

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365601	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/12/2024
NAME OF PROVIDER OR SUPPLIER Harmony Center for Rehabilitation and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 164 Office Park Drive Xenia, OH 45385	

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 0607</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>48570</p> <p>Based on employee record review, review of the facility Bureau of Criminal Investigation (BCI) log, staff interview, and policy review, the facility to implement their abuse policy to ensure an employee had a background check completed with the results received timely. The had the potential to affect all 67 residents residing in the facility. The facility census was 67.</p> <p>Findings include:</p> <p>Review of the employee record for Certified Nursing Assistant (CNA) #120 was hired on 04/03/24. CNA #120's fingerprint background check was completed on 05/03/24, with facility receiving the results on 05/13/24.</p> <p>Review of the BCI log for the facility revealed CNA #120 was hired on 04/03/24, fingerprints were completed on 05/03/24 and the results were received on 05/13/24.</p> <p>Interview on 11/12/24 at 2:00 P.M. with Human Resource Director #680 confirmed CNA #120 was hired on 04/03/24 and her fingerprint results were not received at the facility until 05/13/24. Interview also confirmed CNA #120 was not terminated and continued to work for the facility after 05/03/24, which was 30 days from her hire date. Interview also confirmed CNA #120 continued to work hours at the facility from 05/03/24 through 05/13/24.</p> <p>Review of the Abuse, Neglect, Exploitation & Misappropriation of Resident Property policy, dated 08/10/23 revealed it is the policy of Facility to undertake background checks of all employees and to retain on file applicable records of current employees regarding such checks. The facility will conduct a criminal background check in accordance with State law and Facilities policy.</p> <p>This deficiency is based on incidental findings discovered during the course of this complaint investigation.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 365601	If continuation sheet Page 1 of 3

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48570</p> <p>Based on record review, observation, interviews, and policy / procedures the facility failed to perform incontinence care in a sanitary manner. This affected one (#19) out of three residents reviewed for incontinence care. The facility census was 67.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #19 revealed an admitted [DATE] with diagnoses of cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery, hypertensive heart disease with heart failure, and obesity.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed the resident had moderate cognitive impairment. Resident #19 required setup assistance with eating, substantial assistance with personal hygiene, and was dependent on staff assistance with oral hygiene, toileting hygiene, bathing, dressing, bed mobility.</p> <p>Review of the care plan dated 06/24/22 revealed Resident #19 had bladder and bowel incontinence, with interventions to assist resident to the bathroom as needed and to provide peri care after each incontinence episode.</p> <p>Review of the Auarterly Bowel & Bladder Assessment completed on 10/09/24 revealed resident was incontinent of bladder and bowel.</p> <p>Observation on 11/07/24 at 8:38 A.M. with Certified Nursing Assistant (CNA) #130 and CNA #790 performing incontinence care on Resident #19 revealed the CNA's entered the resident's room, washed their hands, prepared a water basin with wet washcloths, soap, and dry washcloths. CNA #130 and CNA #790 explained the procedure to Resident #19. CNA #130 and CNA #790 washed their hands, applied clean clothes and approached Resident #19. Resident #19's attend was opened in the front and rolled down between her legs. CNA #790 used a clean washcloth with soap to wash Resident #19's right peri-fold, left peri-fold outer labia, and the inner-labia with a clean section of the washcloth with each stroke. CNA #790 used a clean washcloth to rinse Resident #19's right peri-fold, left peri-fold outer labia, and the inner-labia with a clean section of the washcloth with each stroke. CNA #790 used a dry washcloth to dry Resident #19's peri-area. CNA #790 changed her gloves. Resident #19 was positioned onto her right side. CNA #790 used a clean washcloth with soap to wash Resident #19's buttocks/sacrum area. CNA #790 used a clean washcloth to rinse Resident #19's buttocks/sacrum area. CNA #790 used a dry washcloth to dry Resident #19's buttocks/sacrum area. A clean attends was applied, Resident #19 was repositioned in bed, her call light was handed to her, and her oxygen tubing was picked up by the nasal cannula area and handed to her by CNA #790. CNA #130 and CNA #790 removed their gloves and washed their hands prior to exiting the room.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 11/07/24 at 8:48 A.M. with CNA #790 confirmed during incontinence care on Resident #19 she did not change her gloves after performing incontinence care to the resident's buttocks/sacrum area. Interview also confirmed the resident was repositioned, the blankets were placed on the resident, the call light was handed to the resident, and the oxygen tubing was picked up by the nasal cannula area all while continuing to wear the same gloves she used while performing incontinence care. Interview also confirmed she should have removed her soiled gloves and washed her hands prior to covering the resident up, prior to repositioning the resident, prior to handing the call light to the resident, and prior to picking up the nasal cannula for oxygen and handing it to Resident #19.</p> <p>Interview on 11/07/24 at 8:56 A.M. with CNA #130 confirmed while performing incontinence care with CNA #790 they did not change their gloves after incontinence care was complete. Interview also confirmed they should have removed their soiled gloves and washed their hands prior to covering the resident up, prior to repositioning the resident, prior to handing the call light to the resident, and prior to picking up the nasal cannula for oxygen and handing it to Resident #19.</p> <p>Review of the Incontinence Management Standard of Care policy, undated revealed It is the policy of this facility to promote intact skin, maintain dryness and respect the resident's standard and individualized interventions.</p> <p>Review of the Perineal Care procedure, undated revealed the procedure of for providing perineal care is Washes hands, applies disposable gloves, explains procedure to resident. And Cleanse skin folds thoroughly, rinses, and pats dry. And Removes and appropriately discards soiled gloves. Repositions and covers patient. Places call light in reach.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159419.</p>		