

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Gardens of Belden Village		STREET ADDRESS, CITY, STATE, ZIP CODE 5005 Higbee Avenue NW Canton, OH 44718	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43063</p> <p>Based on observation, interview, record review and facility policy review, the facility failed to ensure perineal care was performed appropriately after an episode of urinary and bowel incontinence. This affected one (Resident #81) of one resident observed for incontinence care. The facility census was 81.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #81 revealed an admitted [DATE] with diagnoses including Alzheimer's disease, depression and anxiety.</p> <p>Review of the care plan dated 05/23/20 revealed Resident #81 had incontinence of bowel and bladder. Interventions included to check for incontinence and clean and dry skin if wet or soiled.</p> <p>Observation on 08/28/24 at 10:53 A.M. of incontinence care to Resident #81 by Licensed Practical Nurse (LPN) #200 and LPN #201 revealed Resident #81's brief was wet with urine and bowel. LPN #200 and LPN #201 unfastened Resident #81's brief and then rolled her on her right side. LPN #200 cleaned her rectum area and buttocks of bowel, rinsed and then dried her off. LPN #200 and LPN #201 then rolled Resident #81 on her back and began to pull up the brief and fasten both sides. This surveyor asked why perineal care was not performed to the front of the resident and LPN #200 stated she had reached from the back of resident between her legs and wiped all the way to the front of resident's perineal area. She verified she had not cleaned Resident #81 appropriately for perineal care.</p> <p>Review of the facility policy titled, Perineal Care, dated October 2010, revealed for a female resident, staff would wet a washcloth, apply soap, wash perineal area by wiping from front to back, separate the labia and wash area downward from front to back, continue to wash the perineum moving from inside outward and include thighs, alternate from side to side, use downward strokes, and then rinse and dry the resident in the same fashion. Staff should then assist the resident to turn on their side and clean the rectal area.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00155992.</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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