

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365535	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2024
NAME OF PROVIDER OR SUPPLIER Legacy Perrysburg		STREET ADDRESS, CITY, STATE, ZIP CODE 10540 Fremont Pike Rd Perrysburg, OH 43551	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45445</p> <p>Based on observation, staff and resident interview, review of the medical record, and review of a facility policy, the facility failed to ensure a resident was safely transferred using a mechanical lift per the care plan and facility policy. This affected one (#48) of one residents observed for a mechanical lift transfer. The facility census was 79.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #48 revealed an admitted [DATE]. Diagnoses included quadriplegia, polyneuropathy, epilepsy, and contractures.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #48 was cognitively intact and was dependent on staff for transfers.</p> <p>Review of the care plan dated 03/06/24 revealed Resident #48 had an activities of daily living (ADLs) self-care deficit with an intervention including mechanical transfers with the assistance of two staff.</p> <p>Continuous observation on 04/02/24 from 10:50 A.M. to 10:55 A.M. revealed State tested Nurse Aide (STNA) #90 wheeled Resident #48 out of the resident's room while the resident was suspended in a sling attached to a mechanical lift approximately three and one-half to four feet from the floor. The base of the mechanical lift was closed as STNA #90 turned to the left, stopped, and backed up to straighten Resident #48 directly over the locked wheelchair sitting in the hallway. Once in front of the motorized wheelchair seat, STNA #90 opened the base of the mechanical lift to widen the legs to surround the base of the wheelchair. Resident #48 was then positioned above the seat of the motorized wheelchair, STNA #90 locked the wheels of the mechanical lift, and proceeded to lower Resident #48 into the wheelchair.</p> <p>Interview on 04/02/24 at 11:10 A.M. with STNA #90 verified Resident #48 required two staff member assistance for transfers using a mechanical lift. STNA #90 verified Resident #48 was transferred from the bed in the resident's room to the wheelchair in the hallway using a mechanical lift with only one staff member.</p> <p>Interview on 04/02/24 at 11:30 A.M. with Resident #48 verified STNA #90 transferred the resident from the bed to the wheelchair in the hallway using a mechanical lift and only one staff member.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 04/02/24 at 2:00 P.M. with the Administrator verified there are to be two staff members present when transferring a resident using a mechanical device.</p> <p>Review of the facility policy titled, Mechanical Lift, dated 11/30/23, revealed to safely lift and transfer residents the transfer requires the assistance of two individuals.</p> <p>This deficiency is based on incidental findings discovered during the course of this complaint investigation.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45445</p> <p>Based on observation, medical record review, staff and resident interview, and review of a facility policy, the facility failed to ensure a dependent resident received timely incontinence care. This affected one (#41) of three residents reviewed for bowel and bladder incontinence. The census was 79.</p> <p>Findings include:</p> <p>Review of Resident #41's medical record revealed the resident was admitted to the facility on [DATE]. Diagnoses included hemiplegia and hemiparesis affecting the right side (dominant) after a cerebral infarct, compression of the brain, aphasia, rheumatoid arthritis, dementia, ulcerative colitis, and hypertension.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #41 was assessed with severely impaired cognition, dependent on staff for activities of daily living (ADLs) including transfers and repositioning. Resident #41 utilized a wheelchair propelled by staff for mobility, was incontinent of bowel and bladder, and was at risk for pressure ulcer development.</p> <p>Review of the care plan dated 02/14/24 addressed Resident #41's bowel and bladder incontinence related to impaired mobility and cognition. Interventions included to check as needed and as required for incontinence, wash, rinse, and dry the perineum, change clothing as needed after incontinence episodes, monitor for skin breakdown, and apply protective skin barrier after incontinence care. An additional care plan dated 02/14/24 addressed Resident #41's impaired mobility and ADLs deficits related to right-sided hemiparesis. An intervention included to provide extensive assistance in bed including mobility.</p> <p>Continuous observation on 04/02/24 at 11:10 A.M. to 11:23 A.M. of incontinence care completed by State tested Nurse Aide (STNA) #90 revealed Resident #41 was incontinent of both urine and stool. Resident #41's incontinence brief was noted to be saturated with urine as STNA #90 pushed the brief between the resident's thighs and cleansed the perineum. Resident #41 was rolled to the right at which time STNA #90 explained to the resident a spray that may be cold was going to be used to ensure all the stool could be removed easily from the skin as some of the stool was dried to the skin. After wiping away the stool with the brief that STNA #90 could she sprayed Resident #41's buttocks and used four different wipes to clean between the resident's legs and buttocks. STNA #90 removed the brief from under the resident, threw it into the trash can, and placed a clean brief under Resident #41.</p> <p>Interview on 04/02/24 at 11:15 A.M. with Resident #41 stated it had been a long while since the last time the resident was checked and changed.</p> <p>Interview on 04/02/24 at 11:30 A.M. with STNA #90 revealed the shift started at 6:00 A.M. and Resident #41 was checked and changed right after she first arrived, and verified the resident had not been checked or changed for incontinence since. STNA #90 stated residents should be checked and changed every two hours, but could not get to every resident timely because there were five other residents needing assistance to get out of bed.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy titled, Activities of Daily Living, dated 06/08/22, revealed residents who require nursing intervention to maintain their current level of assistance in other bathing, dressing, or grooming skill will receive the support to preserve activities of daily living function, promote independence and increase self-esteem and dignity.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00151587.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45445</p> <p>Based on observation, medical record review, staff and resident interview, and review of a facility policy, the facility failed to ensure the facility was adequately staffed to ensure a dependent resident received timely incontinence care. This affected one (#41) of three residents reviewed for bowel and bladder incontinence. The census was 79.</p> <p>Findings include:</p> <p>Review of Resident #41's medical record revealed the resident was admitted to the facility on [DATE]. Diagnoses included hemiplegia and hemiparesis affecting the right side (dominant) after a cerebral infarct, compression of the brain, aphasia, rheumatoid arthritis, dementia, ulcerative colitis, and hypertension.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #41 was assessed with severely impaired cognition, dependent on staff for activities of daily living (ADLs) including transfers and repositioning. Resident #41 utilized a wheelchair propelled by staff for mobility, was incontinent of bowel and bladder, and was at risk for pressure ulcer development.</p> <p>Review of the care plan dated 02/14/24 addressed Resident #41's bowel and bladder incontinence related to impaired mobility and cognition. Interventions included to check as needed and as required for incontinence, wash, rinse, and dry the perineum, change clothing as needed after incontinence episodes, monitor for skin breakdown, and apply protective skin barrier after incontinence care. An additional care plan dated 02/14/24 addressed Resident #41's impaired mobility and ADLs deficits related to right-sided hemiparesis. An intervention included to provide extensive assistance in bed including mobility.</p> <p>Continuous observation on 04/02/24 at 11:10 A.M. to 11:23 A.M. of incontinence care completed by State tested Nurse Aide (STNA) #90 revealed Resident #41 was incontinent of both urine and stool. Resident #41's incontinence brief was noted to be saturated with urine as STNA #90 pushed the brief between the resident's thighs and cleansed the perineum. Resident #41 was rolled to the right at which time STNA #90 explained to the resident a spray that may be cold was going to be used to ensure all the stool could be removed easily from the skin as some of the stool was dried to the skin. After wiping away the stool with the brief that STNA #90 could she sprayed Resident #41's buttocks and used four different wipes to clean between the resident's legs and buttocks. STNA #90 removed the brief from under the resident, threw it into the trash can, and placed a clean brief under Resident #41.</p> <p>Interview on 04/02/24 at 11:15 A.M. with Resident #41 stated it had been a long while since the last time the resident was checked and changed.</p> <p>(continued on next page)</p>		

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