STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365088	A. Building B. Wing	09/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Englewood Health and Rehab	425 Lauricella Court Englewood, OH 45322

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42731 Based on record review and staff interview, the facility failed to timely provide care and treatment for a resident with an ankle injury. This affected one (Resident #61) of one resident reviewed for radiology services. The facility census was 81. Findings include: Review of the medical record of Resident #61 revealed an admitted [DATE]. Diagnoses included type II diabetes mellitus with diabetic retinopathy and peripheral vascular disease. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had moderately impaired cognition. Review of the physician progress note dated 08/22/24 revealed the resident complained of left ankle pain and stated she fell the day prior. The resident stated she got herself up, however it was not known if the resident reported the fall to the facility staff. The resident presented with left ankle swelling and pain with range of motion. Recommendations were made to obtain an x-ray to rule out a fracture or dislocation. Through the physician interview, he met with the resident in the morning of 08/22/24. Review of a progress note dated 08/22/24 at 10:30 P.M. revealed the resident was walking back to her bed when Licensed Practical Nurse (LPN) #300 entered the room to give her bedtime medications. LPN #300 noticed the resident was limping when walking. The resident complained of left ankle pain and had swelling. The resident stated she fell a couple days prior in the bathroom and hurt her ankle. LPN #300 stated she would get an order for an x-ray, however the resident stated she was seen by the physician, who had ordered an x-ray already. There was no physician order written to obtain an x-ray of Resident #61's left ankle on 08/22/24. Review of the physician orders revealed an order dated 08/23/24 at 7:30 A.M. to obtain an x-ray to the left ankle. Review of the x-ray dated 08/23/24 at 10:42 A.M. revealed the x-ray was obtained and the results were reported on 08/23/24 at 11:22 A.M. The results indicated Resident #61 had acute nondisplaced medial and lateral malleolar fractures. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365088	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER: Englewood Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE: 425 Lauricella Court, Englewood, OH 45322	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a change of condition progress note dated 08/23/24 at 12:40 P.M. revealed a stat x-ray was obtained, resulted, and reviewed by the physician. Orders were received to send the resident to the emergency room (ER) for evaluation and treatment. Interview on 09/17/24 at 12:51 P.M. with LPN #305 confirmed she was Resident #61's nurse on 08/22/24. LPN #305 stated, upon starting her shift the morning of 08/22/24, she was not made aware of anything happening with Resident #61. LPN #305 stated at approximately 2:00 or 3:00 P.M., Resident #61 woke up and was ambulating and LPN #305 noticed the resident was limping. LPN #305 stated she noticed Resident #61's left ankle was swollen. LPN #305 stated she asked the resident if her ankle was hurting and tried to assess the area, however the resident would not let her touch her ankle, and told LPN #305 the doctor had already seen her that day and ordered an x-ray. LPN #305 stated she called the doctor and asked about Resident #61's x-ray order. LPN #305 stated the doctor told her Resident #61 was getting an x-ray and it was already taken care of, and she did not look into the matter any further. Interview on 09/17/24 at 12:42 P.M. with LPN #300 stated, on 08/22/24, she received report from LPN #305 that Resident #61 was limping and her ankle was swollen. LPN #300 stated LPN #305 told her the doctor had gone to look at it and there was already an order for an x-ray. LPN #300 stated she went to see the resident and observed the resident ambulating from the bathroom back to her bed and saw she was limping. LPN #300 stated she asked the resident if she was hurting and sat her down and elevated her legs. LPN #300 stated she reviewed Resident #61's medical record and did not see an order for the x-ray, so she contacted the physician, who stated she had already given the order to do an x-ray. LPN #300 stated she then ordered a stat (immediate) x-ray. Interview on 09/17/24 at 2:22 P.M. with Physician #310 stated, on 08/22/24, she was not scheduled to see Resident #61, however the resident stopped her in the morning as she was coming down the hallway and said her ankle hurt. Physician #310 stated she examined Resident #61 and observed swelling, and told the resident she would order an x-ray. After visiting with Resident #61, Physician #310 stated she told the floor nurse to get an x-ray. Physician #310 stated she normally writes orders on order sheets, however the facility was out of order sheets, so she had to give the verbal order. Physician #310 stated the night floor nurse called her later that evening and she found the x-ray had not yet been completed. This deficiency represents non-compliance investigated under Complaint Number OH00157466.