

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2024
NAME OF PROVIDER OR SUPPLIER  Highland Oaks Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4114 North State Route 376 NW McConnelsville, OH 43756	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28923</b></p> <p>Based on record review, resident interview, staff interview, and policy interview, the facility failed to ensure a resident received appropriate wound care to a surgical site and to a non-pressure ulcer on his right foot. They also failed to ensure wounds were assessed upon admission and weekly thereafter to monitor for healing. This affected one (#56) of three residents reviewed for wounds/ dressing changes.</p> <p>Findings include:</p> <p>Review of Resident #56's medical record revealed he was admitted to the facility on [DATE]. His diagnoses included status post transmetatarsal amputation of the right foot on 11/06/24, osteomyelitis of the right foot and ankle, partial traumatic amputation of two or more right lesser toes, diabetes mellitus, peripheral vascular disease, and a chronic, non-pressure ulcer of the right heel.</p> <p>Review of Resident #56's hospital records revealed they included a Discharge Summary dated 11/08/24. The discharge summary from the hospital revealed the resident's care was being handed off to a primary care physician (PCP) and the PCP was to address the following: resident status post partial amputation of the right foot. The resident was discharged on oral antibiotics and he was to follow up with podiatry after discharge. Discharge medications were listed to include Augmentin 500-125 milligrams (mg) one tablet by mouth every 12 hours for seven days. The discharge summary also included the need for a future appointment on 11/14/24, with the podiatrist that did his surgery and performed the transmetatarsal amputation of the right foot. There was not any treatment orders included with the discharge summary for the resident's surgical site or the chronic, non-pressure ulcer on his right heel.</p> <p>Further review of Resident #56's hospital records revealed 85 pages had been scanned and uploaded into the resident's electronic medical record (EMR) under documents and included an Emergency Department (ED) to Hospital Admission report dated 11/01/24. The ED to Hospital Admission report included updates on the resident's medications and treatment orders. The report indicated a treatment order was received on 11/06/24 at 5:28 P.M. by the podiatrist that specified wound care the resident was to receive to the surgical site and non-pressure ulcer on his right heel. They were directed to cleanse the wounds with normal saline, apply medi-honey and cover with 2x2 gauze with the right heel then on the right do the same, but just add a small portion of Dermagran cut to fit with that to keep the area moist and cover with 2x2 gauze to the right heel keeping the forefront dressing intact. The treatment ordered was to start on 11/07/24.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2024
NAME OF PROVIDER OR SUPPLIER  Highland Oaks Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4114 North State Route 376 NW McConnelsville, OH 43756	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #56's admission orders provided by the Director of Nursing (DON) revealed she provided four of five pages that she said was the resident's admission orders in place at the time of his admission. Page 1 of 5 was not provided. What was provided was a list of the resident's medications, problem list, allergies and intolerances, vital signs, advanced directives, insurance information, immunizations, procedures, results of blood sugars obtained between 11/09/24 through 11/20/24, goals, and social history. They were not orders present upon his admission. There were no treatment orders for wound care of the resident's surgical wound or the non-pressure ulcer to the right heel.</p> <p>Review of Resident #56's care plans revealed he had care plans in place for having an ulcer related to diabetes on his right heel. The care plan was initiated on 11/11/24. Interventions included to treat the ulcer per the physician's orders. That approach started on 11/11/24. He also had a care plan for a surgical incision to his right foot. That care plan originated on 11/11/24. Interventions included treatment to surgical site as ordered by the physician. That approach started on 11/11/24.</p> <p>Review of Resident #56's physician's orders revealed treatment orders were not put in place for wound care to the resident's right foot (surgical site and right heel ulcer) until 11/10/24 (two days after his admission). The initial treatment put in place was to cleanse with normal saline, apply Xeroform to distal incision line and medi-honey to heel wound, cover with a dry clean dressing and kerlix, apply light compression with ace wrap as the resident allowed changing daily and prn. A subsequent order was received on 11/14/24 for the right foot incision to be cleansed with wound wash, dry, paint with Betadine along the incision line, cover with 4x4 and ABD, wrapping with kerlix once daily.</p> <p>Review of Resident #56's treatment administration record (TAR) for November 2024 revealed there was no documented evidence of any treatments being provided to the resident's surgical incision on his right foot or to the chronic ulcer on his right heel until 11/10/24. The first treatment performed on 11/10/24 during the 7:00 A.M. to 7:00 P.M. shift was completed by Registered Nurse (RN) #100.</p> <p>Review of Resident #56's nurses' progress notes revealed a nurse's progress note dated 11/09/24 at 1:04 P.M. by RN #100 that indicated she provided incision care to the resident per orders. The nurse's note did not mention any treatment being performed to the resident's chronic, non-pressure ulcer to the right heel.</p> <p>Further review of Resident #56's nurses' progress notes revealed the resident was out of the facility for a physician's appointment. Wound care was indicated to have been provided at the physician's appointment.</p> <p>Review of a physician visit report dated 11/14/24, for Resident #56's visit to the podiatrist that performed his surgery, revealed the resident presented that day for a follow up from his surgery. The resident voiced frustration with the process at the nursing home facility as the resident indicated they had only changed his dressing once. The podiatrist indicated he was going to write orders for once a day dressing changes because not only did he have the transmetatarsal incision, he also had a heel ulcer. Sutures were found to be in place and mild edema was present when the podiatrist examined the resident's right foot. The plan was to continue with the post-op course. Instructions provided for the nursing home was for daily dressing changes to be performed by removing the dressing, painting the incision line with Betadine, then cover with a 4x4 and ABD. As for the posterior right heel, he wanted to add honey to a 4x4, then ABD and wrap with kerlix over the entire dressing. Duricef (antibiotic) 500 mg by mouth was ordered twice a day for seven days.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2024
NAME OF PROVIDER OR SUPPLIER  Highland Oaks Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4114 North State Route 376 NW McConnelsville, OH 43756	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of Resident #56's EMR revealed it was absent for any evidence of wound assessments being completed for the surgical incision of the right foot, after his toes had been removed, and to the right heel, where he was known to have a chronic, non-pressure ulcer. The admission observation assessment indicated wounds were present upon admission but referred to a wound event report. The events under the EMR revealed their had not been any wound events created for the resident, after his admission to the facility on [DATE]. The wound management tab under the EMR was also absent for any evidence of a wound assessment having been completed for any areas the resident was known to have since his admission into the facility.</p> <p>On 11/18/24 at 10:45 A.M., an interview with Resident #56 revealed he did not have any concerns with his wound care, since this past Thursday. He stated, prior to that, wound care was not being provided to his surgical site or the ulcer on his right heel for the first few days he was there. He denied he got his dressing to his right foot changed when he first came and it was supposed to be done daily. He indicated it was not until he went out for his follow up appointment with the podiatrist that did his surgery that he was sent back with a note from the podiatrist instructing the staff that they needed to change his dressing daily. He credited his daughter with ensuring the treatment was getting done, after his follow up appointment, as she had stayed on top of the nurses to ensure it was being done.</p> <p>On 11/20/24 at 2:45 P.M., an interview with RN #100 revealed she was not present when Resident #56 was admitted to the facility on [DATE] (Friday). She did work the Saturday and Sunday, after his admission. She confirmed she did perform incision care to the resident's right foot on Saturday 11/09/24, as she indicated in her progress note. She reported the resident asked to have his dressing changed so she cleaned it with normal saline and put a dry clean dressing (DCD) on it. She claimed that she cleaned the right heel too and covered that with a dressing as well. She acknowledged the resident did not have any treatment orders in place at the time of his admission and the treatment that she performed was not consistent with the treatment the podiatrist ordered on 11/06/24, after the resident's surgical amputation and debridement of his right heel. She denied she had contacted a physician for wound care orders, when the resident requested to have his dressing changed on 11/09/24. She stated she knew the nurse practitioner was going to be assessing his wound on Monday (11/11/24) and would likely give treatment orders then. She claimed to have performed the same treatment to the resident's wounds on Sunday (11/10/24), as well.</p> <p>On 11/20/24 at 3:05 P.M., an interview with the director of nursing (DON) revealed she did not have any documented evidence to support Resident #56's surgical wound on his right foot and the chronic, non-pressure ulcer to the right heel had been assessed upon his admission or with subsequent weekly wound assessments. She stated any wound assessments that had been done would have been documented on a wound event or under wound management in the EMR. If an assessment would have been done, it should have shown up under one of the two areas of the EMR. She acknowledged the resident did not have any treatment orders in place to care for his surgical incision or heel ulcer until 11/10/24 (two days after his admission). She further acknowledged the treatment that was indicated to have been provided to the resident on 11/09/24 was not the treatment that the podiatrist ordered for the resident following his surgery on 11/06/24.</p> <p>Review of the facility's policy on wound care revealed it was the policy of the facility to provide therapeutic treatment to heal wounds. Treatments implemented by a nurse required a physician's order. Wounds would be evaluated when they were observed and weekly until resolved.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2024
NAME OF PROVIDER OR SUPPLIER  Highland Oaks Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4114 North State Route 376 NW McConnelsville, OH 43756	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This deficiency represents non-compliance investigated under Master Complaint Number OH00159789</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2024
NAME OF PROVIDER OR SUPPLIER  Highland Oaks Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4114 North State Route 376 NW McConnelsville, OH 43756	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28923</p> <p>Based on record review, review of an Omnicell (medication dispensing system) Inventory list, and staff interview, the facility failed to ensure a resident identified as having a urinary tract infection received antibiotic therapy timely, after it was ordered. This affected one (#91) of three residents reviewed for urinary tract infections.</p> <p>Findings include:</p> <p>Review of Resident #91's medical record revealed the resident was admitted to the facility on [DATE]. She remained in the facility until her discharge from the facility to home on 11/13/24. Her diagnoses included a malignant neoplasm of the anus, hemiplegia and hemiparesis following a stroke affecting her right dominant side, aphasia, and dysphagia.</p> <p>Review of Resident #91's nurses' progress notes revealed a nurse's note dated 10/13/24 at 9:46 A.M. that indicated the resident's indwelling urinary catheter was noted to be leaking. The nurse attempted to irrigate the indwelling urinary catheter without any results. The indwelling urinary catheter was changed with return of cloudy yellow urine noted.</p> <p>Further review of Resident #91's nurses' progress notes revealed a nurse's note dated 10/17/24 at 1:04 P.M. that indicated the hospice nurse visited the facility and an urinalysis culture and sensitivity result was received. The resident's nurse practitioner was notified and a new order was received for the resident to receive Bactrim DS 800/ 160 milligrams (mg) twice a day (BID) x 10 days.</p> <p>Review of Resident #91's urine culture result for a urinalysis collected on 10/15/24 revealed the final results on 10/17/24 showed the resident had greater than 100,000 CFU/ml of Proteus Mirabilis. The organism was sensitive to Trimethoprim/ Sulfa (Bactrim DS).</p> <p>Review of Resident #91's physician's orders revealed the resident had two different orders for Bactrim DS for the treatment of a UTI. The first order written was on 10/17/24 and was for the resident to receive Bactrim DS (Sulfamethoxazole-Trimethoprim) 800-160 mg one tablet by mouth (po) BID. The order was to continue through 10/28/24. That order was discontinued on 10/21/24. A second order was written on 10/21/24 and was for the resident to receive Bactrim DS 800-160 mg one tablet po BID. That order was to continue through 10/31/24.</p> <p>Review of Resident #91's medication administration record (MAR's) for October 2024 revealed the resident was not documented as having received the Bactrim DS, that was ordered on 10/17/24, until 10/21/24. The MAR indicated the start date was to be on 10/18/24, after the order had been given. The nurses that were to administer the Bactrim DS (beginning on 10/18/24) documented five doses were not administered to the resident. The reason stated as to why the antibiotic had not been given was that they were awaiting delivery and that the medication was unavailable.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2024
NAME OF PROVIDER OR SUPPLIER  Highland Oaks Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4114 North State Route 376 NW McConnelsville, OH 43756	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's Omnicell Inventory list for the Omnicell medication dispensing system they had to supply stock/ emergency medications revealed the facility's Omnicell contained SMZ-TMP (Bactrim DS) 800-160 mg tablets, as was ordered for the Resident #91 to receive beginning on 10/18/24. Ten (10) tablets of the medication was indicated to be available for use if pulled from the medication dispensing system.</p> <p>On 11/19/24 at 9:50 A.M., an interview with the Director of Nursing (DON) was conducted to determine why Resident #91 was not given Bactrim DS timely beginning on 10/18/24, after it was ordered on 10/17/24 for the treatment of a UTI. She acknowledged the MAR for October 2024 did not show the resident began receiving the antibiotic until 10/21/24 and the reason the antibiotic had not been given was due to them awaiting delivery and it not being available for administration. The DON stated she believed the facility's Omnicell did contain Bactrim DS as one of the medications that was available for use from that medication dispensing system. She verified the Omnicell Inventory list did show Bactrim DS 800-160 mg was one of many medications available in the system for use. She further verified the inventory list indicated there was 10 tablets maintained in the Omnicell dispensing system. She reported she would see if she could obtain a report to show what the inventory count was for Bactrim DS at the time the staff nurses were documenting they were not administering it due to it's unavailability. She returned with a Transaction by Item/ Procedure report for a date range between 10/17/24 through 11/19/24 that showed 23 tablets of SMZ-TMP 800-160 Double Strength (DS) tablets were on hand on 10/18/24, when the antibiotic was supposed to be given. A dose of Bactrim DS had not been pulled from the Omnicell until 11/03/24, showing the antibiotic was readily available.</p> <p>On 11/19/24 at 10:15 A.M., an interview with RN #150 confirmed she was one of the nurses that signed Resident #91's October 2024 MAR to reflect a dose of her Bactrim DS was not given due to it's unavailability. She signed off the MAR on 10/21/24 for the morning dose to reflect the antibiotic was not given due to it not being available. She was asked if she attempted to pull it out of the Omnicell, since it was listed on the inventory list as one of the medications available in that system. She stated she did not recognize the medication was available as it was listed on the Omnicell Inventory sheet as SMZ-TMP and she did not recognize it as being the same as Bactrim DS.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159481.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2024
NAME OF PROVIDER OR SUPPLIER  Highland Oaks Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4114 North State Route 376 NW McConnelsville, OH 43756	
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28923</p> <p>Based on record review, resident representative interview, staff interview, and policy review, the facility failed to ensure appropriate care and treatment was provided to a resident that had a gastrostomy tube. This affected one (</p> <p>#91) of one residents reviewed for gastrostomy tubes.</p> <p>Findings include:</p> <p>Review of Resident #91's medical record revealed she was admitted to the facility on [DATE]. She remained in the facility until she was discharged home on 11/13/24. Her diagnoses included hemiplegia (paralysis) and hemiparesis (weakness) following a stroke, dysphagia (difficulty swallowing), aphasia (difficulty with speech), and gastrostomy status (placement of a tube into the stomach from the abdominal wall for the administration of nutritional supplements).</p> <p>Review of Resident #91's physician's orders revealed she had an order in place to receive Jevity 1.5 cal. 240 milliliters (ml) per feeding tube three times a day as needed (prn), if she did not eat her meals by mouth. The physician's orders did not include any treatment orders for the resident's gastrostomy tube site until 07/26/24, when an order was received to perform tube site care twice a day. There were no physician's orders pertaining to gastrostomy site care from the resident's admitted [DATE] through 07/25/24 (10 days after admission).</p> <p>Review of Resident #91's care plans revealed she had a care plan in place for requiring tube feedings related to a stroke that placed her at risk for complications. The goal was for her to not exhibit signs of complications from feeding tube or enteral feeding solution through the next review date. The interventions did not include the need to perform any care/ treatment to the resident's gastrostomy tube site.</p> <p>Review of Resident #91's treatment administration record (TAR's) for July 2024 revealed there was no documented evidence to show any treatments were provided to the resident's gastrostomy site until 07/26/24. The TAR did not show any treatments being completed to that site between 07/16/24 and 07/25/24. As of 07/26/24, the facility's nurses started to document tube site care was being completed twice a day by initialing the TAR to show it had been completed.</p> <p>Further review of Resident #91's TAR's revealed it was not until the September 2024 TAR that the nurses began documenting they were cleaning the resident's gastrostomy site with soap and water before patting it dry and covering with a split gauze once daily. That treatment was initiated beginning on 09/12/24.</p> <p>On 11/19/24 at 2:02 P.M., an interview with Resident #91's representative revealed he did have concerns with the resident's dressing not being changed, as it should have been. He stated there was a time when he came in and it looked like the dressing to her gastrostomy tube site had not been changed for several days. He stated it was dirty and it had a drainage line that encircled the gastrostomy tube.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2024
NAME OF PROVIDER OR SUPPLIER  Highland Oaks Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4114 North State Route 376 NW McConnelsville, OH 43756	
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/19/24 at 3:48 P.M., an interview with the facility's Director of Nursing (DON) revealed she could not find any documented evidence to show they were providing any type of treatment to Resident #91's gastrostomy tube site, prior to 07/26/24. She acknowledged it was not until 09/12/24 that the physician's orders included directions to wash the area with soap and water and apply a split gauze dressing daily. Prior to that and between 07/26/24 through 09/11/24, they were only documenting tube site care being provided twice a day. She agreed tube site care was not descriptive as to what care was provided and she would have hoped the nurses were washing the site with soap and water. She indicated, when the resident came into the facility under the care and services of hospice, they did not have a treatment ordered for her gastrostomy tube site. She confirmed, if no order was in place, the nurse that admitted the resident should have called hospice or the physician for treatment orders.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159481.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2024
NAME OF PROVIDER OR SUPPLIER  Highland Oaks Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4114 North State Route 376 NW McConnelsville, OH 43756	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28923</p> <p>Based on record review, review of controlled drug use records, staff interview, and policy review, the facility failed to ensure controlled medications administered to a resident, as indicated on the medication administration records, were also properly documented on controlled drug use record sheets for reconciliation purposes. This affected one (#91) of three residents reviewed for controlled medication use.</p> <p>Findings include:</p> <p>Review of Resident #91's medical record revealed she was admitted to the facility on [DATE]. She remained in the facility until her discharge from the facility to home on 11/13/24. Her diagnoses included a malignant neoplasm of the anus, hemiplegia and hemiparesis following a stroke affecting her right dominant side, aphasia (difficulty with speech), and gastrostomy status.</p> <p>Review of Resident #91's physician's orders revealed the resident had the use of Morphine Sulfate (controlled narcotic pain medication) concentrate 20 milligrams (mg)/ milliliter (ml) 0.5 ml (10 mg) orally every hour as needed. The order originated on 07/16/24 and she had been under the care and services of hospice since her admission.</p> <p>Review of Resident #91's medication administration records (MAR's) for September and October 2024 revealed the resident was given multiple doses of her Morphine Sulfate on an as needed basis. The September 2024 MAR revealed three doses of Morphine Sulfate had been given to the resident on 09/21/24 at 11:29 A.M., 09/24/24 at 6:38 P.M., and 09/27/24 at 1:50 P.M. The October 2024 MAR revealed one dose of Morphine Sulfate had been given on 10/13/24 at 6:43 P.M.</p> <p>Review of Resident #91's Controlled Drug Use Record for Morphine Sulfate 20 mg/ ml revealed 29 ml of Morphine Sulfate was received on 07/16/24. Twenty-seven (27) doses were documented as having been administered to the resident between 07/26/24 and 11/06/24. The doses administered to the resident on 09/21/24 at 11:29 A.M., 09/24/24 at 6:38 P.M., 09/27/24 at 1:50 P.M., and 10/13/24 at 6:43 P.M. (as indicated on the MAR's for those two months) were not recorded on the Controlled Drug Use Record as having been given. Findings were verified by the Director of Nursing (DON).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2024
NAME OF PROVIDER OR SUPPLIER  Highland Oaks Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4114 North State Route 376 NW McConnelsville, OH 43756	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/20/24 at 11:00 A.M., an interview with the facility's DON revealed she had investigated reports of Resident #91 having had six ml of her Morphine Sulfate missing from her bottle. She stated she was able to account for all the liquid Morphine, when reviewing the resident's MAR's and the Controlled Drug Use Record for her Morphine Sulfate. She confirmed she determined not all doses that were signed off on the MAR's for September and October 2024 were found on the Controlled Drug Use Record. She confirmed the four doses indicated above had not been recorded on the Controlled Drug Use Record. She also stated there was a second sheet of the Controlled Drug Use Record that could not be found that had additional doses of the Morphine Sulfate that had been given to the resident between 11/07/24 and 11/13/24, before the resident's discharge. She was not sure what happened to that sheet as it should have been turned into her at the time of the resident's discharge from the facility. She reported she received the bottle that had the remaining balance of the Morphine Sulfate but no one knew what happened to the sheet. She acknowledged all doses of the controlled medication should have been recorded on the MAR and the Controlled Drug Use Record for reconciliation purposes.</p> <p>Review of the facility's policy on Controlled Substances (revised April 2019) revealed it was the policy of the facility to comply with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of controlled medications. Controlled medications were to be reconciled upon receipt, administration, disposition, and at the end of each shift. Upon administration, the nurse administering the medication was responsible for recording the name of the resident receiving the medication, name, strength and dose of the medication, time of administration, method of administration, quantity of the medication remaining, and the signature of the nurse administering the medication.</p> <p>This deficiency represents incidental findings of non-compliance investigated under Master Complaint Number OH00159789.</p>		