

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365081	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Three Rivers Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7800 Jandaracres Drive Cincinnati, OH 45248	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35770</b></p> <p>Based on medical record review, observation, staff interview, and review of the facility policy, the facility failed to ensure staff provided visual privacy while providing incontinence care to residents. This affected one (Resident #37) of two residents observed for incontinence care. The facility census was 117 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #37 revealed an admitted [DATE] with diagnoses including paraplegia, fusion of the spine, depression, and history of fall from ladder.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #37 dated 07/08/24 revealed the resident had no cognitive deficits and required extensive assistance with activities of daily living.</p> <p>Observation of incontinence care for Resident #37 on 08/12/24 from 12:09 P.M. to 12:18 P.M. per two State tested Nursing Assistants (STNAs #251 and #252) revealed the aides provided incontinence care to the resident and did not draw the blinds to provide visual privacy for the resident. Two residents passed by Resident #37's window and were able to visualize the resident during incontinence care.</p> <p>Interview on 08/12/24 at 12:18 P.M. with STNA #251 confirmed she should have closed the blinds for Resident #37's privacy prior to providing care. STNA #251 confirmed she thought about closing the blinds about halfway through providing care but did not close them until she was done.</p> <p>Review of the facility policy titled Resident Rights dated 04/18/24 revealed residents had the right to visual privacy when treatments, medication, or care was being administered.</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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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35770</p> <p>Based on medical record review, observation, staff interview, and review of the facility policy the facility failed to ensure staff discarded expired medication. This affected one (Residents #04) of two facility-identified residents with orders for multivitamins with minerals. The facility census was 117 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #04 revealed an admitted [DATE] with diagnoses including emphysema, diabetes, anxiety, depression, schizoaffective disorder, and insomnia.</p> <p>Review of physician's orders for Resident #04 revealed an order dated 12/20/23 to administer a multivitamin with minerals tablet once daily in the morning.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #04 dated 07/03/24 revealed the resident had no cognitive deficits and required supervision for activities of daily living (ADLs).</p> <p>Observation on 08/12/24 at 8:23 A.M. of medication administration for Resident #04 per Licensed Practical Nurse (LPN) #100 revealed the multivitamin with minerals was not available. During administration Central Supply Coordinator (CSC) #263 brought a bottle of multivitamin with minerals to LPN #100 with an expiration date of June 2024. LPN #100 placed the bottle of vitamins in the medication cart.</p> <p>Interview on 08/12/24 at 11:49 A.M. with LPN #100 confirmed she gave the multivitamin with minerals to Resident #04 at approximately 10:30 A.M. LPN #100 confirmed the expiration date on the bottle was June 2024 and the expired medication should not have been given.</p> <p>Review of the facility policy titled Storage of Medications dated August 202 revealed all expired medications would be removed from the active supply and destroyed in accordance with facility policy, regardless of amount remaining.</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>37447</p> <p>Based on review of the facility menu, observation, staff interview, resident interview, and review of the facility recipes, the facility failed to serve palatable and appetizing food to the residents. This had the potential to affect all residents residing in the facility with the exception of two facility identified residents (#51, #111) who had orders to receive nothing by mouth. The facility census was 117 residents.</p> <p>Findings include:</p> <p>Review of the facility menu for 08/05/24 revealed the lunch entree was Dijon pork loin.</p> <p>Observation on 08/05/24 at 11:50 A.M. revealed [NAME] #126 removed a tray of pork loin from the oven that had been cooked in its own juices. On the tray line there was a container of a thick yellow substance which [NAME] #126 identified as gravy. During the tray line service [NAME] #216 used a small scoop to ladle gravy over the top of each serving of pork loin.</p> <p>Observation of a test tray on 08/05/24 at 1:30 P.M. revealed the tray included peas, cabbage, oven roasted potatoes and pork loin with approximately one quarter inch of a thick yellow substance on top of the meat. Many of the potatoes were still hard and undercooked and the gravy on top of the pork loin was thick, pungent, and unpalatable.</p> <p>Interviews on 08/05/24 at 2:00 P.M. with Resident #56, at 3:20 P.M. with Resident #114, and at 3:40 P.M. with Resident #25 and on 08/06/24 at 3:40 P.M. with Resident #110 confirmed they did not like the mustard topping on the pork loin and the entree was unpalatable and inedible.</p> <p>Interview on 08/05/24 at 2:48 P.M. with [NAME] #216 confirmed the Dijon pork loin had a recipe which called for the meat to be cooked in the oven in a sauce. [NAME] #216 confirmed she did not follow the recipe for the Dijon pork loin. [NAME] #216 confirmed she made a gravy for the pork loin by mixing Dijon mustard, a bit of brown sugar, and salt and pepper. [NAME] #216 confirmed she did not taste the gravy prior to serving it to the residents.</p> <p>Interview on 08/05/24 at 3:03 P.M. with the Administrator confirmed [NAME] #216 did not follow the recipe when preparing Dijon pork loin for the residents' lunch meal on 08/05/24.</p> <p>Review of the facility recipe titled Dijon pork loin undated revealed the meat should be baked at 350 degrees Fahrenheit for 60 to 75 minutes in a mixture of red peppers, green peppers, mustard, vinegar, salt, and cornstarch. The recipe did not call for any type of a gravy or topping.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00156386.</p>