

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Park Vista Nursing & Rehab by McAre Health		STREET ADDRESS, CITY, STATE, ZIP CODE 1216 5th Ave Youngstown, OH 44504	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47568</p> <p>Based on record review and interview the facility failed to ensure physician's orders were followed for Residents #69 and #83. This affected two residents (#69 and #83) of three residents reviewed for following physician's orders. The facility census was 82.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #83 revealed an admitted [DATE] and a discharge date of [DATE]. Medical diagnoses included hypertensive heart and chronic kidney disease with heart failure with stage five chronic kidney disease, type two diabetes mellitus with diabetic chronic kidney disease, unspecified severe protein-calorie malnutrition, and end stage renal disease.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #83 was severely cognitively impaired. Resident #83 was dependent on staff with toileting, and lower body dressing, and required substantial to maximal assistance with oral hygiene, shower/bathing, upper body dressing, and personal hygiene.</p> <p>Review of the physician orders for Resident #83 revealed an order dated 03/30/24 for Lidocaine pain relief patch four percent, to be applied to the low back and knees topically every 12 hours as needed for pain once daily, on for 12 hours and off for 12 hours.</p> <p>Review of the Medication Administration Record (MAR) for April 2024 revealed Resident #83 had Lidocaine patch documented as administered on 04/25/24 at 12:45 A.M. Further review of the MAR revealed there was no documented evidence that the lidocaine patch was removed after 12 hours.</p> <p>Review of progress notes for Resident #83 revealed a Medication Administration Note dated 04/25/24 at 6:08 A.M. that revealed the Lidocaine patch that was administered effectively treated pain.</p> <p>Interview on 05/15/24 at 11:15 A.M. with Assistant Director of Nursing (ADON) #349 stated that Lidocaine patch orders should have documentation for time the Lidocaine patch was administered and the time that the Lidocaine patch was removed. ADON #349 further confirmed there was no documented evidence that Resident #83's Lidocaine patch was removed on 04/25/24.</p> <p>2. Review of the medical record for Resident #69 revealed an admitted [DATE]. Medical diagnoses included borderline personality disorder, acute embolism and thrombosis of unspecified deep veins of lower extremity, essential primary hypertension, primary osteoarthritis, and lymphedema.</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: 365275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Park Vista Nursing & Rehab by McAre Health		STREET ADDRESS, CITY, STATE, ZIP CODE 1216 5th Ave Youngstown, OH 44504	
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 the quarterly MDS assessment dated [DATE] revealed Resident #69 was cognitively intact. Resident #69 required setup or clean-up assistance with oral and personal hygiene and required supervision or touching assistance for toileting.</p> <p>Review of the physician orders for Resident #69 revealed an order dated 11/19/23 for a Lidocaine pain relief four percent patch to be applied to right knee daily for pain. The Lidocaine patch was to be applied at 6:00 A. M. and removed at hour of sleep.</p> <p>Review of the MARs for March 2024, April 2024, and May 2024 revealed the right knee lidocaine patch was documented as administered daily. There was no documented evidence of the right knee Lidocaine patch being removed at hour of sleep.</p> <p>Review of the progress notes for Resident #69 from 03/01/24 to 05/14/24 revealed no documented evidence of the right knee Lidocaine patch being removed at hour of sleep.</p> <p>Interview on 05/15/24 at 11:15 A.M. with ADON #349 stated that Lidocaine patch orders should have documentation for time the Lidocaine patch was administered and the time that the Lidocaine patch was removed. ADON #349 further confirmed there was no documented evidence that Resident #69's Lidocaine patch for the right knee was removed from 03/01/24 to 05/14/24.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00153521.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Park Vista Nursing & Rehab by McAre Health		STREET ADDRESS, CITY, STATE, ZIP CODE 1216 5th Ave Youngstown, OH 44504	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46195</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure the kitchen was clean and sanitary and items were properly stored and dated. This had the potential to affect all 82 residents residing in the facility. The facility identified all residents as receiving meals from the kitchen.</p> <p>Findings include:</p> <p>Observation of the kitchen on 05/14/24 from 4:12 P.M. to 4:29 P.M. with Dietary Director #407 revealed the following concerns:</p> <p>The square chest freezer in the hallway outside of the dry storage area had a buildup of ice approximately three to four inches thick around the perimeter of the unit. There was a buildup of debris on the sliding doors and around the perimeter of the doors. There was no thermometer in the unit. Dietary Director #407 confirmed the areas of concern at the time of observation.</p> <p>In the milk and juice walk-in cooler there were three unopened quarts of heaving whipping cream with a use by date of 05/01/24 sitting on an elevated shelf. Dietary Director #407 confirmed the areas of concern at the time of observation, and stated, the items should have been thrown out.</p> <p>The cooler connected to the walk-in freezer was observed with a clear plastic covering which had numerous tears. On the bottom shelf of the cart were two uncovered and unshelled hard-boiled eggs sitting in the egg crate with raw eggs. On one of the shelves of the cart was Canadian bacon loosely wrapped in plastic wrap which was open to air and undated. There was an undated clear plastic square storage container with a green lid 1/4 full of [NAME] jack shredded cheese. There was one undated package of [NAME] jack shredded cheese opened and resealed with plastic wrap. There was one full pan of cooked sausage links loosely wrapped and open to air and undated. There was one quarter pan of puree sausage covered with plastic wrap and undated. There was one quarter pan of cooked mechanical soft sausage covered with plastic wrap and undated. There were approximately seven to eight round French toasts wrapped in plastic wrap and undated. Dietary Director #407 confirmed the areas of concern at the time of observation.</p> <p>Observation of the walk-in freezer connected to the walk-in cooler revealed a large buildup of ice approximately three to four inches high on the floor under the shelving on the right-hand side of the unit under the condenser. Dietary Director #407 confirmed the areas of concern at the time of observation and stated, the ice buildup and was from the condenser.</p> <p>Review of the facility policy titled Food Storage, dated March 2022, revealed leftover food should be stored in covered containers or wrapped carefully and securely and clearly labeled and dated. All freezer units should be kept clean. All foods would be consumed by their use by date. Cooked foods must be stored above raw foods to prevent contamination.</p> <p>This deficiency was an incidental finding identified during the complaint investigation.</p>		