

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365569	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER East Ohio Regional Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 90 North Fourth Street Martins Ferry, OH 43935	

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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33019</p> <p>Based on medical record review, review of the infection control log, review of McGeer Criteria, interview, and policy review the facility failed to ensure antibiotics were initiated only when appropriate based on monitoring through the facility antibiotic stewardship program. This affected one resident (#2) of two residents reviewed for antibiotics. The facility census was 35.</p> <p>Finding included:</p> <p>Record review revealed Resident #2 was admitted to the facility on [DATE] with diagnoses including hemiplegia and hemiparesis following a cerebral infarction, dysphagia, weakness, anxiety disorder, and uterovaginal prolapse.</p> <p>Review of the progress note dated 03/20/24 at 9:24 A.M. revealed the residents was confused last night and complained of feeling hot. The resident had a temperature of 97.8 degrees Fahrenheit. The medical doctor was notified and a new order was received for a urinalysis with culture and sensitivity.</p> <p>Further review of the progress notes dated 03/20/24 at 9:56 A.M. revealed the urine (specimen) was obtained via clean catch (a sample of urine that does not contain a lot of bacteria from the skin).</p> <p>Review of Resident #2's urinalysis with preliminary culture results, dated 03/20/24, revealed</p> <p>Escherichia coli 50,000 to less than 100,000 colony forming unit (CFU) (a measure of viable cell numbers in a milliliter of urine that are able to grow and form colonies) per one milliliter (ml) of urine, Pseudomonas aeruginosa 50,000 to less than 100,000 CFU/ml, and Proteus vulgaris group 50,000 to less than 100,000 CFU/ml.</p> <p>Review of a nursing progress note, dated 03/22/24 at 10:38 A.M., revealed the urine culture results were discussed with the nurse practitioner and a new order for Augmentin 500-125 mg, twice daily, for 14 doses was ordered. Awaiting sensitivity from microbiology at this time. The laboratory stated sensitivity will be available tomorrow.</p> <p>Review of Resident #2's physician order, dated 03/22/24, revealed the order to administer Augmentin 500-125 milligrams (mg) one tablet by mouth, two times a day, for urinary tract infection/E. coli for 14 administrations. Review of the March 2024 Medication Administration Record (MAR) revealed the resident received all 14 doses.</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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of the Infection Control Log, dated March 2024, revealed the resident was ordered Augmentin for a UTI, with a start date of 03/22/24 and a stop date of 03/29/24.</p> <p>Review of McGeer Criteria for Non-Catheter-associated Urinary Tract Infection (non-CAUTI) for any age patient revealed the patient must meet elements one, two and three:</p> <p>Element One: Patient had an indwelling urinary catheter in place for less than two consecutive days or the patient did not have an indwelling urinary catheter in place on the date of event not the day before the the date of events.</p> <p>Element Two: The patient has at least one of the following signs or symptoms: A fever greater than 100.4 degrees F; suprapubic tenderness; costovertebral angle pain or tenderness (pain over the area where the ribs meet the spine); urinary urgency; urinary frequency; painful urination</p> <p>Element Three: Patient has a urine culture with no more than two species of organism identified, at least one of which is a bacterium of greater than or equal to 100,000 CFU/ml.</p> <p>Interview on 05/28/24 at 2:25 P.M., Infection Preventionist/Licensed Practical Nurse (LPN) #69 confirmed the resident's symptoms did not meet McGeer Criteria for the initiation of antibiotics.</p> <p>Review of the facility policy titled, Antibiotic Stewardship Program, dated February 2021, revealed the antimicrobial stewardship program will monitor compliance with evidence-based guidelines or best practice regarding antimicrobial prescribing. Pharmacodynamic dosing principles will be used to optimize dosing regimens of antibiotics when appropriate and for the management of infections due to resistant pathogens.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00153576.</p>