

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Arlington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 98 South 30th Street Newark, OH 43055	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>48568</p> <p>Based on observations, review of a test tray, resident and staff interview, and policy review, the facility failed to ensure food was served at a palliative and warm food temperature. This affected Residents #11, #77, and #80 and had the potential to affect all residents who received meals from the kitchen except Resident #1 and Resident #99 who were nothing-by-mouth (NPO). The facility census was 94.</p> <p>Findings include:</p> <p>Interview with Resident #77 on 07/08/24 at 11:01 A.M. stated the food was cold. Resident #77 said they have warmers, but they were not using them at all meals. Resident #77 said the breakfast was normally cold.</p> <p>Interview with Resident #80 on 07/08/24 at 11:26 A.M. revealed the food was terrible, not appealing, and cold by the time it gets to them. Resident #80 also said the breakfast was always the same eggs and toast or pancakes and sausage.</p> <p>Interview with Resident #11 on 07/09/24 a 10:19 A.M. revealed the food doesn't agree with her. She said a lot of times the food was cold when they get it.</p> <p>Observation of the tray line was made on 07/11/24 at 8:23 A.M. with Dietary Supervisor #421. The breakfast menu consisted of egg and cheddar bake, donut, and oatmeal. A test tray was requested and Dietary Supervisor #421 took starting temperatures of the food being placed on the test tray on 07/11/24 at 8:23 A. M. Dietary Supervisor #421 confirmed the egg and cheddar bake was 110 degrees Fahrenheit. Dietary Supervisor #421 started a new plate for the test tray with pureed egg and cheddar bake. Dietary Supervisor #421 confirmed the pureed egg and cheddar bake was 150 degrees Fahrenheit, oatmeal was 158 degrees Fahrenheit, and the donut was 92 degrees Fahrenheit on the test tray. The tray was then placed on the meal cart for the K Hall. The test tray left the kitchen on 07/11/24 at 08:28 A.M.</p> <p>Interview on 07/11/24 at 8:28 A.M. with Dietary Supervisor #421 revealed she wants food coming out of hot holding at 145 degrees Fahrenheit or above. Dietary Supervisor #421 also revealed the donut was not a time/temperature controlled for safety (TCS) food product.</p> <p>Observation on 07/11/24 at 8:30 A.M. of the meal cart with the test tray arrived on the K Hall.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Arlington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 98 South 30th Street Newark, OH 43055	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Interview on 07/11/24 at 8:39 A.M. with Dietary Supervisor #421 revealed she does test trays usually weekly. Dietary Supervisor #421 also revealed she would like the temperature of the food when received by residents at 145 degrees Fahrenheit.</p> <p>Observation on 07/11/24 at 8:41 A.M. of the test tray was served after all other K Hall food trays were served.</p> <p>Observation of the test tray opened on 07/11/24 at 8:41 A.M. with Dietary Supervisor #421. Dietary Supervisor #421 checked the food on the tray and confirmed the food temperatures. The egg and cheddar bake was 123 degrees Fahrenheit, the donut was 94 degrees Fahrenheit, and the oatmeal was 143 degrees Fahrenheit. The food was tasted and the eggs were lukewarm.</p> <p>Interview on 07/11/24 at 09:03 A.M. with Dietary Supervisor #421 revealed the facility has hot plates but they were not currently using carriage pallet warmers under the plates. Dietary Supervisor #421 also revealed the pallet warmer wasn't working and it went down five or six days ago. She said they have to order more parts.</p> <p>Review of the Infection Control - Dietary/Food Handling policy dated March 2016 stated all potentially hazardous food, TCS must be maintained at 41 degrees or less, or at 135 degrees or above, except during preparation, cooking or cooling.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Arlington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 98 South 30th Street Newark, OH 43055	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32654</p> <p>Based on observation, record review, staff interview and facility policy review, the facility failed to maintain appropriate infection control practices in the area of isolation and enhanced barrier precautions (EBP). This affected two residents (#77 and #84) of 24 residents on isolation and/or EBP. Additionally, the facility failed to ensure proper hand hygiene was completed in between contact with each resident while serving meal trays. This had the potential to all nine residents (Resident #198, #86, #30, #199, #200, #74, #72, #63, and #201) residing on the facility's C unit who received a meal tray. The facility census was 94.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #77 revealed an initial admitted [DATE] with the diagnoses including hydronephrosis with renal and ureteral calculous obstruction, artificial openings of urinary tract infection (UTI), and chronic kidney disease.</p> <p>Review of the admission assessment and baseline care plan dated 02/21/24 revealed Resident #77 had a right nephrostomy tube in place.</p> <p>Review of the plan of care dated 03/01/24 revealed Resident #77 was at risk for infection related to right nephrostomy tube. Interventions included to maintain EBP.</p> <p>Review of the resident's monthly physician orders for July 2024 revealed orders dated 02/21/24 to empty nephrostomy drainage bag every shift. On 04/08/24, the order was to maintain EBP every shift.</p> <p>On 07/09/24 at 2:19 P.M., observation of Licensed Practical Nurse (LPN) #324 provide the physician ordered treatment to Resident #77's nephrostomy tube revealed she washed her hands, donned a pair of gloves, removed the old dressing and washed her hands, donned gloves. LPN #324 then cleansed the insertion site with an alcohol pad in a circular motion from the insertion site out. LPN #324 then applied skin prep to the area around the nephrostomy tube insertion site. LPN #324 then placed a T drain sponge on the insertion site and then covered the tube with a 4X4. LPN #324 secured the dressing with a Tegaderm and then washed her hands. LPN #324 failed to wear a gown for personal protective equipment during the procedure for EBP as physician ordered.</p> <p>On 07/09/24 at 2:32 P.M., an interview with LPN #324 verified she did not wear a gown during the treatment of Resident #77's nephrostomy tube and verified a gown should have been worn per physician orders for the use of the EBP.</p> <p>48568</p> <p>2. Review of the medical record for Resident #84 revealed an admitted [DATE]. Diagnoses included noninfective gastroenteritis and colitis.</p> <p>Review of Resident #84 physician orders dated 06/26/24 revealed to maintain contact precautions every shift for Methicillin-Resistant Staphylococcus aureus (MRSA) urinary tract infection (UTI).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Arlington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 98 South 30th Street Newark, OH 43055	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Observation on 07/08/24 at 12:23 P.M. with Licensed Practical Nurse (LPN) #381 revealed LPN #378 entered Resident 84's room with a medication cup and without donning any personal protective equipment (PPE) which included no gloves or gown was donned.</p> <p>Interview on 07/08/24 at 12:23 P.M. with LPN #381 confirmed LPN #378 should have been wearing PPE prior to entering Resident #84's room. LPN #381 said she would do education with LPN #378.</p> <p>Observation on 07/08/24 at 12:23 P.M. revealed there was contact precaution signage on Resident #84's door. The contact precaution sign on the door stated Contact Precautions Everyone Must: Clean their hands, including before entering and when leaving the room. Providers and staff must also: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person. Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person. Don and Doff procedures were located to the left of the door as you enter. Lastly, PPE required supplies and directions were taped on top of the PPE supply cart that was located to the left of the door before you enter the room.</p> <p>Review of the Standard and Transmission-based Precautions policy dated 03/24/24 revealed the facility will use standard approaches, as defined by the Centers for Disease Control and Prevention (CDC) for transmission based precautions: airborne, contact, and droplet precautions. The category of transmission-based precautions will determine the type of PPE to be used. The category of and duration of transmission-based precaution (isolation) will depend upon the infectious agent or organism involved</p> <p>41271</p> <p>3. Observation completed on 07/08/24 from 11:20 A.M. to 11:51 A.M. revealed State tested Nursing Assistant (STNA) #320 and #326 passed lunch meal trays to residents residing on the facility's C unit. STNAs #320 and #326 entered and exited multiple resident rooms to deliver their meal tray and helped residents set their meal tray up without the use of hand sanitizer nor were either staff member observed washing their hands.</p> <p>Interview on 07/08/24 at 11:52 A.M. with STNA #320 confirmed she did not complete hand hygiene between delivering lunch meal trays to the residents and claimed she thought hand hygiene only had to be completed after contact with so many residents. STNA #320 was not able to provide the number of residents she could come in contact with before hand hygiene needed to be completed.</p> <p>Interview on 07/08/24 at 11:56 A.M. with STNA #326 confirmed hand hygiene was not completed after delivering meal trays to different residents. STNA #326 stated she knew hand hygiene needed to be completed between contact with each resident, she just forgot to do it.</p> <p>Interview on 07/08/24 12:19 P.M. with the Director of Nursing (DON) revealed staff were to use hand sanitizer every time they enter a resident's room and when they leave a resident's room and to wash their hands when visibly soiled and as needed.</p> <p>Review of the facility policy titled Hand Hygiene dated 11/28/17 revealed staff should perform hand hygiene (even if gloves are used) in the following situations: which included before and after contact with the resident.</p>		