

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Village at the Greene		STREET ADDRESS, CITY, STATE, ZIP CODE 4381 Tonawanda Trail Dayton, OH 45430	

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 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** 46613</p> <p>Based on observation, staff interview, medical record review, and policy review, the facility failed to ensure staff provided a resident assistance with feeding. This affected one (#56) of the three residents reviewed for assistance with meals. The facility census was 74.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #56 revealed an admitted [DATE] with medical diagnoses of metabolic encephalopathy, chronic obstructive pulmonary disease, Alzheimer's disease, gastroenteritis, and anxiety.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment, dated 03/19/24, indicated Resident #56 had severe cognitive impairment and was dependent for eating, toilet hygiene, bathing, bed mobility, and transfers.</p> <p>Review of a physician order dated 11/22/23 revealed Resident #56 was to have one-to-one feeding assistance. Review of a physician order dated 12/18/23 revealed Resident #56 was to have a regular diet with pureed texture and regular liquids. Review of a physician order dated 02/09/24 revealed Resident #56 was ordered a divided plate with meals, and an order dated 03/05/24 for a sippy cup to be used for drinking related to hand dexterity.</p> <p>Review of Resident #56's activities of daily living (ADLs) care plan revealed Resident #56 was dependent for all ADLs. Further review of the resident's medical record revealed a nutritional care plan with interventions for weight loss management to included one-on-one feed assistant for meals.</p> <p>Review of the medical record for Resident #56 revealed the resident weighed 164.2 pounds on 03/11/24, weighed 158.2 pounds on 04/10/24, and weighed 161.0 pounds on 04/15/24.</p> <p>Review of a nutrition note dated 04/11/24 at 2:15 P.M. revealed Resident #56 triggered for a significant weight loss on 04/10/24 (158.2 pounds) from 03/17/24 (167.8 pounds), a 9.4 pound weight loss (5.6 percent) in 25 days.</p> <p>Review of the medical record revealed a nursing progress note dated 04/14/24 at 1:05 P.M. which indicated Resident #56 required total care for ADLs and was a one person assist with feed/meals.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 04/15/24 at 12:18 P.M. to 12:40 P.M. revealed Resident #56 was sitting in the dining room with a small bowl of applesauce in hand and divided plate of food sitting on table. The observation revealed there were no nursing staff present in the dining room to assist Resident #56 with the meal. Further observation revealed Dietary Aide #103 served other residents their lunch trays while Resident #56 was observed feeding herself applesauce, taking her utensil, and playing with the food in the divided plate. Dietary Aide #103 was observed scooping food from the divided plate into small bowls for Resident #56 and the resident was observed putting her index finger into the bowl of food and licking her finger at times. The observation revealed Resident #56 did not receive staff assistance with feeding for her lunch meal.</p> <p>Interview on 04/15/24 at 12:32 P.M. with Dietary Aide #103 confirmed staff did not provide Resident #56 with one-to-one feeding assistance for meals. Dietary Aide #103 stated staff members are in and out of the dining room bringing trays to the residents in their rooms.</p> <p>Interview on 04/15/24 at 3:31 P.M. with Dietician Technician (DT) #127 confirmed Resident #56 had a recent weight loss and an intervention put in place to prevent weight loss was for the resident to have one-to-one feeding assistance. DT #127 stated Resident #56 had poor intakes and had a general decline in health which contributed to her recent weight loss. DT #127 confirmed Resident #56 had a weight gain noted on 04/15/24.</p> <p>Review of the facility policy titled, Activities of Daily Living, revised April 2016, revealed each resident receive and the facility would provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with comprehensive assessment and plan of care. The policy stated a resident who is unable to carry out ADLs received the necessary services to maintain food nutrition, grooming, personal, and oral hygiene.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152620.</p>		