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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365427 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/26/2024 |
| NAME OF PROVIDER OR SUPPLIER Loveland Health Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 501 North Second Street Loveland, OH 45140 | |

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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| (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** 34291</p> <p>Based on observation, medical record review, staff interview and policy review the facility failed to ensure enhance barrier precautions (EBP) were initiated for incontinence and wound care for a resident who had an open wound. This affected one (#13) of three residents reviewed for incontinence care and wound care. The census was 74.</p> <p>Findings included:</p> <p>Medical record review for Resident #13 revealed an admitted [DATE]. Medical diagnoses included progressive neurological disorder, dementia, and Alzheimer's.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #13 was severely cognitively impaired. Functional status was supervision or touching for eating, dependent for toileting, bed mobility, and transfers. She was always incontinent for bladder and had a colostomy.</p> <p>Review of the progress notes dated 08/10/24 revealed a reoccurring open area to the coccyx identified as a stage two was discovered and a treatment was put into place.</p> <p>Review of the physician orders from 08/10/24 through 08/26/24 revealed there wasn't any order for EBP for the resident.</p> <p>Observation of wound care and incontinence care for Resident #13 on 08/26/24 at 8:00 A.M. revealed there wasn't a sign on the door for EBP and no cart for the Personal Protective Equipment (PPE). The Licensed Practical Nurse (LPN) #128 provided the wound care and didn't have a gown on. The State tested Nursing Aide (STNA) #139 provided the incontinence care and didn't have on a gown.</p> <p>Interview with the LPN #128 and STNA #139 on 08/26/24 at 8:30 A.M. revealed they didn't know the resident should be in EBP. They admitted they didn't wear a gown for the treatment or the incontinence care. They confirmed there wasn't a sign on the door and there was no order for EBP's for Resident #13. The nurse revealed she thought since the resident didn't have an infection or her wound wasn't chronic she didn't have to be in EBP.</p> <p>Review of the policy entitled Enhanced Barrier Precautions not dated revealed to implement EBP in the following situations:</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>a) Residents with infection or colonization with a novel or targeted Multidrug Resistant Organisms (MRDO) when Contact Precautions do not apply.</p> <p>b) All residents with chronic wounds, indwelling medical devices (i.e., central line, urinary catheter, feeding tube, trach) regardless of MDRO colonization status.</p> <p>Place sign on resident's room door. (Optional: Placement of signage may be better located in the resident room near the resident's bed especially for shared rooms - choose location that most appropriate to make staff and visitors aware of precautions.)*</p> <p>Gown and gloves will be placed immediately outside of the resident room (Optional: Supplies may be placed in an area inside of the room.)</p> <p>Gown and gloves use will be used, in addition to standard precautions, in the following activities:</p> <p>a) Dressing</p> <p>b) Bathing/showering</p> <p>c) Transferring</p> <p>d) Providing hygiene</p> <p>e) Changing linens</p> <p>f) Changing briefs or assisting with toileting</p> <p>g) Device care or use (central line, urinary catheter, feeding tube, tracheostomy)</p> <p>h) Wound care/any skin opening requiring a dressing.</p> <p>Review of the Quality, Safety and Oversight (QSO) 24-08-NH dated 03/20/24 revealed EBP are indicated for residents with any of the following:</p> <p>Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply;</p> <p>Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. Wounds generally include chronic wounds, not shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage (e.g., Band-Aid(R)) or similar dressing. Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>This deficiency represents non-compliance investigated under Complaint Number OH0015287.</p> |

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| <p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34291</p> <p>Based on record review, observation, staff interview and policy review the facility failed to ensure a homelike environment was provided for the residents. This affected three (#13, #32 and #75) of three residents reviewed for environment. The facility also failed to ensure a room was cleaned on a regular basis. This affected one (#75) of one reviewed for cleansing of the room. The census was 74.</p> <p>Findings included:</p> <p>Observation of Resident #13's room on 08/20/24 at 9:18 A.M. revealed cobwebs in the window sills and thick black substance, scuff marks on the walls, and holes where pictures used to hang, and holes with nails sticking out of the wall. The bathroom floor was sticky, and room walls have black marks on them. The curtains in the room on the windows were dusty and wrinkled. On the inside bathroom door there is a substance that ran down the door that had dried.</p> <p>Observation of Resident #32's room on 08/20/24 at 9:50 A.M. revealed throughout the room there were holes in the walls with nails sticking out of the walls. The walls had black marks on them. The bathroom had a dusty vent in the ceiling, black marks on the walls, floors were stained and the door going into the bathroom looked like it had some kind of substance running down both sides that had dried.</p> <p>Observation of Resident #75's room on 08/20/24 at 11:02 A.M. revealed there were black marks on the walls throughout the room. In the bathroom it was dirty by the handrails, and coming into the room there was molding coming off the wall.</p> <p>A tour and interview of the above mentioned rooms with Housekeeping Supervisor on 08/20/24 at 2:30 P.M. confirmed all of these areas needed to be cleaned.</p> <p>2. Medical record review for Resident #75 revealed an admitted [DATE]. Medical diagnoses included fracture to the right femur. She was discharged on [DATE].</p> <p>Review of the admission Minimum Data Set (MDS) dated [DATE] revealed Resident #75 was cognitively intact. Her functional status was setup or clean-up assistance for eating, dependent for toileting, bed mobility was independent, and transfers were partial/ moderate assistance. She was frequently incontinent for bladder and occasionally incontinent for bowel. She didn't have any pressure ulcers on this assessment.</p> <p>Review of the daily housekeeping documents revealed there was an empty space for cleaning on 07/10/24, 07/11/24, 07/14/24, 07/16/24, 07/19/24, 07/22/24, and 07/23/24 for Resident #75. Further review of the document revealed on 07/17/24, 07/21/24, and 07/25/24 it was blank for a check mark as being cleaned.</p> <p>(continued on next page)</p> | | |

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| <p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Interview with Housekeeping Aide (HSKG) #151 on 08/26/24 at 11:25 A.M. revealed on the days she didn't clean FSR's room she did work. She stated there wasn't enough staff in the facility and she had to clean other halls. She stated she was off on 07/17/24, 07/21/24, and 07/25/24 and the room didn't get cleaned on those days either. She stated the rooms were to be cleaned everyday.</p> <p>Review of the policy entitled Environmental Services undated revealed housekeeping will keep resident areas clean and will be assigned specific areas of the facility to ensure that all areas are cleaned. Cleaning of resident rooms, bathrooms, and all public areas will be maintained on a routine basis.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00156287.</p> |