

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365453	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2025
NAME OF PROVIDER OR SUPPLIER  Ayden Healthcare of Oregon		STREET ADDRESS, CITY, STATE, ZIP CODE  3953 Navarre Ave Oregon, OH 43616	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34745</p> <p>Based on observation, staff interview, resident interview and review of facility policy, the facility failed to ensure treatments for pressure wounds were completed as physician ordered. This affected one (#52) of three residents reviewed for wound care. The facility census was 74.</p> <p>Findings include:</p> <p>Review of medical record for Resident #52 revealed admitted [DATE]. Diagnoses included quadriplegia, pressure ulcer of the left heel, stage four pressure ulcer of the sacral and pressure induced deep tissue damage of right the buttocks.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 01/31/25, revealed Resident #52 had a Brief Interview of Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. Further review revealed Resident #52 had bilateral impairment to the upper and lower extremities and was staff dependent on all activities of daily living (ADLs). Additionally, Resident #52 had two stage three pressure ulcers and five stage four pressure ulcers.</p> <p>Review of Resident #52's care plan, dated 01/27/25, revealed the resident had non-compliance related to wound care treatments and side to side positioning in bed. Further review revealed on 01/14/25, the resident stated wound care was not completed by staff; however, the resident was refusing at times wound care treatment was to be provided. The interventions included educational attempts made with residents and family related to non-compliance and notifying the physician of non-compliance. Additional review of the care plan revealed Resident #52 had stage four pressure ulcers to the coccyx related to immobility, paraplegia and weakness. The interventions included wound care treatments as ordered, monitoring dressing to ensure it was intact and adhering and report loose dressing to the nurse.</p> <p>Review of Resident #52's current physician orders revealed treatment for the sacrum and bilateral ischium wounds included to cleanse with saline or antibacterial soap and water, pack wounds with Vashe moistened kerlix, apply abdominal pad and secure with Mefix or silicone tape or alternative, every night shift for wound care.</p> <p>Review of the Treatment Administration Record (TAR) for February 2025 revealed the treatment for the sacrum and bilateral ischium was not documented as completed on 02/02/25, 02/03/25, 02/07/25, 02/08/25, 02/17/25, 02/20/25, 02/23/25 and 02/24/ 25. Review of the nursing progress notes revealed no evidence Resident #52 refused these wound treatments.</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
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 02/25/25 at 7:05 A.M. of wound treatment for Resident #52, completed by Licensed Practical Nurse (LPN) #225 and Certified Nurse Aide (CNA) #140 revealed the dressing on the wound was dated 02/22/25. Coinciding interview with LPN #225 verified the date on the dressing was 02/22/25 (three days prior) and the order was for the treatment to be completed daily.</p> <p>Interview on 02/25/25 at 7:10 A.M. with Resident #52 revealed wound treatments were not completed daily.</p> <p>Interview on 02/25/25 at 8:30 A.M. with the Director of Nursing (DON) verified there was no evidence Resident #52's wound treatments had been completed or refused on 02/02/25, 02/03/25, 02/07/25, 02/08/25, 02/17/25, 02/20/25, 02/23/25 and 02/24/ 25.</p> <p>Review of the facility policy titled, Skin Management, dated April 2023, revealed the purpose was to provide an approach in the prevention and management of pressure injuries.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00161936.</p>