STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365551	A. Building B. Wing	06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clovernook Health Care and Rehabilitation Center	7025 Clovernook Avenue Cincinnati, OH 45231

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44080 Based on medical record review, observation, staff interview, and review of the facility policy, the facility failed to follow the physician's order for a resident's pressure ulcer treatment. This affected one (Resident #65) of three residents reviewed for pressure ulcers. The facility census was 106. Findings include: Review of the medical record revealed Resident #65 was admitted on [DATE]. Diagnoses included surgical amputation, cognitive communication deficit, acquired absence of below the knee, type two diabetes mellitus, end stage renal disease, dependent on renal dialysis, and chronic pulmonary disease. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #65 was cognitively impaired. Resident #65 was dependent on staff for transfers, toileting, bathing, and personal hygiene. Review of the plan of care dated 05/28/24 revealed Resident #65 had pressure ulcer and had potential for pressure ulcer development related to immobility, incontinence, and disease process. Resident #65 was admitted on [DATE] with stage III pressure ulcer (Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed.) to sacrum. Interventions included to administer medication as ordered, administer treatments as ordered, and follow policies and protocols for the preventions and treatment of skin breakdown. Review of the physician order dated 06/18/24 for Resident #65 revealed an order to cleanse sacrum with derma cleanse, apply triad paste, and leave open to air every shift. Observations on 06/24/24 from 12:07 P.M. through 12:25 P.M. revealed State tested Nursing Aide (STNA) #239, and License Practical Nurse (LPN) #229 were assisting in incontinence care for Resident #65. Resident #65 had a dressing on his coccyx that was covered with feces. LPN #229 took off old dressing off and threw it away. STNA #239 had asked LPN #204 to come in Resident #65's room while receiving incontinence care. LPN #204 who was Resident #65's nurse for the day, had directed LPN #229 to perform the treatment on Resident #65's coccyx. LPN #204 directed LPN #229 to cleanse the coccyx area, then apply triad and leave open to air. LPN #204 handed STNA #239 the wound treatment supplies. STNA #239 then cleansed Resident #65 coccyx with wash cloth with soap and water. STNA #239 then patted dry the coccyx with a dry towel. LPN #229 took a dressing and applied triad on dressing and applied directly to Resident #65's coccyx. (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: 365551	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clovernook Health Care and Rehabilitation Center	7025 Clovernook Avenue Cincinnati, OH 45231

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 06/24/24 at 12:45 P.M. with STNA #239 confirmed that she did wash Resident #65's coccyx with a washcloth and soap and water only. Interview on 06/24/24 at 12:50 P.M. with LPN #229 verified Resident #65's treatment was to use derma cleanse, then apply Triad, and leave open to air. Interview on 06/24/24 at 12:55 P.M. with LPN #204 confirmed she did tell LPN #229 the incorrect way to perform Resident #65's coccyx treatment. LPN #229 stated she should have used the Derma Cleanser during wound treatment. Review of the facility policy titled Wound Care, dated 10/2010, revealed the purpose of this procedure was to provide guidelines for the care of wounds by licensed nursing staff to promote healing. The licensed nursing staff should verify that there was a physician's order for this procedure. Wound procedure and treatments shall be completed per physician's order. This deficiency represents non-compliance investigated under Complaint Number OH00154886 and Complaint Number OH00154782.