STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365329	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Embassy of Marion	175 Community Drive Marion, OH 43302

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44454 Based on medical record review, staff interview, and policy review, the facility failed to properly assess and treat a resident's rash. This affected one (#1) out of three residents reviewed for a change in condition. The facility census was 69. Findings include: Review of the medical record revealed Resident #1 was admitted to the facility on [DATE]. Diagnoses included dementia, anxiety, depression, hypertension, muscle weakness, and need for assistance with personal care. Review of the admission Minimum Data Set assessment, dated 07/19/24, revealed Resident #1 was identified as cognitively impaired. The resident required assistance from staff for all activities of daily living. Review of Resident #1's medical record for 09/06/24 and 09/07/24 revealed no other information, documentation, or assessment regarding a rash. Review of the shower sheet dated 09/07/24, revealed Resident #1 had a rash on their left thigh. Review of the nursing progress notes dated 09/08/24 and timed 10:00 A.M., revealed the nurse on duty noted a red rash on the top of Resident #1's left thigh and lower back. A State tested Nurse Aide (STNA) reported the rash was reported to the unit managers on 09/06/24. The nurse on duty notified the on-call provider who ordered Acyclovir (anti-viral) medication. The provider on call and the family were notified via phone. Review of the skin assessment dated [DATE] indicated Resident #1 had a rash on the front of their left thigh and on their lower back, extending from the left flank to the right flank. Interview on 09/26/24 at approximately 10:42 A.M., with the Director of Nursing, revealed Resident #1's rash was reported to Licensed Practical Nurse (LPN) #167 on 09/06/24. LPN #167 reported the rash to LPN Supervisor #171. LPN #171 then reported the rash to the DON. The DON verified there was no documentation to support the facility had identified, assessed, or obtained treatment orders for the rash until 09/08/24. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the policy titled Notification of Changes, dated February 2023, revealed the need to alter treatment significantly was defined as needing to stop a form of treatment due to adverse consequences (such as adverse drug reaction), or commence a new form of treatment to deal with a problem. The facility would inform the resident, consult with the resident's physician and/or notify the resident's family member or legal representative when there was a change requiring such notification. Circumstances requiring notification included new treatment of discontinuation of a current treatment. Review of the policy titled Change in a Resident's Condition or Status, revised February 2021, revealed the facility would notify the resident's attending physician or physician on call when there has been including but not limited to an adverse reaction to medication or a need to alter the resident's medical treatment significantly. The policy also stated the nurse would record in the resident's medical record information relative to changes in the resident's medical/mental condition or status. This deficiency represents non-compliance investigated under Complaint Number OH00157697.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 35031 Based on observation, staff interview, and review of the policy, the facility failed to ensure the glucose monitor device was cleaned after use. This directly affected three residents (#26, #67 and #68) and had the potential to affect 15 residents (#16, #18, #21, #23, #32, #36, #37, #39, #44, #48, #50, #52, #56, #61, and #63), identified by the facility as having blood glucose monitored using the blood glucose device. The facility census was 69. Findings include: Observation on 09/27/24 at 5:35 A.M., revealed Licensed Practical Nurse (LPN) #100 used a blood glucose monitor device to obtain a blood glucose result on Resident #26. After obtaining the result, LPN #100 used an alcohol swab to cleanse the monitor device. Interview directly following, with LPN #100 provided verification the alcohol swab was not the correct substance to clean the device. Observation on 09/27/24 at 5:53 A.M., revealed LPN #103 to obtain a blood glucose reading using a blood glucose device for Resident #67. LPN #103 did not clean the device before proceeding to use the device to obtain a blood glucose result on Resident #68. Interview immediately following the second test, with LPN #103 provided verification she had not cleaned the device between residents #67 and #68. Review of the undated policy titled Glucometer Disinfection, revealed the glucometer is to cleaned and disinfected after each use. The glucometer is to be disinfected with a wipe pre-saturated with an Environmental Protection Agency registered healthcare disinfectant This deficiency represents non-compliance investigated under Complaint Number OH00157697.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35031 Based on observation, staff interview, and review of policy, the facility failed to ensure the crash carts (emergency use) were stocked with non-expired medical devices. This had the potential to affect all 69 residents residing in the facility. The census was 69. Findings include: Observation, along with Licensed Practical Nurse (LPN) #171, on [DATE] at 9:30 A.M., revealed the crash cart(located in the nurses station on the skilled nursing side) contained four 10 milliliter syringes with expiration date of [DATE]. The cart contained three 22 gauge angiocaths with expiration date of [DATE], two 20 gauge angiocaths with expiration date of [DATE], five intravenous start kits with expiration dates of (3) [DATE] and (2) [DATE], and an unopened, sealed bottle of blood glucose test strips dated [DATE]. The cart in the locked dementia unit contained three suction catheter kits dated [DATE] and a sealed providone swab stick expired ,d+[DATE]. Interview at the time of the observation, with LPN #171 verified all of the findings at the time of the observations. Review of the undated policy titled, Emergency Crash Cart and Automated External Defibrillators revealed expired items are replaced when applicable. This deficiency represents non-compliance investigated under Complaint Number OH00157697.