

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2024
NAME OF PROVIDER OR SUPPLIER  Shelby Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 705 Fulton Street Sidney, OH 45365	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48570</b></p> <p>Based on record review, staff and resident interviews, and policy review, the facility failed to ensure a resident was provided with showers. This affected one (#21) out of four residents reviewed for showering. The facility census was 42.</p> <p>Findings include:</p> <p>Review of Resident #21's medical record revealed the resident was admitted to the facility on [DATE]. Diagnosis included spinal stenosis.</p> <p>Review of the care plan dated 09/22/23 revealed Resident #21 was at risk for decline in activities of daily living (ADL) function related to weakness alteration in ADL performance/participation, chronic obstructive pulmonary disease, obesity, diabetes mellitus, and depression.</p> <p>Review of the Minimum Data Set (MDS) dated [DATE] revealed the resident requires partial assistance for toileting hygiene, bathing, lower body dressing, and personal hygiene. Review of the MDS also revealed Resident #21 was cognitively intact.</p> <p>Review of physician order dated 03/15/24 revealed an order for Vitamin A &amp; Vitamin D (A&amp;D) Ointment to moisture associated skin damage (MASD) - bilateral buttocks. Apply after each incontinent episode, as needed for Moisture Associated Skin Damage. Apply after each incontinent episode.</p> <p>Interview on 04/13/24 at 7:32 A.M. with State tested Nursing Assistant (STNA) #292 confirmed on 04/01/24 Resident #21 did not get a shower. Interview with STNA #292 confirmed she marked No in the computerized charting instead of refusal because he did not refuse his shower.</p> <p>Interview on 04/13/24 at 8:48 A.M. with Resident #21 confirmed he does not always get his shower and that he did not receive a shower on 04/01/24 and he did not receive his shower a couple of times in the last two weeks. Resident #21 reports he does not like to miss his showers due to being a heavier person who can not perform all his own cares.</p> <p>Interview on 04/14/24 at 9:54 A.M. with STNA #292 confirmed a shower sheet dated 04/01/24 showing Resident #21 refused his shower. Interview with STNA #292 confirmed the Director of Nursing (DON) came to her this morning, 04/14/24, with a shower sheet and asked her to fill it out for Resident #21 with a date of 04/01/24 and to write Refused across the top.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 04/14/24 at 10:30 A.M. with the DON confirmed she did have STNA #92 complete a shower sheet this morning for Resident #21. The DON confirmed she did not make STNA #292 fill it out, she asked her to fill it out with a date of 04/01/24 and the comment Refused across the top of the shower sheet. Interview with the DON also confirmed she knows Resident #21 did not refuse a shower on 04/01/24, but sometimes he does and she just wanted to give the surveyor something. The DON confirmed the documentation reflecting Resident #21 refused the shower would not be accurate and the documentation will be corrected to accurately reflect the resident did not receive a shower. Interview with the DON also confirmed Resident #21's Brief Interview of Mental Status (BIMS) score was 15, indicating the resident was cognitively intact.</p> <p>Further review of the Shower Schedule dated 04/04/24 revealed residents are schedule for a shower two times weekly. Shower sheets are to be signed by the nurse on duty NO EXCEPTIONS. A refusal of care MUST be reported to the nurse on duty and documented in computer charting system.</p> <p>Review of the Follow Up Question Report for Resident #21 revealed on 03/28/24 and 04/01/24 for bathing the task completed response was no.</p> <p>Review of the Bath, Shower/Tub policy dated 02/18 revealed the purpose of this procedure is to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin. Reporting: Notify the supervisor if the resident refuses the shower/tub bath. Report other information in accordance with facility policy and professional standards of practice.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152522.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48570</p> <p>Based on record review, resident and staff interviews and policy review, the facility failed to ensure documentation was accurate regarding a resident's showers. This affected one (#21) out of four residents reviewed for accuracy of the medical records. Facility census was 42.</p> <p>Findings include:</p> <p>Review of Resident #21's medical record revealed the resident was admitted to the facility on [DATE]. Diagnosis included spinal stenosis.</p> <p>Review of the care plan dated 09/22/23 revealed Resident #21 was at risk for decline in activities of daily living (ADL) function related to weakness alteration in ADL performance/participation, chronic obstructive pulmonary disease, obesity, diabetes mellitus, and depression.</p> <p>Review of the Minimum Data Set (MDS) dated [DATE] revealed the resident requires partial assistance for toileting hygiene, bathing, lower body dressing, and personal hygiene. Review of the MDS also revealed Resident #21 was cognitively intact.</p> <p>Review of physician order dated 03/15/24 revealed an order for Vitamin A &amp; Vitamin D (A&amp;D) Ointment to moisture associated skin damage (MASD) - bilateral buttocks. Apply after each incontinent episode, as needed for Moisture Associated Skin Damage. Apply after each incontinent episode.</p> <p>Interview on 04/13/24 at 7:32 A.M. with State tested Nursing Assistant (STNA) #292 confirmed on 04/01/24 Resident #21 did not get a shower. Interview with STNA #292 confirmed she marked No in the computerized charting instead of refusal because he did not refuse his shower.</p> <p>Interview on 04/13/24 at 8:48 A.M. with Resident #21 confirmed he does not always get his shower and that he did not receive a shower on 04/01/24 and he did not receive his shower a couple of times in the last two weeks. Resident #21 reports he does not like to miss his showers due to being a heavier person who can not perform all his own cares.</p> <p>Interview on 04/14/24 at 9:54 A.M. with STNA #292 confirmed a shower sheet dated 04/01/24 showing Resident #21 refused his shower. Interview with STNA #292 confirmed the Director of Nursing (DON) came to her this morning, 04/14/24, with a shower sheet and asked her to fill it out for Resident #21 with a date of 04/01/24 and to write Refused across the top.</p> <p>(continued on next page)</p>

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