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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365444 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/08/2024 |
| NAME OF PROVIDER OR SUPPLIER Hill View Retirement Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1610 28th Street Portsmouth, OH 45662 | |

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34299</p> <p>Based on record review and staff interview, the facility failed to update the Preadmission Screening and Resident Review (PASARR) with new mental illness diagnoses for residents. This affected two (Residents #28 and #33) of 18 residents reviewed for PASARR completion. The facility census was 53 residents.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #28 revealed an admitted [DATE] with diagnoses including congestive heart failure, hypertension, encephalopathy and major depressive disorder. On 09/07/21 Resident #28 was diagnosed with unspecified psychosis.</p> <p>Review of the admission PASARR document for Resident #28 dated 09/04/19 revealed the had no indications of serious mental illness or developmental disability.</p> <p>Review of the plan of care for Resident #28 dated 02/26/24 revealed the resident had unspecified psychosis with paranoia, hallucinations and increased anxiety. Interventions included the following: monitor and record occurrences of target behavior symptoms such as pacing, wandering, disrobing, inappropriate response to verbal communication, violence and aggression towards the staff and others, document per the facility protocol.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment for Resident #28 dated 05/09/24 revealed the resident had mild cognitive impairment with delusions. Resident #28 required maximum assistance with activities of daily living (ADLs).</p> <p>Interview on 07/02/24 at 2:50 P.M. with Admissions Director (AD) #36 confirmed the PASARR document for Resident #28 dated 09/04/19 indicated the resident did not have a serious mental illness. AD #36 confirmed a new diagnosis of unspecified psychosis was added on 09/07/21 for Resident #28. AD #36 confirmed this was a serious mental illness and a new PASARR should have been completed for Resident #28.</p> <p>2. Review of the medical record for Resident #33 revealed an admitted [DATE] with diagnoses including multisystem inflammatory syndrome, hypothyroidism, paranoid personality disorder, non-traumatic subarachnoid hemorrhage, dementia and diabetes mellitus type two. On 11/30/21 Resident #33 was diagnosed with psychosis.</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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of the admission PASARR dated 06/27/19 indicated Resident #33 had no indications of serious mental illness or developmental disability</p> <p>Review of the quarterly MDS assessment for Resident #33 dated 04/09/24 revealed the resident had severe impaired cognition with delusions. Resident #33 required maximum assistance of staff with ADLs. Resident #33 received antipsychotic medication and diagnoses on the MDS included psychotic disorder other than schizophrenia.</p> <p>Review of the admission PASARR dated 06/27/19 indicated Resident #33 had no indications of serious mental illness or developmental disability.</p> <p>Interview on 07/02/24 at 2:50 P.M. with AD #36 confirmed the PASARR document for Resident #33 dated 06/27/19 indicated Resident #33 did not have a serious mental illness. AD #36 confirmed a new diagnosis of psychosis was added on 11/30/21 for Resident #33. AD #36 confirmed this was a serious mental illness and a new PASARR should have been completed for Resident #33.</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>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** 33023</p> <p>Based on medical record review, observation, and staff interview the facility failed to provide adequate nail care to dependent residents. This affected one (Resident #13) of five dependent residents reviewed for bathing and nail care. The facility census was 53 residents.</p> <p>Findings include:</p> <p>Review of the medical of the medical record for Resident #13 revealed an admitted [DATE] with diagnoses including congestive heart failure, dementia, and diabetes mellitus type two.</p> <p>Review of the care plan for Resident #13 dated 08/31/22 revealed staff would clean and trim the resident's nails weekly, as needed, and when soiled.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #13 dated 04/12/24 revealed the resident was unable to make her needs known as she rarely/never was understood. Resident #13 was dependent on the assistance of staff with bathing and nail care.</p> <p>Review of shower sheet for Resident #13 dated 06/30/24 revealed the resident had received bathing per the schedule with nail care documented as completed 06/30/24.</p> <p>Observation on 06/30/24 at 1:38 P.M. of Resident #13 revealed the resident had a dry black substance under the fingernails.</p> <p>Observation on 07/01/24 at 03:48 P.M. with Resident #13 revealed the resident's fingernails extended approximately one fourth to one-half inch from the end of the fingertips. There was a black substance underneath all fingernails on both hands.</p> <p>Observation on 07/02/24 at 08:50 A.M of Resident #13 on 07/02/24 at 08:50 A.M. revealed the resident's fingernails remained long and uncut with a black substance under all of the fingernails.</p> <p>Observation on 07/02/24 at 3:48 P.M. of Resident #13 revealed the resident's fingernails remained long and uncut with a black substance under all of the fingernails.</p> <p>Interview on 07/02/24 at 3:49 P.M. with Registered Nurse (RN) #87 confirmed Resident #13 was dependent on staff for nail care. RN #87 further confirmed Resident #13's fingernails were long and dirty and needed to be trimmed and cleaned.</p> | | |