

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Shawnee Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2535 Fort Amanda Road Lima, OH 45804	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35031</p> <p>Based on observation, medical record review, staff interview, and review of the facility policy, the facility failed to provide two residents, #25 and #40, of five (#25, #40, #63, #67, and #80) reviewed for showers, with showers twice weekly. The facility census was 126.</p> <p>Findings include:</p> <p>1. Review of the medical record of Resident #25 revealed an admitted [DATE]. Diagnoses include disorders of bladder, repeated falls, dementia, and diabetes mellitus type II.</p> <p>Review of the quarterly minimum data set assessment dated [DATE] revealed Residents #25 was cognitively impaired and was dependent for personal hygiene.</p> <p>Review of the Certified Nursing Assistant (CNA) documentation revealed Resident #25 received a shower on 11/29/24, 12/02/24, and 12/13/24 for the past 30 days with one refusal on 12/16/24.</p> <p>2. Review of the medical record of Resident #40 revealed an admitted [DATE]. Diagnoses include dementia.</p> <p>Review of the quarterly minimum data set assessment dated [DATE] revealed Residents #40 was severely cognitively impaired and was dependent for all activities of daily living.</p> <p>Review of the CNA documentation revealed Resident #25 received a shower on 11/26/24, 12/17/24 for the past 30 days.</p> <p>Interview on 12/19/24 at 8:00 A.M. with Director of Nursing provided verification the showers were not documented as having been provided to the two residents.</p> <p>Review of the facility policy titled Activities of Daily Living, dated 04/29/16 stated the facility will provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and the plan of care. A resident who is unable to carryout activities of daily living will receive the necessary services to maintain good nutrition, grooming, personal and oral hygiene.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159551.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 365361
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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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35031</p> <p>Based on observation, medical record review, staff interview, and policy review, the facility failed to ensure clean and sanitary incontinence care was provided to two residents, #25 and #63, observed for incontinence care. The facility census was 126.</p> <p>Findings include:</p> <p>1. Review of the medical record of Resident #25 revealed an admitted [DATE]. Diagnoses include disorders of bladder, repeated falls, dementia, diabetes mellitus type II,</p> <p>Review of the quarterly minimum data set assessment dated [DATE] revealed Residents #25 was cognitively impaired and was dependent for transfers and toileting. The assessment revealed Resident #25 was always incontinent of bladder.</p> <p>Observation on 12/19/24 at 7:05 A.M. revealed Certified Nursing Assistant (CNA) #221 completing incontinence care for Resident #25. CNA #221 did not remove the soiled gloves or perform hand hygiene prior to adjusting bed linens and numerous personal items on the overbed table. Resident #25's perineal area was free of any redness or open areas.</p> <p>2. Review of the medical record of Resident #63 revealed an admitted [DATE]. Diagnoses include chronic respiratory failure, metabolic encephalopathy, traumatic subdural hemorrhage, diabetes mellitus type II, depression, and polyarthritis.</p> <p>Review of the admission minimum data set assessment dated [DATE] revealed Residents #63 was cognitively intact and was dependent for toileting hygiene. The assessment revealed Resident #63 was frequently incontinent of bladder.</p> <p>Observation on 12/19/24 at 10:10 A.M. revealed Certified Nursing Assistant (CNA) #227 providing morning and incontinence care for Resident #63. CNA #227 allowed Resident #63 to wash her own face. CNA #227 washed the chest, abdomen, and axilla areas of Resident #63 and dried them. CNA #227 assisted Resident #63 with donning her shirt using the same gloves. CNA #227 then washed the perineal and anal areas and dried them, and then placed a clean incontinent brief and pants on Resident #63, all while wearing the same soiled gloves. CNA #227 proceeded to touch Resident #63's personal blankets, and even CNA's personal shirt, all while still wearing her soiled gloves. CNA #227 removed her gloves at this point but did not perform hand hygiene.</p> <p>Interview on 12/19/24 at 10:35 A.M. with CNA #227 provided verification of the lack of removing soiled gloves and performing hand hygiene prior to touching clean clothing/objects.</p> <p>Review of the policy titled Use of Gloves, dated 07/2003, revealed hands should be cleaned after removing gloves.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00160575, and Complaint Number OH00159551.</p>		