

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365559	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/17/2024
NAME OF PROVIDER OR SUPPLIER  Rolling Hills Rehab and Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  68222 Commercial Drive Bridgeport, OH 43912	

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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>22653</p> <p>Based on record review, policy review, review of a respiratory care journal, personnel file review and interview, the facility failed to ensure only competent staff provided tracheostomy care/insertion to residents. This affected one (Resident #58) of two residents reviewed for tracheostomy care.</p> <p>Findings include:</p> <p>Review of Resident #58's closed medical record revealed diagnoses including anxiety disorder, history of malignant neoplasm of the larynx (voice box), acquired absence of the larynx, and tracheostomy ( a surgical procedure that creates an opening in the windpipe (trachea) through the front of the neck. A tube is then inserted through the opening to allow air to bypass the nose and mouth and go directly into the lungs) status. A nursing note dated 04/12/24 at 6:00 P.M. indicated upon Resident #58's arrival his son demonstrated how to put the tracheostomy tube in, get Resident #58 to cough, use of the ventilator over the tracheostomy, and how to clean the tracheostomy tube using water and peroxide.</p> <p>Review of the admission physician orders revealed to suction the resident using a #14 french kit as needed to clear secretions or choking, may use normal saline to help suction as needed and change trach ties daily and as needed.</p> <p>Review of the treatment administration record (TAR) for 04/16/24 and 04/17/24 revealed licensed nurses documented the physician ordered care was provided.</p> <p>During an interview on 10/16/24 at 4:08 P.M., State tested Nursing Assistant (STNA) #75 stated Resident #58 used to take his tracheostomy tube out. STNA #75 was unable to recall an exact date but stated Resident #58's tracheostomy tube was found on the floor. The tube was dirty and gunky. STNA #75 stated Resident #58's son had shown staff how to change the tracheostomy tube at one time. When a nurse had not responded to the concern regarding Resident #58's tube being removed after approximately an hour she (STNA #75) used a solution Resident #58 had in the bathroom for his tracheostomy care and a scrubber to clean the trach, ran it under water, and let it dry. After it had a chance to dry, she had Resident #58 cough while she inserted the tube back into Resident #58's neck. STNA #75 stated Resident #58 had no extra tracheostomy tubes at bedside. STNA #75 stated she was unaware STNAs could not provide tracheostomy care. STNA #75 indicated she was educated around 05/01/24 that she was unable to do tracheostomy care.</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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/17/24 at 8:05 A.M., STNA #75 stated when she did the tracheostomy care she used clean gloves but not sterile procedure. There was no inner cannula.</p> <p>On 10/17/24 at 11:05 A.M. interview with Regional Director of Operations (RDO) #95 revealed she spoke with STNA #75 and was provided the same information as the surveyor (the STNA provided trach care to Resident #58). The RDO verified the STNA resigned after the incident (but has since been re-hired).</p> <p>There were no residents with a tracheostomy during the onsite survey.</p> <p>Review of STNA #75's personnel file revealed an initial hire date of 05/01/23 with a resignation date of 05/13/24 and a re-hire date of 07/16/24.</p> <p>Review of Respiratory Care Journal, August 2010 Volume 55, revealed an article, When to Change a Tracheostomy Tube. The article revealed any patient (resident) with a tracheostomy tube should have a spare tube available in case of an emergency. Even in the most stable patient (resident) with well trained caregivers some risk associated with a home tracheostomy tube change would persist.</p> <p>Review of the facility's Tracheostomy Care policy (revised August 2013) revealed aseptic technique must be used during cleaning and sterilization of reusable tracheostomy tubes and during tracheostomy tube changes, either reusable or disposable. Gloves must be used on both hands during any or all manipulation of the tracheostomy. Sterile gloves must be used during aseptic procedures. A replacement tracheostomy tube must be available at the bedside at all times. Items that must be available at the bedside at all times included exam and sterile gloves.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00158317.</p>		