STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365564	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbor Healthcare of Ironton	1050 Clinton Street Ironton, OH 45638

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47987 Based on medical record review and staff interview, the facility failed to ensure the state Ombudsman's office was notified of resident discharge or transfer from the facility as required. This affected three (Resident #25, #76 and #99) of four residents reviewed. The facility census was 102. Findings include: 1. Review of the medical record for Resident #99, revealed an admitted [DATE] and readmitted [DATE]. Diagnoses included but were not limited to infectious gastroenteritis and colitis, difficulty walking, abnormal posture, cerebral infarction and fracture of unspecified part of neck of left femur. Review of the nursing progress notes and resident census record revealed Resident #99 was transferred to the local hospital on 10/05/24 and 11/28/24. Review of the medical record revealed no evidence the state Ombudsman was notified of Resident #99's transfers to the hospital. Interview on 01/28/25 at 1:23 P.M. with the Administrator revealed the Ombudsman was not notified in writing of the transfers to the hospital for the dates of 10/05/24 and 11/28/24 for Resident #99. 34299 2. Review of the medical record for Resident#25 revealed an admitted [DATE] with diagnoses including diabetes mellitus type two, hypertension, congestive heart failure, and liver disease. Review of the nursing progress notes and resident census revealed Resident # 25 was transferred to the local hospital on 09/21/24. Review of the medical record revealed no evidence the state Ombudsman was notified of Resident #25's transfer to the hospital on 09/21/24. Interview on 01/28/25 at 1:23 P.M. with the Administrator revealed the Ombudsman was not notified in writing of the transfer to the hospital on 09/21/24 for Resident #25. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365564	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbor Healthcare of Ironton	1050 Clinton Street Ironton, OH 45638

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Review of the medical record for Resident #76 revealed an admitted [DATE] with diagnoses including basal cell carcinoma, peripheral vascular disease, respiratory failure with hypoxia, hepatitis A, kidney failure, and neoplasm of bladder and kidney. Review of the nursing progress notes and resident census revealed Resident #76 was transferred to the local hospital on 06/18/24, 07/22/24 and 07/28/24. Review of the medical record revealed no evidence the state Ombudsman was notified of Resident #76's transfers to the hospital on 06/18/24, 07/22/24 and 07/28/24. Interview on 01/28/25 at 1:23 P.M. with the Administrator revealed the Ombudsman was not notified in writing of the transfers to the hospital on 06/18/24, 07/22/24 and 07/28/24 for Resident #76.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365564	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harbor Healthcare of Ironton	1050 Clinton Street Ironton, OH 45638

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47987 Based on medical record review and staff interview, the facility failed to develop a care plan that addressed dementia care and specific symptoms for depression care. This affected two (Resident #4 and #47) of five reviewed for dementia and depression. Facility census was 102. Findings include: 1. Review of the medical record for Resident #4, revealed an admitted [DATE]. Diagnoses included but were not limited to type 2 diabetes mellitus with diabetic polyneuropathy, bipolar disorder, major depressive disorder, dementia, and unspecified dementia. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 15 out of 15. The resident was assessed to require substantial/maximal assistance with toilet hygiene, shower/bathe self, bed mobility, and transfers. This resident was also assessed to have non-Alzheimer's dementia, depression and bipolar disorder. Review of medical record revealed no plan of care for dementia care for Resident #4. Interview on 01/28/25 at 1:52 PM with Licensed Social Worker (LSW) #30 verified Resident #4 does not have a plan of care for dementia and the resident does have the diagnosis with moments of forgetfulness. 2. Review of the medical record for Resident #47, revealed an admitted [DATE]. Diagnoses included but were not limited to vascular dementia, adult failure to thrive, major depressive disorder, and unspecified psychosis not due to a substance or known physiological condition. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 12 out of 15. The resident was assessed to require total dependence on toilet hygiene, shower/bathe self, bed mobility and transfers. This resident was also assessed to have depression. Review of the plan of care revised on 02/28/23 revealed Resident #47 has an alteration in mood related to diagnosis of depression with no specific symptoms or behaviors noted. Review of the Patient Health Questionnaire (PHQ 9) dated 12/04/24, that is used to indicate a resident's severity of depression, revealed for Resident #47 to have answered yes to feeling tired or having little energy for a symptom presence. Interview on 01/28/25 at 2:46 P.M. with LSW #30 verified Resident #47 had indicated a symptom of depression of feeling tired or having little energy and it was not indicated on his care plan.