

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365340	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Legacy Barberton		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Third Street SE Barberton, OH 44203	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42730</p> <p>Based on observation, record review, resident interview, staff interview, and facility policy review, the facility failed to ensure residents were treated with dignity and respect. This affected one resident (#23) of one reviewed for choices. The facility census was 72.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #23 revealed an admitted [DATE]. Diagnoses included type II diabetes mellitus, sequelae of cerebral infarction, and hypertension.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #23 had a Staff Assessment for Mental Status (SAMS) completed that indicated the resident had short-term and long-term memory problems and was severely impaired regarding tasks of daily life. Review of the MDS assessment revealed Resident #23 required assistance from staff for activities of daily living (ADLs).</p> <p>Review of the care plan dated 11/24/24 revealed Resident #23 had impaired cognitive function, thought processes and had identified personal preferences. Interventions included to encourage Resident #23 to make routine and daily decisions and for preferences to be honored.</p> <p>Observation on 01/12/25 at 2:45 P.M. revealed Resident #23 was sitting in a chair adjacent to the bed yelling out for staff. Resident #23 appeared upset while angrily hitting the bed with a balled-up fist. Resident #23's bed was observed to be unmade.</p> <p>Interview with Resident #23 at the time of the observation, while the resident continued to yell out for staff, revealed the resident was upset because the bed was unmade, and Resident #23 wanted to get in bed.</p> <p>Interview on 01/12/25 at 2:46 P.M. with Certified Nurse Assistant (CNA) #870 revealed Resident #23 was upset and angry because the resident wanted to get into bed. CNA #870 revealed Resident #23's bed was purposely left unmade to keep Resident #23 from getting into bed to lay down. CNA #870 stated Resident #23's wife had requested staff to keep him out of bed related to his weight status. CNA #870 confirmed and verified Resident #23 bed was unmade and the resident's preferences were not honored.</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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 01/12/25 at 2:50 P.M. with Licensed Practical Nurse (LPN) #803 revealed Resident #23 bed was unmade to stop him from getting in bed to lay down. LPN #803 revealed Resident #23 did not have any orders or specific reasons to be denied getting in bed, except for Resident #23's wife request to not let Resident #23 in bed due to the residents weight status. LPN #803 revealed Resident #23 wanted to get in bed to lay down. LPN #803 confirmed and verified the above findings at the time of the interview.</p> <p>Interview on 01/14/24 at 2:47 P.M. with LPN #821 revealed he always informed the unit CNA's to make Resident #23 bed to allow Resident #23 to lay down when he wanted. LPN #821 revealed Resident #23's wife requested Resident #23 bed not to be made to keep the resident out of the bed. LPN #821 stated he did not agree with the wife's request and believed Resident #23 had a right to be in bed at his choosing.</p> <p>Review of the facility document titled [NAME] of Rights undated, and attached to the admissions agreement, revealed the facility had a policy in place to ensure residents had the right to retire and rise in accordance with the resident's reasonable request, unless not medically advisable as documented by the attending physician. Review of the document revealed the facility did not implement the policy.</p>		

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<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39333</p> <p>Based on record review and staff interview the facility failed to ensure funds were conveyed timely upon death for one Resident (#175). This affected one resident of one resident reviewed for funds conveyance of funds. The facility census was 72.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #175 was admitted to the facility on [DATE] and expired on [DATE].</p> <p>Review of the business records for Resident #175 revealed a check for \$1,676.34 was dispersed to the Treasurer of Ohio State on [DATE].</p> <p>Interview on [DATE] at 10:03 A.M. with Business Office Manager (BOM) #801 verified Resident #175's funds were dispersed on [DATE] and Resident #175 expired on [DATE]. BOM #801 verified Resident #175's funds were conveyed outside the required timeframe of 30 days.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42730</p> <p>Based on record review, observation, resident interview, staff interview, the facility failed to ensure the resident's environment was kept in a clean and sanitary manner. This affected two residents (#7 and #22) of two reviewed for incontinence care. The facility census was 72.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #7 revealed an admitted [DATE]. Diagnoses included pulmonary fibrosis, chronic obstructive pulmonary disease, and hypertensive heart and chronic kidney disease with heart failure.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #7 was alert and oriented to person, place, and time, required assistance from staff for activities of daily living (ADLS) and was occasionally incontinent of bladder.</p> <p>Review of the care plan dated 12/03/24 revealed Resident #7 had an ADL self-care performance deficit related to limited mobility, and assistance needed for toilet use. Interventions included for staff to assist with completion of ADLs on a daily basis, including toileting.</p> <p>2. Review of the medical record for Resident #22 revealed an admitted [DATE]. Diagnoses included hemiplegia and hemiparesis following cerebral infraction affecting the right dominant side, malignant neoplasm of tonsil, and chronic obstructive pulmonary disease.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #22 was alert and oriented with cognition impairment, required assistance from staff for ADLs and was frequently incontinent with bladder.</p> <p>Review of the care plan dated 12/03/24 revealed Resident #22 had an ADL self-care performance deficit related to limited mobility, and assistance required with toilet use. Interventions included staff to assist with completion of ADLs on a daily basis, including toilet hygiene.</p> <p>Observation on 01/12/25 at 12:30 P.M. of Resident #7's room, shared with Resident #22, revealed a soiled brief laying on the floor between Resident #7 and #22 beds. Resident's #7 and #22 were observed to be eating the lunch meal.</p> <p>Interview on 01/12/25 at 12:32 P.M. with Resident #7 revealed the resident soiled the brief and attempted to use her reacher to dispose of it, but the brief hit the floor instead. Resident #7 revealed there were times when she requested assistance from staff, but staff did not help her.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and interview on 01/12/25 at 12:35 P.M. of Certified Nurse Assistant (CNA) #858 revealed her walking into the room to speak with Resident #22. CNA #858 was observed to look down at the floor between Resident's #7 and #22 bed and started shaking her head. CNA #858 was observed to be rolling her eyes in an upward motion and stated, that's nasty, especially while they are eating. CNA #858 revealed no knowledge of who the soiled brief belonged to. CNA #858 confirmed and verified the findings at the time of the interview and observation.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00161493.</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39333</p> <p>Based on observations, resident interview, staff interview, and medical record review, the facility failed to ensure Resident #38's received treatment to maintain hearing abilities. This affected one resident (#38) out of one resident reviewed for communication/sensory abilities. The facility census was 72.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #38 revealed an admitted [DATE] with diagnoses of chronic obstructive pulmonary disease, low back pain, anxiety disorder, and heart failure.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment, dated 12/05/24, revealed Resident #38 had intact cognition and was independent for activities of living.</p> <p>Review of the progress note dated 04/24/24 at 9:40 A.M. revealed that Resident #38 had seen an audiologist for hearing exam and hearing aide evaluation. The assessment revealed that there was hearing loss, and the plan was to return for a hearing aide fitting one to three months.</p> <p>Review of the Certificate of Medical Necessity for the hearing aides was completed on 10/01/24 for Resident #38.</p> <p>Observations on 01/12/25 at 11:04 A.M. revealed Resident #38 was sitting in bed and was having a hard time hearing. At the time of the observation, an interview with Resident #38 revealed the resident needed an appointment for the new hearing aids.</p> <p>Interview on 01/13/25 at 12:53 P.M. with Social Services Designee (SSD) #839 revealed that ancillary services are set up based on resident needs. SSD #839 verified Resident #38 had no follow up for the hearing aids and more information was needed. SSD #839 stated she would investigate.</p> <p>Follow up interview on 01/15/25 at 7:50 A.M. with SSD #839 revealed after the hearing aid company was emailed, they would be expediting Resident #38's hearing aids.</p>

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39333</p> <p>Based on medical record review, resident interview, and staff interview, the facility failed to ensure Resident #38 received treatment for pain relief. This affected one resident (#38) out of one resident reviewed for pain management. The facility census was 72.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #38 revealed an admitted [DATE] with diagnoses including chronic obstructive pulmonary disease, low back pain, anxiety disorder, and heart failure.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment, dated 12/05/24, revealed Resident #38 had intact cognition and was independent for activities of living.</p> <p>Review of the physician's note dated 10/01/24 revealed a recommendation for magnetic resonance imaging (MRI) and physical therapy due to Resident #38's six month history of chronic back pain and x-ray results of the lumbar spine completed on 09/24/24 showing an anterior compression deformity of the second lumbar spine.</p> <p>Review of the physician's orders for October 2024 revealed an appointment was needed to be scheduled with pain management. The order read, please only schedule on Mondays and Wednesday in the morning and the facility will take Resident #38 to the appointment.</p> <p>Further review of the medical record revealed that Resident #38 did see the physician for pain management.</p> <p>Interview on 01/12/25 at 11:05 A.M. with Resident #38 revealed the resident was supposed to have a pain shot, but an appointment was not made for Resident #38 to receive the shot.</p> <p>Interview on 01/13/25 at 12:53 P.M. with Social Services Designee (SSD) #839 revealed Resident #38 gets shots every few months for chronic back pain.</p> <p>A follow up interview on 01/13/25 at 2:07 P.M. with SSD #839 revealed that Resident # 38 did have an appointment for a pain shot scheduled, however the appointment got canceled. SSD #839 stated neither the facility or the physician's office followed up to schedule an new appointment.</p> <p>A follow up interview on 01/15/25 at 7:50 A.M. with SSD #839 revealed pain management appointments were made for Resident #38 for 01/29/25 and 02/04/25.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>39333</p> <p>Based on record review and staff interview the facility failed to ensure annual performance evaluations were completed as required for Certified Nursing Assistants (CNA). This affected three of three CNA's personnel files reviewed and had the potential to affect all 72 residents residing in the facility. The facility census was 72.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the personnel file on 01/14/25 with Human Resource Director (HR) #815 revealed CNA #826 had a hire date of 08/20/20. Review of the employee's personnel file revealed no annual performance evaluation had been completed for 2024. 2. Review of the personnel file on 01/14/25 with Human Resource Director (HR) #815 revealed CNA #863 had a hire date of 05/23/23. Review of the employee's personnel file revealed no annual performance evaluation had been completed for 2024. 3. Review of the personnel file on 01/14/25 with Human Resource Director (HR) #815 revealed CNA #865 had a hire date of 05/15/22. Review of the employee's personnel file revealed no annual performance evaluation had been completed for 2024. <p>The interview on 01/15/25 at 8:07 A.M. with Human Resources Director (HR) #815 verified that no evaluations were completed for CNA #826, CNA #863, and CNA #865 in 2024.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39333</p> <p>Based on medical record review, staff interview, and review of the facility policy, the facility failed to ensure medications were available for administration. This affected three residents #29, #47, and #18 out of six (Residents #4, #7, #18, #29, #47, and #54) reviewed for medication administration. The facility census was 72.</p> <p>Findings include:</p> <p>1 Review of the medical record for Resident #29 revealed an admitted [DATE]. Diagnoses included anxiety disorder, Hodgkin lymphoma, thyroiditis, hypothyroidism, and diabetes mellitus.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment, dated 10/31/24, revealed Resident #29 was severely cognitively impaired and dependent on staff for activities of daily living (ADLs).</p> <p>Review of the current physician orders for Resident #29 revealed a physician order written on 03/21/24 for Levothyroxine 175 microgram (mcg), one tablet by mouth in the morning.</p> <p>Review of the medication administration record (MAR) for January 2025 revealed Resident #29 did not receive levothyroxine 175 mcg in the morning of 01/08/25 and 01/09/25 because the medication was unavailable.</p> <p>Interview on 01/13/25 at 3:14 P.M. with the Director of Nursing (DON) verified that Resident #29 did not receive the prescribed medication of 175 mcg levothyroxine in the morning of 01/08/25 and 01/09/25 as the medication was documented unavailable on the MAR. The DON was unsure why the medication was unavailable.</p> <p>2. Review of the medical record for Resident #47 revealed an admitted [DATE] and a readmitted [DATE]. Diagnoses included to major depressive disorder, drug induced subacute dyskinesia, chronic pain, and dementia.</p> <p>Review of the comprehensive MDS 3.0 assessment, dated 11/13/24 revealed Resident #47 was severely cognitively impaired and required substantial assistance for ADLs.</p> <p>Review of the current physician orders for Resident #47 revealed a physician order written on 11/30/24 for 40 milligrams of Ingrezza orally at bedtime for dyskinesia.</p> <p>Review of the MAR for December 2024 revealed Resident #47 had not received 40 milligrams of Ingrezza orally at bedtime on 12/30/24 and 12/31/24 as the medication was unavailable.</p> <p>Review of the MAR for January 2025 revealed Resident #47 did not receive 40 milligrams of Ingrezza orally at bedtime from 01/01/25 through 01/11/25 for dyskinesia as the medication was unavailable.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and interview on 01/13/25 at 4:29 P.M. with Resident #47 revealed involuntary movements of the mouth were continual during conversation. Resident #47 confirmed a diagnosis of tardive dyskinesia and stated medication was required for treatment.</p> <p>Interview on 01/13/25 at 3:14 P.M. with the DON verified Resident #47 did not receive the prescribed medication of 40 milligrams of Ingrezza orally at bedtime from 12/30/24 through 01/11/25. The DON did not know why the medication was not available.</p> <p>3. Review of the medical record for Resident #18 revealed an admitted [DATE]. Diagnoses included acute respiratory failure, chronic kidney disease stage 4, chronic obstructive pulmonary disease, and type II diabetes mellitus.</p> <p>Review of the MDS assessment dated [DATE] revealed Resident #18 was alert and oriented to person, place, and time. Review of the MDS assessment also revealed Resident #18 required assistance from staff for ADLs and required dialysis.</p> <p>Review of the care plan dated 12/16/24 revealed Resident #18 had an ADL self-care performance deficit and required hemodialysis with an intervention that included to administer medications per physician order.</p> <p>Review of the current physician orders dated 11/19/24 revealed Resident #18 had an order for dialysis at an outpatient dialysis center on Tuesdays, Thursdays, and Saturdays with a chair time of 12:30 P.M.</p> <p>Further review of physician orders revealed Resident #18 had an order dated 12/11/24 for auryxia oral tablet, administer 210 milligrams by mouth three times a day, with meals, for end-stage renal disease.</p> <p>Review of the MAR for Resident #18 revealed on 01/12/25 Resident #18 did not receive two of the three doses of auryxia with a note for both of the missed doses, to see the nurses notes.</p> <p>Review of a nurse progress note dated 01/12/25 at 12:38 P.M. revealed the facility was waiting for Resident #18's auryxia to be delivered from the pharmacy.</p> <p>Review of the progress note dated 01/12/25 at 6:15 P.M. revealed Resident #18's auryxia was not available.</p> <p>Interview on 01/13/25 at 3:39 P.M. with the DON verified Resident #18 missed two scheduled doses of auryxia on 01/12/25. The DON was aware the medication was not available and was unsure why the medication would not have been available.</p> <p>Review of the facility policy dated 11/2001 titled, Miscellaneous Special Situations- Unavailable Medication, revealed the facility must make every effort to ensure that medications used by residents are available to meet the needs of each resident.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00161493.</p> <p>Surveyor: Richfield, Lake</p> <p>(continued on next page)</p>		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	42730		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>39333</p> <p>Based on observation, interview, and record review, the facility failed to provide physician ordered diets. This affected 17 residents (#2, #14, #16, #17, #23, #25, #32, #34, #36, #37, #43, #46, #49, #52, #55, #58, and #125) of 17 residents ordered to receive a carbohydrate-controlled diet. The facility census was 72.</p> <p>Findings include:</p> <p>Observation of lunch tray line service on 01/14/25 from 11:30 A.M. through 12:30 P.M. revealed residents ordered a Carbohydrate Controlled Diet (CCD) were to receive sauteed spinach Seventeen of seventeen residents ordered a CCD were provided buttered peas.</p> <p>Review of the facility's spread sheet for lunch on Tuesday 01/14/25 revealed residents ordered a CCD diet would have a half cup of sauteed spinach in place of buttered peas.</p> <p>Interview on 01/14/25 at 11:48 A.M. with Regional Director of Dietary Services (RDO) #889 verified the spinach substitute for residents on a CCD was not provided and the spreadsheet for CCD diet substitutions was not being followed.</p> <p>An interview on 01/15/25 at 12:38 P.M. with the Dietary Manager (DM) #890 verified the menu had peas as the vegetable for the lunch meal and the spreadsheet indicated spinach should be substituted for the peas for residents on CCD. DM #890 verified the spinach was not cooked and was not provided to residents ordered a CCD and peas were served.</p> <p>Review of the facility's diet and nutritional manual for consistent carbohydrate diet dated 2021 revealed that individuals with diabetes or difficulty controlling blood glucose levels may be placed on a CCD which will spread carbohydrates throughout the day.</p> <p>Review of the facility policy dated 05/2014 and a revision date of 10/2022 titled, Menus revealed that menus will be planned in advance to meet the nutritional needs of the residents in accordance with established national guidelines.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365340	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Legacy Barberton		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Third Street SE Barberton, OH 44203	
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>39333</p> <p>Based on observation and staff interview, the facility failed to ensure its kitchen area was maintained in a clean and sanitary condition. This had the potential to affect 70 out of 72 residents receiving food from the kitchen. Two residents (Resident's #3 and #21) out of 72 residents received nothing by mouth. The facility census was 72.</p> <p>Findings include:</p> <p>A tour of the kitchen on 01/13/25 from 8:07 A.M. through 8:27 A.M. revealed:</p> <p>A kitchen door with dry food splatter.</p> <p>In the dry storeroom, open bags of spiral noodles and egg noodles with no open date.</p> <p>In the freezer, cooked omelets, individually wrapped, with no label or date, open bag of breaded chicken breasts on a shelf with no label or date, and two cases of chicken breasts sitting on the floor.</p> <p>In the reach-in refrigerator, an open bag of shredded cheddar cheese and a stack of american cheese was not labeled or dated.</p> <p>Dirty water underneath the dish machine sink.</p> <p>A meat slicer with dried food residue on the slicer blade.</p> <p>A floor mixer had dried food splatter in the back of the kitchen.</p> <p>A follow-up tour on 01/13/25 at 8:29 A.M. with [NAME] #894 verified the above findings.</p> <p>Review of the facility policy dated 05/2014 with a revision date of 02/2023 titled, Food Storage, stated all packaged and food items will be kept clean, dry and properly sealed with date marked as appropriate, and all food items will be stored on a shelf at least six inches from the floor. The policy also stated that the Dining Services Director or designee would regularly inspect the kitchen to ensure the area is well lit, well ventilated and not subject to sewage or wastewater backflow or contamination.</p>		

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NAME OF PROVIDER OR SUPPLIER Legacy Barberton		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Third Street SE Barberton, OH 44203	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42730 45753</p> <p>Based on observation, record review, and interview, the facility failed to identify high contact residents requiring use of enhanced barrier precautions during resident care activities. This effected three residents (Resident #130, #131, and #225) of 26 residents on enhanced barrier precautions. The facility census was 72.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #225 revealed an admitted [DATE]. Diagnoses included urinary retention and weakness.</p> <p>Review of the physician order dated 01/09/24 revealed Resident #225 required Enhanced Barrier Precautions (EBP), which required the use gown and gloves for high-contact resident care including dressing, bathing, showering, transfers, hygiene care, changing linens, changing briefs, assisting with toileting, dressing changes, and care of any device (trach, central line, tube feeding, catheter), every shift for reducing the chance of spreading infection.</p> <p>Observation on 01/12/25 at 10:00 A.M. revealed the Resident #225 did not have signage posted to alert staff of high contact risk of spreading infection.</p> <p>Interview on 01/12/25 at 10:34 of the Licensed Practical Nurse (LPN) #822 verified the Resident #225 required enhanced barrier precautions and confirmed no signage was posted.</p> <p>2. Review of the medical record for Resident #130 revealed an admitted [DATE]. Diagnosis was hypertension secondary to renal disorder.</p> <p>Review of the physician order dated 01/15/25 revealed Resident #130 required EBP, requiring the use of gown and gloves for high-contact resident care including dressing, bathing, showering, transfers, hygiene care, changing linens, changing briefs, assisting with toileting, dressing changes, and care of any device (trach, central line, tube feeding, catheter), every shift for reducing the chance of spreading infection.</p> <p>Observation on 01/15/25 at 9:40 A.M. revealed the Resident #130 did not have signage posted to alert staff of high contact risk of spreading infection.</p> <p>Interview on 01/15/25 of the Infection Control Designee #824 verified the Resident #130 was ordered enhanced barrier precautions and confirmed no signage was posted.</p> <p>3. Review of the medical record for Resident #131 revealed an admitted [DATE]. Diagnosis included cellulitis of right lower limb.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Legacy Barberton		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Third Street SE Barberton, OH 44203	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the physician order dated 01/13/25 revealed the resident was to have EBP, requiring the use of gown and gloves for high-contact resident care including dressing, bathing, showering, transfers, hygiene care, changing linens, changing briefs, assisting with toileting, dressing changes, and care of any device (trach, central line, tube feeding, catheter), every shift for reducing the chance of spreading infection.</p> <p>Observation on 01/15/25 at 9:40 A.M., revealed the Resident #131 did not have signage posted to alert staff of high contact risk of spreading infection.</p> <p>Interview on 01/15/25 of the Infection Control Designee #824 verified the Resident #131 was ordered enhanced barrier precautions and confirmed no signage was posted.</p> <p>Review of the facility policy titled Enhanced Barrier Precautions, dated 03/2024 revealed signs are posted on the door or wall outside the resident room indicating the type of precautions and type of personal protection equipment required for care.</p>		