

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/11/2024
NAME OF PROVIDER OR SUPPLIER  Wapakoneta Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1010 Lincoln Ave Wapakoneta, OH 45895	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44076</b></p> <p>Based on observation, medical record review, staff interview, and policy review, the facility failed to complete adequate wound assessments and failed to ensure pressure-reducing interventions were in place as ordered. This affected one (#11) of three residents reviewed for pressure ulcers. The facility census was 58.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #11 revealed admitted [DATE]. The resident was admitted with diagnoses including congestive heart failure, type two diabetes mellitus, and depression.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had intact cognition. Resident #11 required moderate assistance for transfers, maximum assistance for bed mobility, was dependent for toileting hygiene, and required supervision for eating. Resident #11 was assessed at risk for pressure ulcers, but none were observed at the time of the assessment.</p> <p>Review of a progress note by Licensed Practical Nurse (LPN) #108 dated 05/23/24 documented a wound on Resident #11's right great toe. A treatment for antibiotic ointment was initiated and the Director of Nursing was contacted. There were no measurements or further description of the wound documented until it was seen by Wound Physician (WP) #99 on 06/04/24.</p> <p>Record review of Resident #11's May 2024 treatment administration record (TAR) revealed the treatment for triple antibiotic to the right great toe twice daily was completed as ordered.</p> <p>Review of the physician orders revealed an order for bilateral heel boots or float heels on pillows while in bed with a start date of 06/04/24.</p> <p>Review of WP #99's progress note dated 06/04/24 revealed Resident #11's wound was documented a stage three pressure ulcer (full-thickness skin loss) to the right great toe measuring 0.5 centimeters (cm) long by 0.7 cm wide by 0.1 cm deep.</p> <p>Observation on 06/10/24 at 11:04 A.M. of Resident #11 revealed he did not have heel boots on while lying on his low air loss mattress in bed.</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
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 06/10/24 at 12:33 P.M. revealed Occupational Therapy Assistant (OTA) #106 was overheard asking LPN #101 if Resident #11 was supposed to have his heel boots on. LPN #101 answered that if the resident was in bed, he needed them on. OTA #106 stated she would apply them.</p> <p>Observation on 06/10/24 at 12:37 P.M. revealed OTA #106 applied the heel protectors on Resident #11. Interview at the time of observation with OTA #106 revealed the resident's family asked about the heel boots and she verified with his nurse the resident should have them on while in bed. OTA #106 confirmed the resident's heels had not been floated and the heel protectors were not on while the resident was in bed. OTA #106 acknowledged Resident #11 had therapy earlier in the day from around 10:00 A.M. to around 11:00 A.M., and staff had gotten him out of bed, so she was unable to answer if the boots had been present prior to therapy.</p> <p>Interview on 06/10/24 at 5:12 P.M. with the Director of Nursing (DON) acknowledged she was aware of the 05/23/24 progress note regarding the wound to Resident #11's right great toe, but denied she had been informed of the wound by LPN #108. The DON shared she was not made aware of a wound until family had requested it be assessed. The DON verified there was no description or measurements of the right great toe wound and no further assessment was made of the area until 06/04/24.</p> <p>Interview on 06/11/24 at 11:11 A.M. with LPN #108, regarding her 05/23/24 progress note about Resident #11's right toe wound, revealed she believed the area was a crack due to the dryness of his feet, and believed she measured the area in a risk assessment.</p> <p>A second interview with the DON on 06/11/24 at 11:34 A.M. verified there was no measurement in the risk assessment because the wound was identified as a crack.</p> <p>Review of the facility policy titled, Pressure Ulcer Policy, dated 04/29/16, revealed should a pressure area develop the wound would be monitored are least weekly and contain the location and staging, size, drainage, and characteristics, pain if present, and wound bed and surrounding tissue description. Interventions and monitoring would be implemented to promote healing.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00154544 and continued non-compliance from the survey exited 05/16/24.</p>		