

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/25/2024
NAME OF PROVIDER OR SUPPLIER  Signature Healthcare of Galion		STREET ADDRESS, CITY, STATE, ZIP CODE  935 Rosewood Dr Galion, OH 44833	

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**</b> 31638</p> <p>Based on record review, resident interview, staff interview, and policy review, the facility failed to provide activities of daily living care (ADL) for dependent residents who required assistance from staff with bathing/showers. This affected three of three residents (#38, #41, and #52) reviewed for showers. The facility identified all residents required assistance with showers and bathes. The facility census was 42.</p> <p>Findings include:</p> <p>1. Review of Resident #38's medical record revealed an admitted [DATE]. Diagnoses included Parkinson's disease, morbid obesity, femur fracture, and acute respiratory failure.</p> <p>Review of Resident #38's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed she was cognitively intact and required substantial/maximum assistance from staff for showers and bathing.</p> <p>Review of Resident #38's care plan revealed she was dependent on staff for bathing and would be clean, dry, and odor free, and appropriately groomed through next review period. Interventions included to assist with showers as scheduled and assist with personal grooming daily and as needed.</p> <p>Review of the facility's shower schedule revealed Resident #38 was to be bathed every Tuesday and Friday on the day shift.</p> <p>Review of Resident #38's ADL record from 08/01/24 to 09/22/24 revealed she was bathed four times during this time on the following dates: a complete bed bath on 08/20/24, a partial bath on 08/28/24, complete bed bath on 09/11/24, and a partial bed bath on 09/18/24. There were 11 missed opportunities for Resident #38 to receive a bed bath/shower. Resident #38's medical record revealed no documentation regarding the reason the bathes/showers were failed to be completed.</p> <p>Interview with Resident #38 on 09/23/24 at 11:22 A.M. revealed she was unable to take showers due to being unable to get out of bed which was her choice. She stated she normally received a bed bath weekly.</p> <p>Interview with the Director of Nursing (DON) on 09/25/24 at 3:05 P.M. verified showers and baths failed to be given timely to Resident #38.</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>2. Review of Resident #52's medical record revealed an admitted [DATE]. Diagnoses included schizophrenia, chronic kidney disease, and diabetes mellitus.</p> <p>Review of Resident #52's MDS assessment revealed the resident was cognitively intact. He required substantial/maximum assistance from staff for showers/bathes.</p> <p>Review of Resident #52's most recent care plan revealed he required assistance with all ADL and mobility related to impaired mobility, presence of a feeding tube, presence of a colostomy, presence of a nephrostomy, impaired mood, weakness and impaired cardiovascular status.</p> <p>Review of the facility's shower schedule revealed Resident #52 was to have showers on Tuesdays and Fridays.</p> <p>Review of Resident #52's ADL record from 08/01/24 to 09/22/24 revealed he was bathed four times during this time on the following dates: a shower on 08/13/24, a shower on 08/20/24, a partial bed bath on 08/28/24, and a shower was on 09/03/24. There were 11 missed opportunities for Resident #52 to receive a bath/shower. Resident #52's medical record revealed no documentation regarding the reason the bathes/showers were failed to be completed.</p> <p>Interview with Resident #52 on 09/25/24 at 2:45 P.M. revealed he wished to received showers timely.</p> <p>Interview with the Director of Nursing (DON) on 09/25/24 at 3:05 P.M. verified showers and baths failed to be given timely to Resident #52.</p> <p>3. Review of Resident #41's medical record revealed an admitted [DATE]. Diagnoses included multiple sclerosis, quadriplegia, depression, chronic pain, right foot drop, and right ankle contracture.</p> <p>Review of Resident #41's quarterly MDS dated [DATE] revealed the resident was cognitively intact. The resident was dependent on staff for showers.</p> <p>Review of Resident #41's care plan revealed the resident required assistance for ADLs. Interventions included to assist with showers as scheduled and assist with personal grooming daily as needed.</p> <p>Review of the facility shower schedule revealed Resident #41 was to receive showers on day shift every Monday and Friday.</p> <p>Review of Resident #41's ADL sheet and shower sheets from 08/28/24 to 09/25/24 revealed he was bathed two times during this time on the following dates: a shower on 09/02/24 and a shower on 09/16/24. There were six missed opportunities for Resident #41 to receive a bed bath/shower. Resident #41's medical record revealed no documentation regarding the reason the bathes/showers were failed to be completed.</p> <p>Interview with Resident #41 on 09/23/24 at 2:31 P.M. revealed the resident asked to speak to surveyor. He stated he was told that he would not receive his shower that day (Monday) because they were short staffed. He had recently changed his shower schedule from third shift to first so they would accommodate him, but the new schedule was still not working. He stated he had not received a shower since 09/16/24.</p> <p>(continued on next page)</p>		

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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 with State tested Nursing Aides (STNA) #400 and #410 on 09/25/24 at 2:50 P.M., STNA #425 on 09/25/24 at 10:17 A.M., and STNA #435 on 09/25/24 at 8:58 A.M. revealed even though they were technically fully staffed per Administration, they were unable to complete ADL care timely. Due to the dementia unit closing and those residents being moved to the main unit, it took more time to care for them and ensure their safety which took time away from the long term care residents.</p> <p>Interview with the Director of Nursing (DON) on 09/25/24 at 3:05 P.M. verified showers and baths failed to be given timely to Resident #41.</p> <p>Review of the facility policy titled Activities of Daily Living (ADLs) dated 09/15/23 revealed for those residents who are unable to perform their own ADL, the facility will provide the needed assistance for completion of cares.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00157903.</p>