

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365433	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/04/2024
NAME OF PROVIDER OR SUPPLIER  Omni Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3245 Vestal Road Youngstown, OH 44509	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49041</p> <p>Based on closed medical record review and staff interview the facility failed to ensure wound care was completed as ordered. This affected one resident (Resident #150) of three residents reviewed for wound care. The census was 117.</p> <p>Findings include:</p> <p>Review of Resident #150's closed medical record revealed an admitted [DATE] with the diagnoses of antineutrophilic cytoplasmic antibody vasculitis (a rare autoimmune disorder that causes inflammation of the blood vessels), calculus of the kidney, and an abnormal electrocardiogram (test to detect heart rhythm).</p> <p>Review of Resident #150's care plan dated 05/03/23 revealed interventions to include administration of medications and treatments as ordered.</p> <p>Review of the resident's Quarterly Minimum Data Set (MDS) dated [DATE] revealed intact cognition and the presence of skin tears.</p> <p>Review of the skin assessments revealed the resident had a skin tear to the back of her right hand.</p> <p>Review of the physician orders for Resident #150 revealed an order for wound care beginning on 09/29/23 to cleanse the area to the back of the right hand, apply betadine and Cuticerin (a brand of gauze used for superficial wounds) and cover with an ABD (large gauze pad) and kerlix (gauze wrap) until resolved every day shift. Review of the treatment administration record for October 2023 revealed no evidence of documentation for the above wound care on 10/02/23, 10/10/23, and 10/11/23.</p> <p>An interview with the Registered Nurse #501 on 05/09/24 at 2:03 P.M. verified there was no evidence Resident #150's wound care was completed per orders on 10/02/23, 10/10/23 and 10/11/23.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00153046.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49041</p> <p>Based on record review and interviews the facility failed to ensure wound care was documented as ordered. This affected two residents (Resident #61 and #101) of three residents reviewed for wound care. The facility census was 117.</p> <p>Findings Include:</p> <p>1. Medical record review for Resident #61 revealed an admitted [DATE]. Resident #61's current diagnoses include congestive heart failure, cerebral infarction (stroke), myocardial infarction (heart attack), neuromuscular dysfunction of the bladder, colostomy, chronic obstructive pulmonary disease, and chronic kidney disease. Review of the 04/02/24 Minimum Data Set (MDS) revealed Resident #61 to be cognitively intact.</p> <p>Review of Resident #61's physician orders revealed an order dated 02/13/24 through 04/23/24 for the sacrum to be cleansed with normal saline, apply drawtec (a dressing that promotes moist wound healing) in a single layer and cover with coversite plus (a waterproof composite dressing that can replace gauze and tape) every shift. A new treatment order was written and completed from 04/24/24 through 04/30/24.</p> <p>Review of the corresponding treatment administration record (TAR) for February 2024 through April 2024 revealed no documentation the treatment was completed on day shift the following dates: 03/02/24, 03/08/24, 03/16/24, 03/23/24, 03/25/24, 03/27/24, 04/02/24, 04/04/24, 04/08/24, 04/11/24, 04/12/24.</p> <p>Further review of the physician orders revealed an order written 04/30/24 to cleanse the sacrum with saline, apply a single layer of drawtec, and cover with coversite plus every shift.</p> <p>Review of the May 2024 TAR revealed the treatment was not documented as completed on day shift 05/02/24, 05/03/24, and 05/05/24 and nightshift 05/06/24.</p> <p>An interview with Resident #61 on 05/09/24 at 11:26 A.M. revealed wound care was performed daily as ordered.</p> <p>An interview with Registered Nurse #501 on 05/09/24 at 2:03 P.M. verified the the treatments/wound care were not documented on the dates indicated.</p> <p>2. Medical record review for Resident #101 revealed an admitted [DATE]. Current diagnoses include pressure ulcer of the sacral region, neuromuscular dysfunction of the bladder, chronic respiratory failure, dementia, heart failure, mild cognitive impairment, hypertension, and chronic pain syndrome.</p> <p>Review of Resident #101's physician orders revealed an order dated 03/12/24 through 04/02/24 for the sacrum to be cleansed with normal saline, apply durafiber and coversite every shift.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the March TAR revealed no documentation the treatments were completed on 03/14/24 and 03/24/24 dayshift and on 03/28/24 night shift.</p> <p>Further review of the physician orders revealed an order dated 04/02/24 through 04/23/24 to cleanse the sacrum with normal saline, apply a single layer of drawtec, cover with a single 4 x 4 filling and coversite plus every shift.</p> <p>Review of the April 2024 TAR revealed no documentation the treatment was completed on 04/04/24, 04/05/24, 04/18/24, and 04/19/24 day shift and 04/15/24, 04/20/24 and 04/21/24 night shift.</p> <p>Review of the physician orders dated 04/23/24 through 04/30/24 revealed an order to cleanse the sacrum with acetic acid, apply drawtec in a single layer, 4 x 4 filling and coversite plus every shift.</p> <p>Review of the April 2024 TAR revealed no documentation the treatment was completed on 04/26/24.</p> <p>Review of the physician orders dated 04/30/24 revealed an order to cleanse the sacrum with acetic acid and apply durafiber AG (silver containing antimicrobial gelling dressing), gauze and coversite plus change every shift.</p> <p>Review of the May TAR revealed no evidence the treatment was documented on 05/02/24, day shift.</p> <p>An interview on 05/09/24 at 1:30 P.M. with Resident #101 verified the treatments were completed as scheduled.</p> <p>An interview with the Registered Nurse # 501 on 05/09/24 at 2:03 P.M. verified wound treatments were not documented as ordered.</p>