STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365563	A. Building B. Wing	04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumnwood Nursing & Rehab Center	275 East Sunset Drive Rittman, OH 44270

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** 35765 Based on observation, review of the medical record, review of facility policy and interviews with staff the facility failed to ensure a comprehensive skin assessment was completed after admission for Resident #1, and failed to maintain proper infection control practices and hand hygiene during wound care to promote wound healing for Resident #58. This affected two residents (Resident #1 and #58) of three residents reviewed for wounds. The facility census was 59. Findings included: 1. Review of the medical record revealed Resident #1 was admitted to the facility on [DATE]. He was sent out to the hospital on 03/10/24 and readmitted to the facility on [DATE]. Diagnoses included diabetes, congestive heart failure, bipolar disorder, hypertension, hypothyroidism, restless leg syndrome, insomnia, depression, and Parkinson's disease. Review of the admission Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #1 had intact cognition and had two Stage III pressure ulcers. Review of the progress note dated 03/10/24 at 12:24 A.M. revealed Resident #1 was transported to the emergency room . Review of the progress note dated 03/14/24 at 6:30 P.M. revealed Resident #1 was readmitted to the facility. He was at the hospital for a urinary tract infection. Review of the Readmission assessment dated [DATE] revealed Resident #1 had an area to his mid back and left ankle. There was no assessment or measurements completed. Review of the skin assessment dated [DATE] revealed Resident #1 had a left ankle unstageable pressure ulcer which measured 6.0 centimeters (cm) in length by 4.0 cm in width by undetermined depth. There was full thickness loss with slough noted in the wound bed. He had a mid-back wound which measured 4.5 cm in length by 2.0 cm in width by undetermined depth. There was full thickness loss with slough noted in the wound bed. On 04/30/24 at 9:24 A.M. an interview with the Director of Nursing confirmed no wound assessment or measurements were completed on Resident #1 during his readmission for five days. He stated the nurse who completed the assessment was a night shift nurse. He stated they were supposed to assess wounds on admission. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365563	A. Building B. Wing	04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumnwood Nursing & Rehab Center	275 East Sunset Drive Rittman, OH 44270

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	2. Review of the medical record revealed Resident #58 was admitted to the facility on [DATE]. Diagnoses included chronic obstructive pulmonary disease, chronic respiratory failure, congestive heart failure, end stage renal disease, diabetes, gastroparesis, dependence of renal dialysis, cognitive communication deficit, hypertensive crisis, hypothyroidism, vitamin D deficiency, diverticulitis, anemia, depression, hypertension, and weakness. Review of the April 2024 physician's orders revealed Resident #58 had an order to cleanse areas to the left buttock with normal saline, pat dry, apply calcium alginate and cover with a foam dressing every shift and as needed. She was frequently incontinent of bladder and bowel. Review of the Five-Day MDS 3.0 assessment dated [DATE] revealed Resident #58 had moderately impaired cognition. She was admitted with two unstageable wounds with eschar. Observation of wound care on 04/30/24 at 8:30 A.M. revealed Nurse Practitioner (NP) #300 and Licensed Practical Nurse (LPN) #301 provided wound care to Resident # 58. LPN #301 set up the clean field with no concerns. She placed the scissors onto the clean field without cleaning them prior to placing them on the clean field. NP #300 had gloves on when the surveyor entered the room. She removed the old dressing to the left buttock of Resident #58. The dressing was dated 04/29/24. LPN #301 poured normal saline onto gauze for NP #300, NP 300 took the gauze and cleaned the wound and discarded the gauze in the trash bag. NP #300 never washed her hands or changed her gloves after removing the old dressing or cleaning the wound. NP #300 measured the wound at 2.6 cm by 4.0 cm and stated they would change the wound to a Stage III wound. LPN #301 cut the calcium alginate with the scissors without cleaning them first. LPN #301 handed the calcium alginate to NP #300 and she took it with the hand she had just cleaned the wound with and placed it directly on the wound bed. LPN #312 handed her the foam dressing and NP #300 placed it overtop the calcium alginate on the wound. On 04/30/24 at 8:40 A.M. LPN #300 verified she had not cleaned the scissors, and NP #300 confirmed she had not washed her hands or changed her gloves but stated her hands were clean. Review of the facility policy titled, Clean Dressing Change, dated 08/22/24, revealed it was the facility policy to provide wound care in a manner to decrease potential for infection or cross contamination. Review of the step of the policy revealed Step 9 indicated to loosen the tape from the old dressing and remove, Step 10 indicated to remove gloves, pulling inside out over the dressing and discarding in the appropriate receptacle, Step 11 indicated to wash hands and put on clean gloves, Step 12 was to cleanse the wound as ordered, Step 14 indicated to wash hands and put on clean gloves and Step 15 stated to apply topical ointments and creams and dress the wound. This deficiency represents non-compliance investigated under Complaint Number OH00152752 and OH00152687.