
- Rabies, human
- Rubella (not congenital)
- Severe acute respiratory syndrome (SARS)
- Smallpox
- Tetanus
- Viral hemorrhagic fever (VHF)
- Yellow fever

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

### Class B:

Disease of public health concern needing timely response because of potential for epidemic spread – report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

- Amebiasis
- Arboviral neuroinvasive and non-neuroinvasive disease:
  - Eastern equine encephalitis virus disease
  - LaCrosse virus disease (either California serogroup virus disease)
  - Powassan virus disease
  - St. Louis encephalitis virus disease
  - West Nile virus infection
  - Western equine encephalitis virus disease
  - Other arthropod-borne diseases
- Babesiosis
- Botulism, infant
- Botulism, wound
- Brucellosis
- Campylobacteriosis
- Chancroid
- Chlamydia trachomatis infections
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- E.coli O157:H7 and Shiga toxin-producing (STEC) E.coli
- Ehrlichiosis/anaplasmosis
- Giardiasis
- Gonorrhea (*Neisseria gonorrhoeae*)
- Haemophilus influenzae (invasive disease)
- Hantavirus
- Hemolytic uremic syndrome (HUS)
- Hepatitis A
- Hepatitis B, non-perinatal
- Hepatitis B, perinatal
- Hepatitis C
- Hepatitis D (delta hepatitis)
- Hepatitis E
- Influenza-associated hospitalization
- Influenza-associated pediatric mortality
- Legionnaires' disease
- Leprosy (Hansen disease)
- Leptospirosis
- Listellosis
- Lyme disease
- Malaria
- Meningitis:
  - Aseptic (viral)
  - Bacterial
- Mumps
- Mycobacterial disease, other than tuberculosis (MOTT)
- Pertussis
- Polio myelitis (including vaccine-associated cases)
- Psittacosis
- Q fever
- Rubella (congenital)
- Salmonellosis
- Shigellosis
- Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever
- Staphylococcus aureus, with resistance of intermediate resistance to vancomycin (VRSA, VISA)
- Streptococcal disease, group A, invasive (IGAS)
- Streptococcal disease, group B, in newborn
- Streptococcal toxic shock syndrome (STSS)
- Streptococcus pneumoniae, invasive disease (ISP)
- Syphilis
- Tetanus
- Toxic shock syndrome (TSS)
- Trichinellosis
- Tuberculosis, including multi-drug resistant tuberculosis (MDR-TB)
- Typhoid fever
- Typhus fever
- Varicella
- Vibriosis
- Yersiniosis

### Class C:

Report an outbreak, unusual incident or epidemic of other diseases (e.g. Histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day.

#### Outbreaks:

- Community
- Foodborne
- Healthcare-associated
- Institutional
- Waterborne
- Zoonotic



Healthcare-Associated Infections

[For Consumers](#)

[For Healthcare Professionals](#)

[Ohio Hospital Compare](#)

[Ohio's Healthcare-Associated Infection Prevention Plan](#)

[Antibiotic Resistant Organisms](#)

[Contact Us](#)

## Healthcare-Associated Infections

Healthcare-Associated Infections (HAIs) are infections that occur during, or as a consequence of, healthcare. In recent years, interest in HAIs has grown steadily in the United States among consumers, legislators, providers, payers and regulatory/accreditation organizations focusing on patient safety and performance improvement.

HAIs are a major clinical and public health problem across the spectrum of healthcare settings that results in high morbidity, mortality and cost. Based on national estimates<sup>1</sup>, HAIs affect 5 to 10 percent of Ohio hospitalized patients annually and result in over 80 thousand infections and nearly 4 thousand deaths.

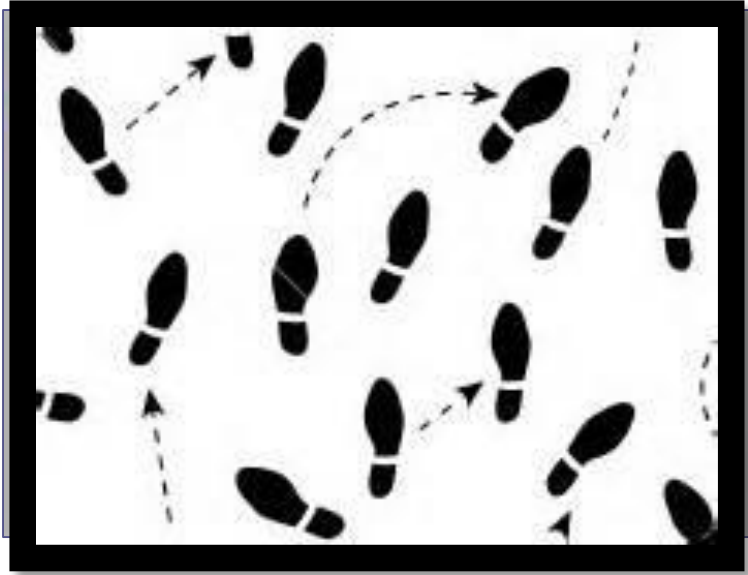
State health departments have traditionally had limited funding or workforce directly targeted to HAI issues. However, in recent years, more than 28 states, including Ohio, have passed laws requiring reporting of hospital-specific HAI data to state health departments with [public disclosure of hospital infection rates](#).

In January, 2009, Health and Human Services (HHS) released the HHS Action Plan to prevent HAIs. Each state has been encouraged to develop a HAI Prevention Plan. Please use the [link](#) to access Ohio's HAI Prevention Plan.

<sup>1</sup> McKibben, L., et.al., AJIC 2005:33:4, 217-226.

*Last updated: 08/13/12*





1. Prepare
2. Determine the existence of an outbreak
3. Verify the diagnosis
4. Define and identify cases

## Explain the steps of an infectious disease outbreak investigation

5. Generate descriptive epidemiology
6. Develop the hypotheses
7. Test the hypotheses
8. Reconsider, refine, re-evaluate Hypotheses
9. Implement control measures
10. Communicate findings

# PREPARE

- Training
- Familiarization with policies and procedures
- Supplies



- The occurrence of cases of a disease (illness) above the expected or baseline level, usually over a given period of time, as a result of being in a healthcare facility or receiving healthcare-associated products or procedures.
- The number of cases indicating the presence of an outbreak will vary according to the disease agent, size and type of population exposed, previous exposure to the agent, and the time and place of occurrence.

## Determine the Existence of an Outbreak





# ***VERIFY THE DIAGNOSIS***

- Conducting interviews and reviewing medical history to determine characteristics of illness
- Comparing suspected etiology to “textbook” cases
- Laboratory testing



Ummm...that's not what I had in mind when I requested a "tissue" specimen!

## Recognize the appropriate collection and handling of specimens for a suspected outbreak

- Depends on the illness associated with the outbreak
- Local Health Department will guide and facilitate
- Follow all specimen handling instructions



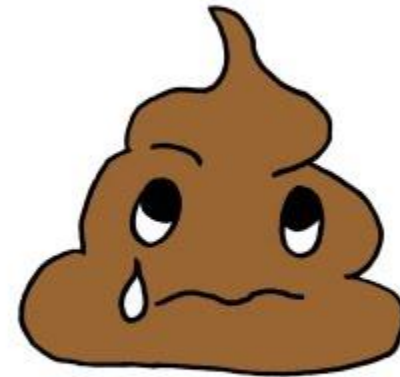
# BASIC SPECIMENS COLLECTED IN OUTBREAKS BY LOCAL HEALTH DEPARTMENTS

FOOD/BEVERAGE  
SPECIMENS



STOOL SPECIMENS

Extremely Depressed Poop



“The End Is Near”

# FOOD/BEVARGE SPECIMENS CAN BE TESTED FOR:

- Botulinum Neurotoxin-Producing Clostridium species
- Culture for Bacillus cereus, Campylobacter spp., Clostridium perfringens, Shiga-toxin producing Escherichia coli, Listeria monocytogenes, Salmonella, Shigella spp., Staphylococcus aureus, Vibrio spp., and Yersinia enterocolitica; enzyme immunoassay for Bacillus cereus and Staphylococcus aureus enterotoxin; fecal coliform count

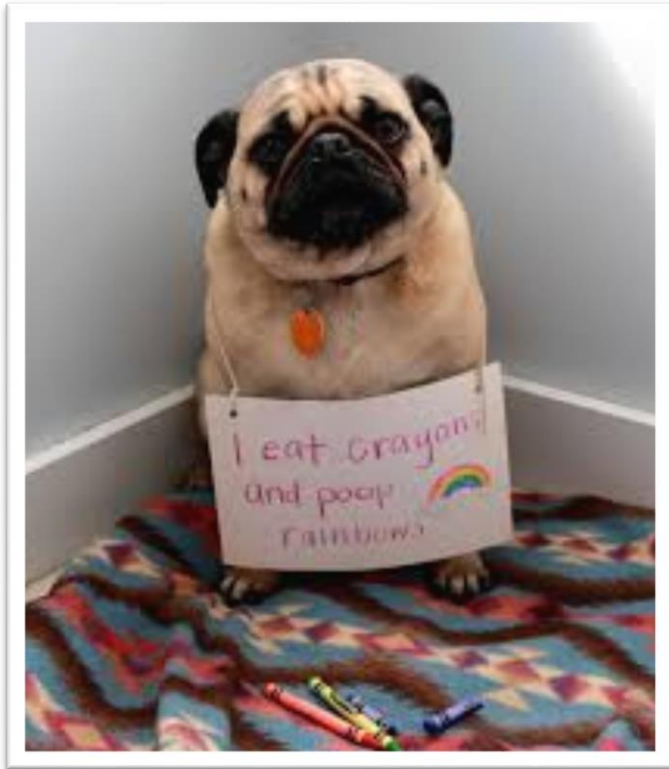


# METHOD:

- A minimum of 35 grams of a solid food item or 35 mL of a liquid food item is required
- Use separate sterile utensils and containers for each item
- Label each item
- Place liquid in cups and then bag
- Place more solid items in bags directly
- Maintain foods at the temperature as found when collected



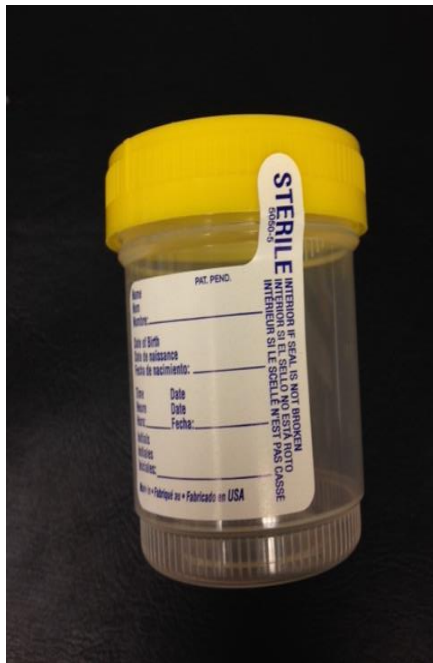
# STOOL SPECIMENS



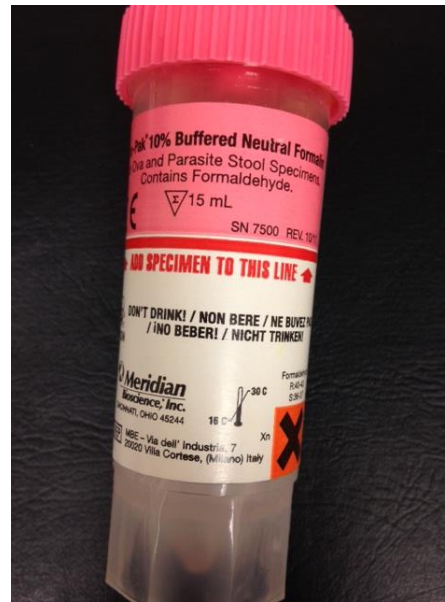
- Bulk
  - C & S (Cary Blair)
- Combination (Bulk and CSM)
  - Crypto

# TYPES OF STOOL SPECIMEN KITS

BULK



CRYPTO



C & S



# BULK STOOL SPECIMENS CAN BE TESTED FOR:

- Botulism  
(botulinum  
toxin)

- Norovirus  
*(If submitting  
vomitus,  
follow same  
method as  
stool)*

- Sometimes  
further  
testing for  
other viruses  
when ODH  
requests

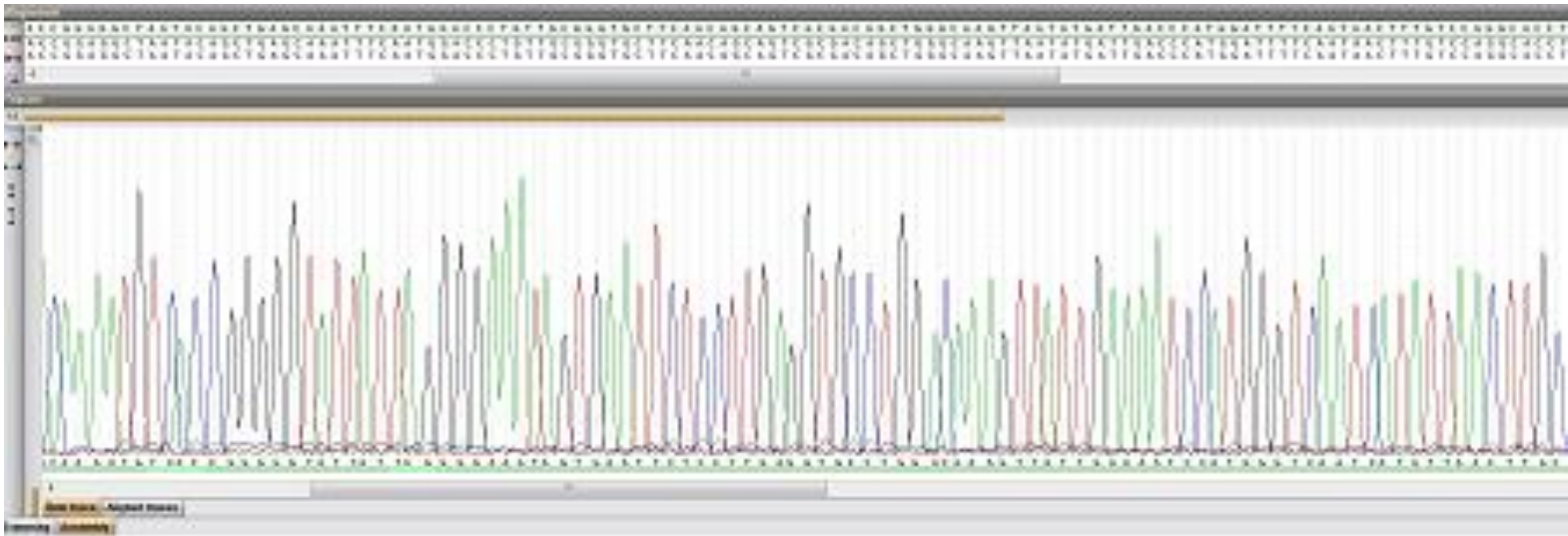


# METHOD:

- Ship a minimum of 2 mL of liquid or 2 grams of formed stool
- To collect stool use a stool collection pan (if not available, use an alternative such as newspaper, plastic tub, etc.)
- Stool must be collected IMMEDIATELY and refrigerated IMMEDIATELY
- Bunks will keep fine in the refrigerator with no time limit, but lab prefers receipt in 5 days
- Stool MUST NOT be mixed with urine
- There is nothing sacred about the specimen containers provided
- Must be refrigerated during shipping

# How Long to Results?

**Norovirus: From Sample Receipt**  
1-2 days for PCR results



# Crypto SPECIMEN CAN BE TESTED FOR: CRYPTOSPORIDIUM SPECIES



# METHOD:

- Three samples collected 1 day apart and preserved in 10% formalin are sufficient for reliable diagnosis
- Stool must be added until the formalin level reaches the line indicated on the collection vial. The vial must be firmly capped and the vial shaken vigorously to ensure proper sample preservation
- Ship at ambient temperature

# C & S medium SPECIMEN CAN BE TESTED FOR:

- E. coli
- Salmonella
- Shigella
- Listeria  
monocytogenes

# METHOD:

- DO NOT FREEZE
- Stool MUST NOT be mixed with urine
- Depending on suspected agent, if collecting both, determine which is more important
- Ship Cary-Blair overnight at ambient temperature
- Can be shipped with bulk stools under refrigeration/on ice packs
- Cary Blairs do not need to be kept refrigerated, but need to reach our lab within 4 days (96 hours) of being collected

## Modified Cary Blair Medium Specimen Collection Guidelines

**IMPORTANT:** Please read and follow all directions. You have been given a collection kit which is a Modified Cary Blair Medium (see image below). It is used to preserve the stool specimen for transport to the laboratory.

### Safety Measures:

- a) Keep the vial out of the reach of children.
- b) Do not drink the liquid found in the vial. If someone drinks the liquid, call your doctor or Poison Control Center.
- c) If the liquid touches your skin, wash the skin with soap and water.
- d) Do not use the vial if the liquid is yellow. Return the vial to your local health department and get a new vial.
- e) Do not use if the expiration (exp) date that appears on the vial label has passed. Return the vial to your local health department and get a new vial.

### How to Collect the Stool Specimen:

- a) **DO NOT:**
  - i) Pass the stool directly into the vial.
  - ii) Urinate on the stool or into the vial.
  - iii) Pass the stool into a toilet.
  - iv) Overfill the vial.
- b) **DO:**
  - i) Make sure the patient name is neatly written in the information section on the side of the vial (see diagram).
  - ii) Pass the stool into a clean, dry, container.
  - iii) Use the collection spoon built into the lid of the vial to place small scoops of the stool into the vial. Fill the vial until the contents of the vial rise to the "FILL LINE" on the vial label



# How Long to Results?

## ***Salmonella*: From Sample Receipt**

2 days for a No Growth result

2 to 4 days for a Negative result

2 to 4 days for a Preliminary Positive result



# How Long to Results?

## ***Shigella*: From Sample Receipt**

1 day for a No Growth result

1 to 2 days for a Negative result

2 days for a Positive result



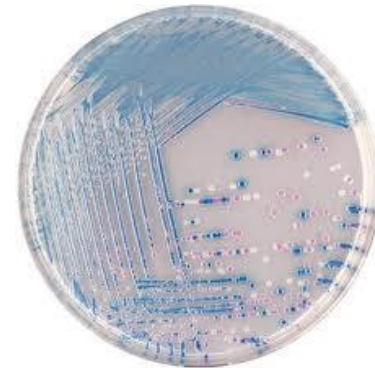
# How Long to Results?

## ***E. coli* 0157 : From Sample Receipt**

1 day for a No Growth result

1 to 2 days for a Negative result

2 to 3 days for a Positive result-Preliminary  
positive in 1 to 2 days



# How Long to Results?

## ***E. coli non0157* : From Sample Receipt**

1 day for a No Growth result

1 day for a Negative result

4 days for a Positive result-Preliminary positive in  
1 day

# Other specimen possibilities:

- Disease specific protocols from ODH
- Influenza
- LHD is in more of a position of coordinator with facility, ODH, and labs

# DEFINE AND IDENTIFY CASES

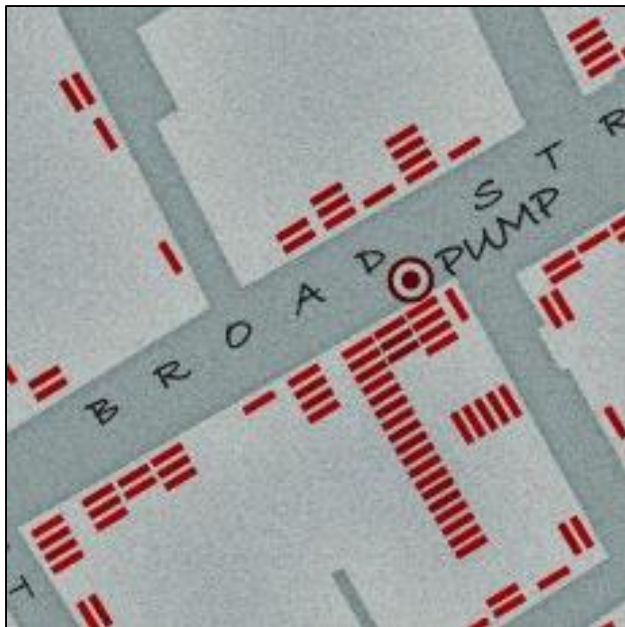
- What is a case?
- How many cases are there?

## CASE DEFINITION:

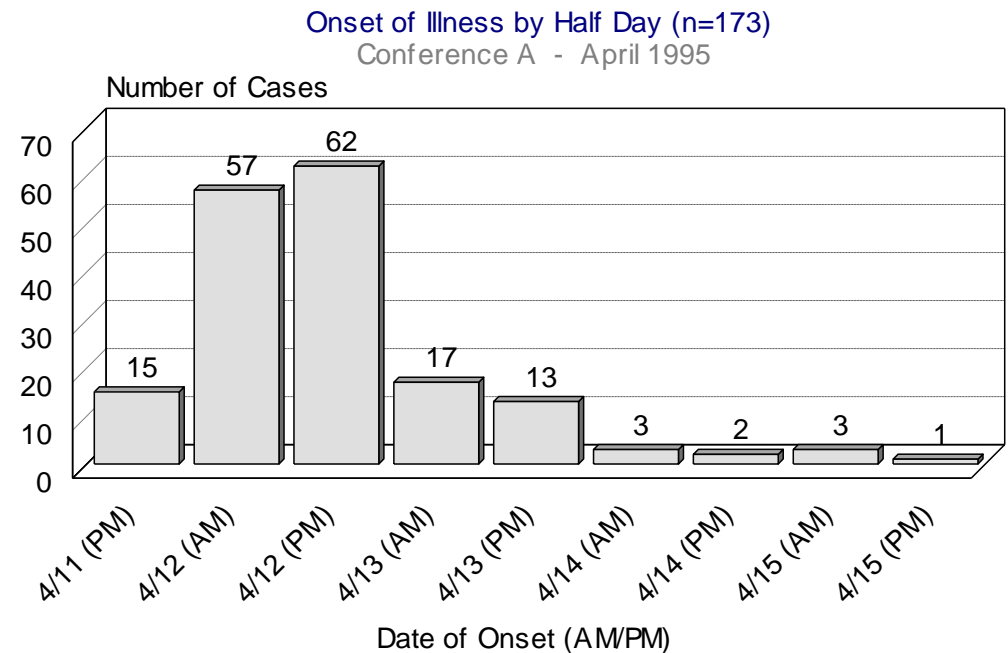
- Symptoms
- Laboratory Results
- Time
- Place
- Person



# DESCRIPTIVE EPIDEMIOLOGY

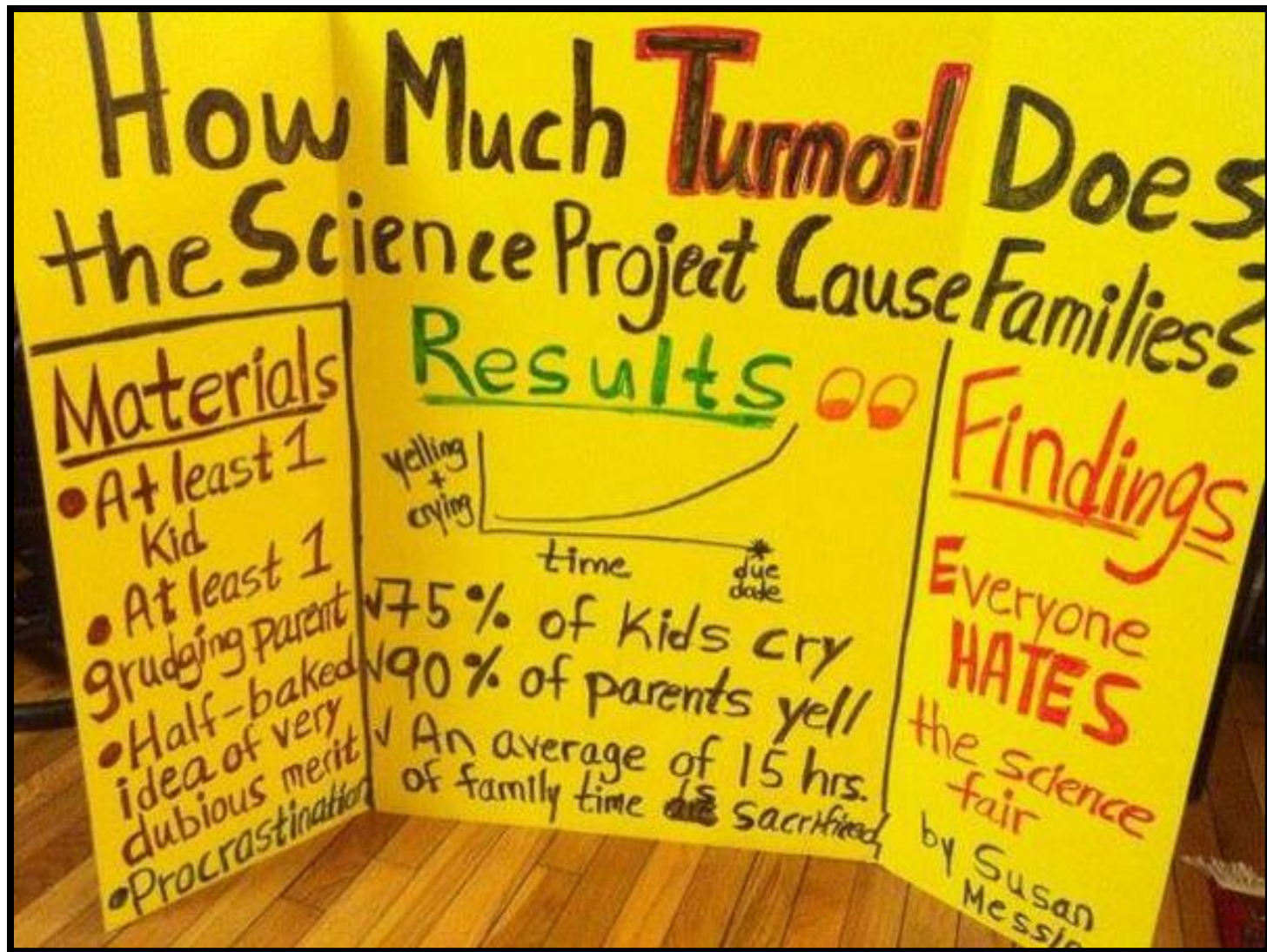


## Example 6.1 Common-Source Outbreak Epidemic Curve



Source: MDPH, Working Group on Foodborne Illness, 1995

# DEVELOP THE HYPOTHESES



# TEST THE HYPOTHESES



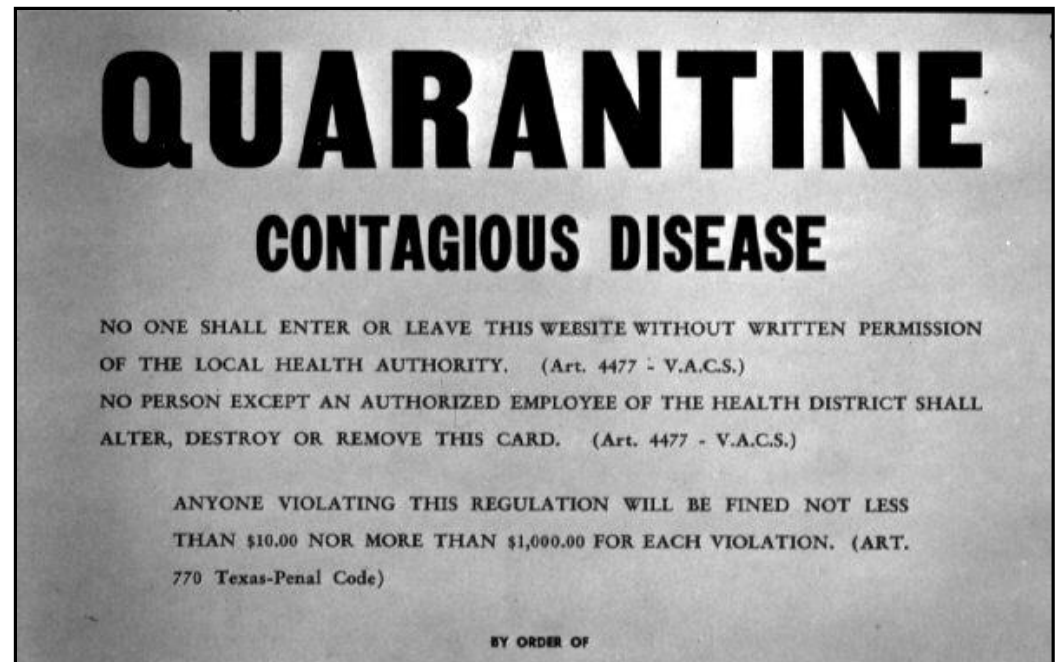


*Reconsider, refine, and re-evaluate hypotheses...*



# IMPLEMENT CONTROL MEASURES

- Contact Tracing
- Isolation
- Quarantine
- Prophylaxis
- Environmental
- Immunization
- Education
- Policy



# COMMUNICATE FINDINGS



**NO JOB IS  
FINISHED  
UNTIL THE  
PAPERWORK  
IS DONE!**

# Local example...



Sanitarian gets a phone call on Wednesday, March 24, 2010 from the concerned mom of the birthday girl!

## And comes and tells me...

- Upset mom
- Following her daughter's birthday party, lots of kids with rashes
- Party at indoor pool/spa at local hotel on Sunday evening



**ACTOR PORTRAYAL**

# NEXT STEPS...



## Check with nursing department:



- Local clinic branch had called the day before to report that they were seeing an unusual incidence
- Called clinic
- Learned of other birthday party on Saturday night

# CALL FOR CASES...



- E-Mail Infection Preventionists
- Tell-A-Mom



# FIELD INSPECTION AT VENUE



Sanitarians check out the pool and spa while I'm stuck at the office answering phone calls from the parents of kids with rashes.



# Pool and Spa Re-Opened on Saturday Morning!



(replaced sand in filters and shock treatment)

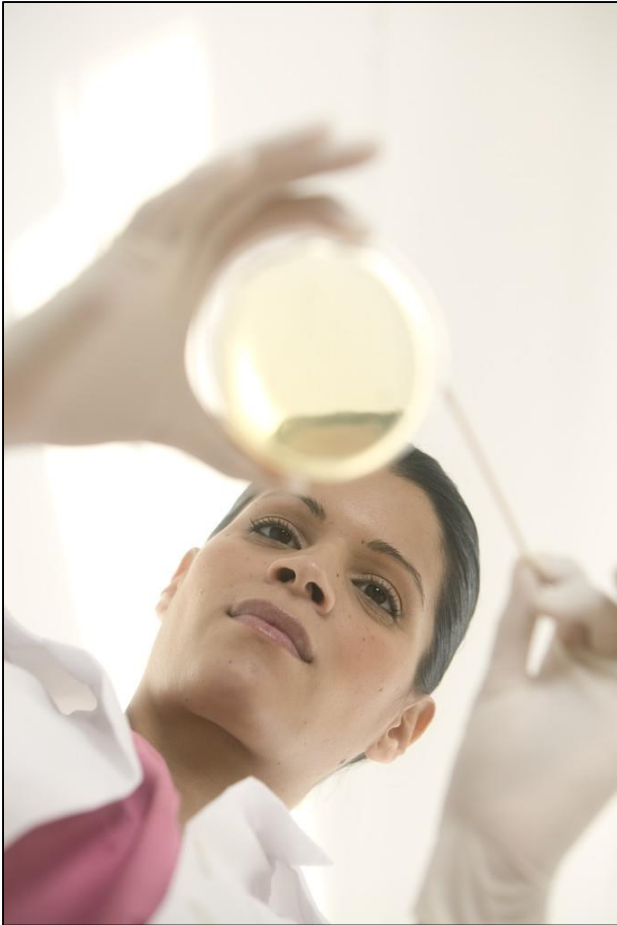
# What I learned from all that time on the phone...

Table 1: Summary of the symptoms experienced by the 17 case patients who developed a rash (folliculitis) and/or earache in attendance at the pool/spa party at the hotel in Gallipolis on March 21 or March 22, 2010 with information provided by the case patient or his/her parent/guardian or medical provider.

| <b>Clinical Symptoms</b> | <b>Number of Cases</b> | <b>Percentage of Cases</b> |
|--------------------------|------------------------|----------------------------|
| Rash (folliculitis)      | 15                     | 88.24%                     |
| Earache(s)               | 8                      | 47.06%                     |
| Headache                 | 3                      | 17.65%                     |
| Fatigue                  | 6                      | 40.0%                      |
| Red/burning eyes         | 1                      | 5.88%                      |
| Fever? >100 degrees F    | 1                      | 5.88%                      |

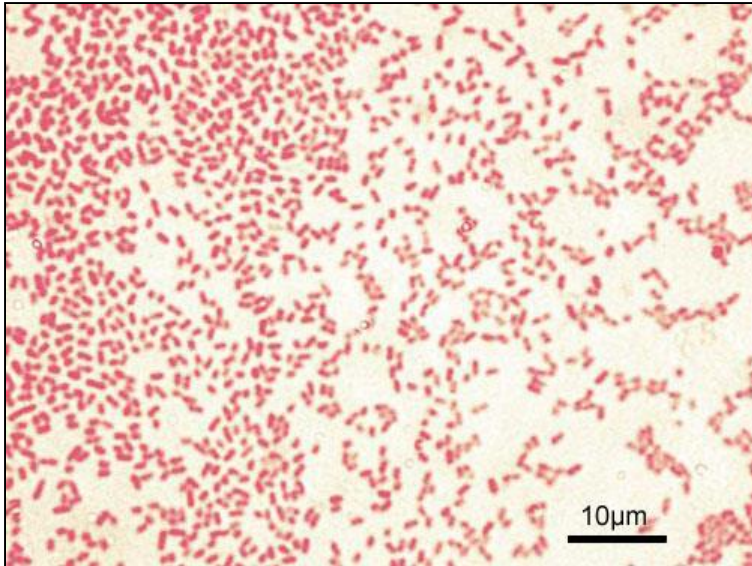
\*Two additional individuals experienced burning and itching on legs which were exposed to spa. No pool exposure.

# LAB RESULTS



*Pseudomonas (sue-doh-MOH-nass) aeruginosa is a major cause of infections commonly known as “hot tub rash” and “swimmer’s ear.”*

# Slide show not complete without the gross photos...



microscopic image of *Pseudomonas aeruginosa* (ATCC 27853). Gram staining, magnification:1,000



***Pseudomonas* folliculitis.**  
Courtesy of Hon Pak, MD.

# Factors that may have contributed to the outbreak:

- Pool operator not certified
- Overcrowding of Pool/Spa



# Responsibilities of healthcare provider:

- Contact the local health department to report suspected outbreaks
- Return telephone calls and respond to requests for information in a timely manner
- Notify the Division of Quality
- Collect specimens and handle them appropriately
- Provide and update line lists during the outbreak
- Follow prevention and control recommendations deemed necessary to control the outbreak
- Review and contribute to the outbreak report

License Applications and Forms

Medicare Applications and Forms

Announcements

Nursing Home Guidance

Publications

User Guides

Life Safety Code

Nurse Aide Verification

Residents Rights Advocates

## Nursing Homes/ Facilities

The Ohio Department of Health licenses and/or certifies approximately 960 nursing homes/ facilities.

### DEFINITION

Nursing home means a home used for the reception and care of individuals who by reason of illness or physical or mental impairment require skilled nursing care and of individuals who require personal care services but not skilled nursing care. A nursing home is licensed to provide personal care services and skilled nursing care.

### LICENSURE/CERTIFICATION

The Division of Quality Assurance, Bureau of Information and Operational Support is responsible for processing initial, renewal, and change of operator license applications. See link for applications/forms for a copy of the application and instructions.

The Division of Quality Assurance, Bureau of Information and Operational Support certifies nursing facilities for participation in the Medicare and Medicaid programs.

### INSPECTIONS/SURVEYS

The Division of Quality Assurance, Bureau of Long Term Care Quality is responsible for conducting on-site inspections/surveys of nursing homes/facilities for compliance with state and federal rules and regulations and to ensure the quality of care and quality of life of the residents. Each nursing home/facility in Ohio receives at least one unannounced inspection/survey during a 9 to 15 month inspection/survey cycle. During these surveys, all aspects of care and services are evaluated based on state and federal laws and rules. Information regarding the quality of care is available on the Centers for Medicare and Medicaid Services [Nursing Home Compare](#) website and the Department of Aging's [Long Term Care Consumer Guide](#).

### ENFORCEMENT

The Bureau of Regulatory Compliance enforces state licensing laws and rules and federal certification requirements for participation in the Medicare and Medicaid programs. The purpose is to protect the quality of care and quality of life of nursing home residents and to ensure prompt corrective action when facilities are not in compliance with regulatory requirements through imposition of remedies, such as civil monetary penalties, denial of payment, state monitoring, directed in-service training, termination of provider agreements and/or licensure revocation.

### COMPLAINTS

Investigation of a complaint in a nursing home/facility is completed by surveyors after receiving the written documentation from the Ohio Department of Health complaint unit located in Columbus, Ohio. The toll free number for registering complaints is 1-800-342-0553. The complainant may choose to be anonymous.

[Health Care Provider and Services](#): To obtain real-time information, generate, print and download reports regarding health care providers that are licensed and/or Medicare/Medicaid certified by the Ohio Department of Health.

# Why do we report outbreaks to Quality?

- NHSN facilities must agree to report to state health authorities those outbreaks that are identified in their facility by the surveillance system and about which they are contacted by CDC. Failure to comply with these requirements will result in withdrawal from the NHSN.
- It's the law!



# Why do we report outbreaks to Quality?

- Self-reporting is looked upon more favorably than complaints (facility-reported incident rather than complaint)
- To the facility's benefit if complaints are received
- It's the right thing to do!

# HOW?

## Ohio Department of Health

Division of Quality Assurance

Bureau of Long Term Care Quality



**Western Region**  
Karen Gingery, R.D., L.D.  
Regional Manager  
Office No. - (419) 245-2840  
Fax No. - (614) 564-2471

**Eastern Region**  
Carol Todd, R.N.,  
Regional Manager  
Office No. - (330) 643-1300  
Fax No. - (614) 564-2469

# Data.Medicare.gov

Download, Explore, and Visualize Medicare.gov Data

type search terms here

Sign In to Data.Medicare.Gov

- Home
- Datasets
- Medicare Websites and Directories
- Developers
- Help
- About



**Hospital Compare**




**Nursing Home Compare**



**Physician Compare**



**Home Health Compare**



**Dialysis Facility Compare**



**Supplier Directory**

## Need help? Show me how to:

### Get Started

Get a general introduction to the site and learn how to use it.

### Download the Data

Download data in Microsoft Access, comma-separated values (CSV), or other formats.

### Explore the Data

Search and browse available data, interact with datasets online, and more.

 [Have Feedback on This Page?](#)

Medicare.gov

A federal government website managed by the Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Baltimore, MD 21244



# Data.Medicare.gov

Download, Explore, and Visualize Medicare.gov Data

type search terms here

Search

Sign In to Data.Medicare.Gov

Home

Datasets

Medicare Websites and Directories

Developers

Help

About



Hospital Compare

## Nursing Home Compare

Download and explore Medicare's Nursing Home Compare data



Physician Compare



Home Health Compare



Dialysis Facility Compare



Supplier Directory

## Need help? Show me how to:

### Get Started

Get a general introduction to the site and learn how to use it.

### Download the Data

Download data in Microsoft Access, comma-separated values (CSV), or other formats.

### Explore the Data

Search and browse available data, interact with datasets online, and more.



Have Feedback on This Page?



# Data.Medicare.gov

Download, Explore, and Visualize Medicare.gov Data

type search terms here **Search**

Sign In to Data.Medicare.Gov

- [Home](#)
- [Datasets](#)
- [Medicare Websites and Directories](#)
- [Developers](#)
- [Help](#)
- [About](#)

Home → Nursing Home Compare



## Official Nursing Home Compare Data

These are the official datasets used on the Medicare.gov [Nursing Home Compare Website](#) provided by the Centers for Medicare & Medicaid Services. These data allow you to compare the quality of care at every Medicare and Medicaid-certified nursing home in the country, including over 15,000 nationwide.

### Download All Data

**Microsoft Access Database**

Updated: Mar 19, 2015

**CSV Flat Files – Revised**

Updated: Mar 19, 2015

» [Get Archived Data](#)

### Supporting Documentation

- [Downloadable Database Dictionary - XLS \(132 KB\)](#)

### Announcements

**We have made 3 significant improvements to the Five Star Nursing Home Quality Rating System:**

1. Incorporated the 2 nursing home quality measures for antipsychotic use into the Quality Measure Rating.
2. Increased the number of points necessary to earn a Quality Measure Star Rating of 2 or more stars.
3. Changed the scoring method for the Staffing star rating. Nursing homes must earn a 4-star rating on either the RN or total Staffing rating to achieve an overall Staffing rating of 4-stars.

Many nursing homes will see a lower quality measure rating as a result of these changes, even though the underlying QM data may not have changed. Because of these changes, it is not appropriate to compare a facility's QM ratings that appear in February with those that appeared in earlier months.

- [Get help using Data.Medicare.gov.](#)

# Medicare.gov | Nursing Home Compare

The Official U.S. Government Site for Medicare

- Nursing Home Compare Home
- About Nursing Home Compare
- About the data
- Resources
- Help

Home Share

We have made 3 significant improvements to the 5-star Nursing Home Quality Rating System. [Learn more.](#)

## Find a Nursing Home

A field with an asterisk (\*) is required.

\* **Location**  
Example: 45802 or Lima, OH or Ohio

**Nursing Home Name (optional)**  
Full or Partial Nursing Home Name

**Search**



Nursing Home Compare has detailed information about every Medicare and Medicaid-certified nursing home in the country. **States may collect and post** additional information that is not collected by the Federal government. Before you get started, you or your family might also consider [Alternatives to Nursing Homes](#).

### Spotlight

- ◆ Get updated [state website information](#), including the ability to electronically file a complaint against a nursing home in some states

### Additional Information

- ◆ **Nursing Home Compare data last updated:** March 18, 2015 (Data are updated on or about the third Thursday of every month).

### Tools and Tips

- ◆ Get all your long term care options:
  - ◆ [Longtermcare.gov](#)
  - ◆ [The Eldercare Locator](#)
  - ◆ [Alternatives to Nursing Home](#)

60 nursing homes within 25 miles from the center of 43123.

Choose up to three nursing homes to compare. So far you have none selected.

Compare Now

Viewing 1 - 20 of 60 results

| Nursing Home Information | Overall Rating | Health Inspections | Staffing | Quality Measures | Distance |
|--------------------------|----------------|--------------------|----------|------------------|----------|
|--------------------------|----------------|--------------------|----------|------------------|----------|

**MONTEREY CARE CENTER**

3929 HOOVER ROAD  
GROVE CITY, OH 43123  
(614) 875-7700

★★★★●  
Above Average

★★★★●  
Average

★★★★●  
Average

★★★★★  
Much Above Average

3.1 Miles

Add to Compare

Add to My Favorites

**COLUMBUS WEST PARK NSG & REHAB**

1700 HEINZERLING DRIVE  
COLUMBUS, OH 43223  
(614) 274-4222

★●●●●  
Much Below Average

★●●●●  
Much Below Average

★●●●●  
Much Below Average

★★★★●  
Above Average

3.9 Miles

Add to Compare

Add to My Favorites

Go to Map View

Modify Your Search

Location

ZIP Code or City, State

43123

Within 25 Miles

State

Select a State

County (Optional)

Select a County

Nursing Home Name

Full or partial name

Update Search Results

Filter by:

Overall Rating

Learn more about these ratings

★★★★★ (6)

Much Above Average

★★★★● (13)

Above Average

★★★●● (14)

Average

**Choose up to three nursing homes to compare. So far you have selected:**

- MONTEREY CARE CENTER
- COLUMBUS WEST PARK NSG & REHAB

**Compare Now**

Viewing 1 - 20 of 60 results

| Nursing Home Information | Overall Rating | Health Inspections | Staffing | Quality Measures | Distance |
|--------------------------|----------------|--------------------|----------|------------------|----------|
| ▲<br>▼                   | ▲<br>▼         | ▲<br>▼             | ▲<br>▼   | ▲<br>▼           | ▲<br>▼   |

**MONTEREY CARE CENTER**

3929 HOOVER ROAD  
GROVE CITY, OH 43123  
(614) 875-7700

**Remove from Compare**

[Add to My Favorites](#)

|               |         |         |                    |           |
|---------------|---------|---------|--------------------|-----------|
| ★★★★●         | ★★★★●   | ★★★★●   | ★★★★★              | 3.1 Miles |
| Above Average | Average | Average | Much Above Average |           |

**COLUMBUS WEST PARK NSG & REHAB**

1700 HEINZERLING DRIVE  
COLUMBUS, OH 43223  
(614) 274-4222

**Remove from Compare**

[Add to My Favorites](#)

|                    |                    |                    |               |           |
|--------------------|--------------------|--------------------|---------------|-----------|
| ★●●●●              | ★●●●●              | ★●●●●              | ★★★★★         | 3.9 Miles |
| Much Below Average | Much Below Average | Much Below Average | Above Average |           |

**FRANKLIN WOODS NURSING AND REHAB**

|         |               |                    |         |           |
|---------|---------------|--------------------|---------|-----------|
| ★★★★●   | ★★●●●         | ★★★★★              | ★★★★●   | 4.2 Miles |
| Average | Below Average | Much Above Average | Average |           |

**Modify Your Search**

**Location**

ZIP Code or City, State  
43123

Within 25 Miles

State  
Select a State

County (Optional)  
Select a County

**Nursing Home Name**

Full or partial name

**Update Search Results**

**Filter by:**

**Overall Rating**

[Learn more about these ratings](#)

★★★★★ (6)  
Much Above Average

★★★★● (13)  
Above Average

★★★●● (14)  
Average

★★●●● (9)  
Below Average

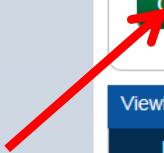
**FDA MedWatch**

FDA MedWatch - Hepatitis C Treatments Containing Sof...

MedWatch (17)

logo <<http://www.fda.gov/ucm/groups/fdagov-public/docu>>

Much Below Average





## Compare Nursing Homes

[Back to Results](#)

General information

Health & fire safety inspections

Staffing

Quality measures

Penalties

### MONTEREY CARE CENTER

3929 HOOVER ROAD  
GROVE CITY, OH 43123  
(614) 875-7700

Distance ⓘ: 3.1 miles

[Add to my Favorites](#)  
[Map and Directions](#)

### COLUMBUS PARK NSG &

1700 HEINZERLI  
COLUMBUS, OH  
(614) 274-4222

Distance ⓘ: 3.1 miles

[Add to my Favorites](#)  
[Map and Directions](#)

Overall Rating ⓘ

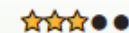


Above Average



Much Below Average

Health Inspection ⓘ

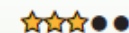


Average



Much Below Average

Staffing ⓘ



Average



Much Below Average

|  | MONTEREY CARE CENTER <span>x</span>   | COLUMBUS WEST PARK NSG & REHAB <span>x</span>   |
|--|---|---|
|  | 3929 HOOVER ROAD<br>GROVE CITY, OH 43123<br>(614) 875-7700<br><br><b>Distance</b> ⓘ: 3.1 miles<br><br><a href="#">Add to my Favorites</a><br><a href="#">Map and Directions</a> | 1700 HEINZERLING DRIVE<br>COLUMBUS, OH 43223<br>(614) 274-4222<br><br><b>Distance</b> ⓘ: 3.9 miles<br><br><a href="#">Add to my Favorites</a><br><a href="#">Map and Directions</a> |
| <b>Overall Rating</b> ⓘ  | ★★★★★●<br><b>Above Average</b>  | ★●●●●●<br><b>Much Below Average</b>   |
| <b>Health Inspection</b> ⓘ                                       | ★★★★★●<br><b>Average</b>  | ★●●●●●<br><b>Much Below Average</b>   |
| <b>Total number of Health Deficiencies for this nursing home</b> | 3   | 17  |
| <b>Average Number of Health Deficiencies in Ohio</b>             | 4.7   | 4.7   |
| <b>Date of Last Standard Health Inspection</b>                   | 11/20/2014  | 01/23/2014  |
| <b>Health Inspection Details</b>                                 | <a href="#">Health Inspection Details</a>   | <a href="#">Health Inspection Details</a>   |
| <b>Number of Complaints</b>                                      | 3   | 3   |
| <b>Number of Facility-Reported Incidents</b>                     | 0   | 0   |
| <b>Fire Safety Deficiencies</b>                                  |   |   |



Cite advantages of working with the  
Local Health Department in an  
outbreak investigation

- Resources
  - Laboratory
  - Subject matter experts
  - Additional help
  - Training/Education
- Looked upon favorably
  - Division of Quality
  - The public
- Outbreak report/documentation
- Identify strengths/address weaknesses
- Prevent future outbreaks

# Wishing you the best with all your hats!

