STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365523	A. Building B. Wing	09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbors at Oregon	904 Isaac Streets Drive 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)
F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15816 Based on observation, medical record review, staff interview, and facility policy review, the facility failed to ensure residents with intravenous (IV) catheters received dressing changes as ordered and had active orders for care and treatment. This affected three (#1, #2, and #3) of three residents reviewed for IV catheter care and treatment. The facility census was 69. Findings include: 1. Review of the medical record revealed Resident #1 admitted to the facility on [DATE] with the diagnoses including acute and chronic respiratory failure with hypoxia, cerebral infarction, chronic kidney disease, tracheostomy, aphasia, type II diabetes mellitus, congestive heart failure, myocardial infarction, and severe protein-calorie malnutrition. Review of the Minimum Data Set (MDS) assessment dated [DATE] assessed Resident #1 with severe cognitive impairment, and the resident was dependent on staff for the completion of activities of daily living. Resident #1 was always incontinent of bowel and bladder, received nutrition via therapeutic diet and a tube feeding, and was at risk for pressure ulcer development with no skin breakdown. Review of infusion company documentation on 08/23/24 revealed a midline catheter (a long, thin, flexible tube that is inserted into a large vein in the upper arm) was inserted into Resident #1. Review of the medical record revealed on 08/30/24 a physician order was obtained for the application of a transparent dressing change every seven (7) days and as needed and to document in the progress notes any concerns such as changes to the site, signs and symptoms of infection, or complications. Review of documentation in the medication administration records (MAR) noted Resident #1's midline catheter dressing was changed on 08/30/24 at 1:34 P.M., on 09/06/24 with no time indicated, and on 09/14/24 at 3:29 P.M. There was no further documentation contained in the medical record to indicate the dressing was changed after 09/14/24. Review of nursing progress notes on 09/23/24 at 2:52 P.M. documented Resident #1 was sent to the hospital for evaluation. (continued on next page)

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: 365523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER: Arbors at Oregon		STREET ADDRESS, CITY, STATE, ZIP CODE: 904 Isaac Streets Drive 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)
F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with the Assistant Director of Nursing (ADON) on 09/30/24 at 1:05 P.M., during a review of Resident #1's medical record, confirmed no documentation was contained in the record indicating the midline dressing was changed after 09/14/24 and resulted in the dressing not being changed every 7 days per physician order. 2. Review of Resident #2's medical record revealed the resident admitted to the facility on [DATE] with the diagnoses including, chronic respiratory failure, dependence on ventilator, acute respiratory failure with hypoxia, congestive heart failure, tracheostomy, peripheral vascular disease, cerebral infarction, and chronic kidney disease. Review of the most current MDS assessment dated [DATE] assessed Resident #2 with intact cognition and was dependent on staff for the completion of activities of daily living. Resident #2 was incontinent of bowel and bladder, received nutrition via tube feeding, was at risk for pressure ulcer development with no skin breakdown, and received intravenous (IV) medications. Review of Resident #2's medical record revealed on 09/20/24 a physician order was obtain for the placement of a midline catheter to be placed for antibiotic therapy one time only for one day. On 09/21/24, the midline catheter was to be discontinued. Further review revealed no orders related to care or treatment application in the medical record following 09/21/24. Observation on 09/30/24 at 7:40 A.M. noted Resident #2 with a midline catheter inserted into the right arm. The dressing was peeling from the outer edges with a folded gauze dressing placed over the insertion site and a transparent dressing covering the entire site. Interview with Registered Nurse (RN) #300 during the observation revealed the dressing was to be changed every 7 days. On 09/30/24 at 9:08 A.M., observation with RN #300 during Resident #2's midline catheter dressing change noted the transparent dressing peeling off and once removed exposed a gauze dressing covering the insertion site with large amount dried blood tinged drainage. Interview with the ADON on 09/30/24 at 1:05 P.M., during a review of Resident #2's medical record, confirmed the physician ordered indicated Resident #2's midline catheter was to be placed for one day and removed on 09/21/24. The ADON verified there were no current orders in the medical record for the placement of the midline or associated dressing changes or insertion site care. 3. Review of Resident #3's medical record revealed the resident admitted to the facility on [DATE] with the diagnoses including, chronic respiratory failure, dependence on ventilator, tracheostomy, peripheral vascular accident, neuromuscular dysfunction of bladder, anemia, persistent vegetative state, gastrostomy, hypertension, and encephalopathy. Review of the most current MDS assessment dated [DATE] assessed Resident #3 as comatose and dependent on staff for the completion of activities of daily living. Resident #3 utilized an indwelling urinary catheter, was incontinent of bowel, received nutrition via feeding tube, was at risk for pressure ulcer development with no skin breakdown, and had an intravenous (IV) access. Review of the medical record revealed on 06/15/24 a physician order was obtained for Resident #3 to have a central line (a long, thin, flexible tube that's inserted into a large vein near the heart) to the right chest with dressing change every 7 days and as needed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365523	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbors at Oregon	904 Isaac Streets Drive Oregon, OH 43616

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 09/30/24 at 8:02 A.M. with Licensed Practical Nurse (LPN) #400 noted Resident #3 with a right central line dressing in place and dated 09/22/24. Interview with LPN #400 at the time of the observation verified the dressing was to be changed every 7 days and was not. Review of Resident #3's medical record noted the right central venous catheter dressing was changed on 09/22/24 at 12:04 P.M. and 09/28/24 with no time indicated. According to facility Care and Maintenance of Central Venous Catheter policy, reviewed 12/13/23, revealed documentation is to be obtained for the indications of use, insertion date, and type of catheter in the residents medical record. Physician orders are to be obtained for the specific care and maintenance instructions. Staff are to document activities in nurses notes and or medication administration record (MAR). This deficiency represents non-compliance investigated under Master Complaint Number OH00158337.