

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 04/08/2025
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34291</p> <p>THIS DEFICIENCY REPRESENTS AN INCIDENCE OF PAST NON-COMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY.</p> <p>Based on record review, review of physician standing orders, review of hospital records, staff interview, and policy review, the facility failed to ensure residents were free from constipation and had interventions to prevent constipation on the care plan. This resulted in Actual Harm when Resident #75 did not have a bowel movement for five days before a stool softener was prescribed and was transferred out to the hospital and diagnosed with a fecal impaction. This affected one (Resident #75) of three residents reviewed for constipation. The census was 73.</p> <p>Findings include:</p> <p>Record review revealed Resident #75 was admitted on [DATE] and discharged on [DATE]. Diagnoses included metabolic encephalopathy, coronary artery disease, heart failure, hypertension, peripheral vascular disease, thyroid disorder and osteoporosis.</p> <p>Review of the baseline care plan dated 01/18/25 for Resident #75 revealed she was at risk for bowel and bladder and was continent of bowel. There were no further updates to the care plan.</p> <p>Review of the admission Minimum Data Set (MDS) assessment, dated 01/24/25, revealed she was moderately cognitively impaired. She required supervision/touching assistance for eating, substantial/maximal assistance for toileting, bed mobility, and transfers. She was always continent of bowel.</p> <p>Review of the facility's standing physician orders for constipation, not dated, revealed to give Milk of Magnesia 30 milliliters (ml) by mouth once as needed for constipation and call the physician if there wasn't a bowel movement.</p> <p>Review of the Medication Administration Record (MAR) from 01/18/25 through 03/06/25 revealed no standing orders or stool softeners ordered for Resident #75.</p> <p>Review of the bowel tracker dated 03/07/25 through 03/11/25 revealed no bowel movement documented for Resident #75.</p> <p>Review of therapy notes dated 03/10/25 documented Resident #75 complained of stomach pain, and it was reported to the nursing staff.</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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of therapy notes dated 03/11/25 documented Resident #75 had a stomach ache and the family reported constipation issues prior. Therapy staff reported the issue again to the nursing staff.</p> <p>Review of the physician progress note dated 03/11/25 for Resident #75 documented the physician came into the facility and determined the chief complaint was an overall decline. There were also concerns of constipation and straining with bowel movements. There was an order for Sennosides-Docusate Sodium 8.6-50 milligrams (mg) to give two tablets one time a day for constipation.</p> <p>Review of the MAR for Resident #75 from 03/12/25 through 03/15/25 revealed the Senna was given to the resident.</p> <p>Review of the bowel tracker on 03/12/25 revealed Resident #75 had a small bowel movement, on 03/13/25 she had two small bowel movements, and on 03/14/25 she had two large bowel movements.</p> <p>Review of the progress notes from 03/12/25 through 03/15/25 revealed there were no further bowel assessments completed.</p> <p>Review of progress note dated 03/15/25 at 10:00 A.M. documented Resident #75's breathing had increased. Her respirations were 22 breaths per minute, blood pressure 140/80 millimeters of mercury (mmHg), pulse 110 beats per minute, and oxygen saturation was 83 percent (%). Oxygen was applied. The family was notified and wanted the resident sent out to the hospital for evaluation.</p> <p>Review of the hospital records dated 03/15/25 revealed a rectal fecal impaction with thickening of the rectal wall extending proximally into the splenic flexure suggestive of superimposed colitis. Liquefied small bowel enteric content with foci of air in the nondependent bowel right upper quadrant. A soap suds enema was ordered.</p> <p>During an interview on 04/08/25 at 9:45 A.M., the Director of Nursing (DON) and Assistant Director of Nursing (ADON) stated they knew about the unconfirmed impacted bowel from the family, and they started an action plan. They confirmed something happened between 03/11/25 when the doctor reported she had normal bowel sounds and a soft abdomen until 03/15/25 when the resident went out to the hospital. They confirmed there weren't any bowel assessments completed after 03/11/25 since the resident was having bowel movements. They confirmed the only bowel protocol the facility had in place was for milk of magnesia and Resident #75 wasn't given any of that before letting the doctor know on 03/11/25. They confirmed Resident #75 wasn't getting any stool softeners before 03/11/25.</p> <p>During an interview on 04/08/25 at 12:47 P.M., Medical Director (MD) #200 stated she had been notified of Resident #75's constipation but didn't know the constipation had been going on for five days. She stated when she saw Resident #75 on 03/11/25 she assessed her bowel sounds and abdomen and didn't find anything abnormal. She stated she ordered a stool softener and didn't hear back from the facility. She did not know the resident was found to be impacted on 03/15/25 at the hospital and stated the symptoms the resident had upon leaving for the hospital on 03/15/25 with an increased heart rate could have been from her bowel impaction. She stated she would expect to see nursing doing bowel assessments to ensure there wasn't any problems from 03/11/25 through 03/15/25 and not just think because the resident was having bowel movements she was ok.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the policy titled Constipation Management Policy, dated 09/10/24 revealed to provide guidelines for the prevention, identification, and management of constipation to ensure patient comfort and health.</p> <p>Prevention</p> <ol style="list-style-type: none"> 1. Hydration: Encourage patients to drink fluids with each meal/Med pass on an as needed basis, unless contraindicated. 2. Exercise: Recommend regular physical activity to stimulate bowel function as able 3. Routine: Establish regular bowel habits by encouraging patients to use the restroom as able <p>Identification</p> <ol style="list-style-type: none"> 1. Monitor: Regularly assess patients for signs of constipation. 2. Documentation: Record bowel movement in the patient's medical record, plan of care or activities of daily living flowsheets. <p>Management</p> <ol style="list-style-type: none"> 1. Initial Interventions: Increase fluid intake with meals/Med Pass, unless contraindicated Encourage physical activity as able 2. Medications: standing orders to be implemented per each facility protocol Bulk-forming agents: e.g., psyllium Osmotic laxatives: e.g., polyethylene glycol Stimulant laxatives: e.g., Bisacodyl (use sparingly) <p>Monitoring and Follow-Up</p> <ol style="list-style-type: none"> 1. Regular Monitoring: Track patient progress and adjust treatment plans as necessary. Each facility may implement a system for monitoring that best suits their workflow. 2. Patient Education: Provide education on lifestyle modifications and the importance of adherence to treatment plans. <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The deficient practice was corrected on 04/02/25 when the facility implemented the following corrective actions:</p> <p>On 03/17/25 and 04/01/25, all resident records were audited to see if they had a bowel movement documented and if not, they initiated their bowel protocol which was to give milk of magnesia 30 ml and if no bowel movement, then call the doctor. Auditing is still in progress.</p> <p>Review of the medical records for Residents #18, #4, and #51 revealed they had a bowel tracker in place since 03/17/25 and they didn't have any concerns for constipation in the progress notes. They all had a care plan in place for bowels.</p> <p>On 03/26/25, the nursing staff were educated on abdominal assessment and bowel documentation and there was a video to watch on bowel assessment.</p> <p>During an interview on 04/08/25 at 11:20 A.M., Licensed Practical Nurse (LPN) #122 stated she had been educated on bowel assessment which was a video and on documentation of the bowel tracker.</p> <p>During an interview on 04/08/25 at 11:23 A.M., LPN #201 stated she had been educated on bowel assessment which was a video and on documentation of the bowel tracker.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00163923.</p>

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<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34291</p> <p>Based on record review, review of hospital records, staff interview, and review of facility policy, the facility failed to ensure residents were treated timely for a urinary tract infections (UTI). This resulted in Actual harm when Resident #75 developed signs and symptoms of a UTI and wasn't treated for the UTI for six days. She transferred out to the hospital and it was discovered the resident had a significant distention in the bladder with renal pelvictasis, (renal pelvictasis, is when urine gathers in the center of the kidney, called the pelvis. This makes the kidney larger than normal. This condition can affect one or both kidneys.) This affected one (Resident #75) of one resident reviewed for UTI. There were no other residents in the facility with a UTI. The census was 73.</p> <p>Findings include:</p> <p>Record review revealed Resident #75 was admitted on [DATE] and discharged on [DATE]. Diagnoses included metabolic encephalopathy, coronary artery disease, heart failure, hypertension, peripheral vascular disease, thyroid disorder and osteoporosis.</p> <p>Review of the baseline care plan dated 01/18/25 for Resident #75 revealed she was at risk for bladder incontinence and was incontinent of bladder. There were no further updates to the care plan.</p> <p>Review of the admission Minimum Data Set (MDS) assessment, dated 01/24/25, documented Resident #75 was moderately cognitively impaired. She required supervision/touching assistance for eating, substantial/maximal assistance for toileting, bed mobility, and transfers. She was always continent for bowel and incontinent for bladder.</p> <p>Review of progress note dated 03/07/25 at 6:13 A.M. revealed Resident #75 had foul-smelling urine, burning while urinating, and pain in the abdominal region. The physician was called and made aware with new orders for a urinalysis (UA) with Culture and Sensitivity (C&S). The order was put in the computer system at 8:59 P. M.</p> <p>Review of progress notes dated 03/08/25 at 2:31 P.M. documented the UA and C&S were obtained and the order was changed to STAT (immediate) pickup. At 3:19 P.M. a call was made to the laboratory (lab) to make sure the urine sample was going to be picked up on this day and the lab assured the facility that a representative would be at the facility on that evening to pick up the sample. Review of the pickup time revealed it was 3:19 P.M.</p> <p>The lab results were not reported back to the facility until 03/12/25 at 1:48 P.M.</p> <p>Review of the physician orders dated 03/13/25 at 5:53 A.M. revealed Macrobid 100 milligrams (mg) to give one two times a day for five days. This was started on 03/13/25.</p> <p>The resident was sent to the hospital on 03/15/25 for a fecal impaction. Review of the hospital records dated 03/15/25 revealed Resident #75 had a significant distention in the bladder with renal pelvictasis left greater than the right and no obstruction was noticed. She also tested positive for Influenza A.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 04/08/25 at 9:45 A.M. the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) stated they thought the facility executed the orders for the UA and C&S in a timely manner even though it took six days to get the resident an antibiotic and she was exhibiting signs and symptoms of a UTI. They confirmed there wasn't any interventions for the incontinence of bladder. They also confirmed there wasn't any documentation or monitoring of the resident for bladder issues from 03/11/25 through 03/15/25.</p> <p>During an interview on on 04/08/25 at 12:47 P.M., Medical Director (MD) #200 revealed she had no idea the hospital found a significant distention of Resident #75's bladder. She reported it could take up to four days to get the result of a UA and C&S because the UA was just a dip and the C&S was what took the longest to get a result. She revealed when she saw the resident on 03/11/25 she did an assessment on her abdomen and flanks, but there wasn't anything abnormal. She reported the expectation of the nursing staff would be do an assessment on the resident for a distended bladder between 03/11/25 through 03/15/25. She revealed just because the resident was urinating, had a UTI and was on antibiotics for the UTI didn't mean she was ok. She revealed the increased heart rate upon discharge to the hospital on 03/15/25 could have been from the distension of the bladder.</p> <p>Review of policy titled Urinary Tract Infection/Bacteremia, dated 2001, revealed:</p> <p>Assessment and Recognition</p> <ol style="list-style-type: none"> 1. The physician and staff will identify individuals with a history of symptomatic urinary tract infections, and those who have risk factors (for example, an indwelling urinary catheter, kidney stones, urinary outflow obstruction, etc.) for UTI. 2. The staff and practitioner will identify individuals with possible signs and symptoms of a UTI. <ol style="list-style-type: none"> a. Signs and symptoms of a UTI may be specific to the urinary tract and/or generalized. The presentation of symptomatic UTI varies. b. Nurses should observe, document, and report signs and symptoms (for example, fever or hematuria) in detail and avoid premature diagnostic conclusions. c. New onset of nonspecific or general symptoms alone (change in mental status, decline in appetite, etc.) is not enough to diagnose a UTI. Urine odor, color and clarity also are not adequate to indicate bacteruria or a UTI. d. Acute deterioration in previously stable chronic urinary symptoms may indicate an acute infection. Multiple concurrent findings such as fever with hematuria or catheter obstruction are more likely to be due to a urinary source. <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>b. Follow-up urine cultures after antibiotic treatment are not indicated routinely, but may be helpful if the symptoms are not resolving or complications are present.</p> <p>2. When a resident has a persistent or recurrent urinary tract infection after treatment with antibiotics, the physician will review the situation carefully with the nursing staff and consider other or additional issues (such as urinary obstruction or indwelling catheter change or removal) before prescribing additional courses of antibiotics.</p> <p>a. Physicians should justify continuing or resuming antibiotic treatment beyond an initial course.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00163923.</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34291</p> <p>Based on observations, staff and resident interviews and policy review, the facility failed ensure meals were palatable. This affected three (Residents #31, #59 and #57) of three residents reviewed for food. The facility identified two residents who couldn't eat anything by mouth. The census was 73.</p> <p>Findings include:</p> <p>Review of the menu dated 04/07/25 revealed lunch consisted of a peppered hamburger patty, buttered noodles, green beans, and white cake.</p> <p>A test tray was obtained on 04/07/25 at 11:50 A.M. The meat was crispy around the edges and was tough. The noodles were over cooked and tasted mushy and the green beans were bland.</p> <p>During an interview on 04/07/25 at 11:55 A.M., Dietary Manager (DM) #171 stated if she cooks the noodles el [NAME], the residents complain they are too hard. This is the way the residents like the noodles. Se said to get the beef pepper patties done and up to temperature they had to be cooked this way. She admitted the foods were over cooked.</p> <p>During an interview on 04/07/25 at 12:55 P.M., Resident #57 stated the buttered noodles and the peppered beef patty were too done at lunch time.</p> <p>During an interview on 04/07/25 at 1:07 P.M., Resident #21 at 1:07 P.M. stated she had a chef salad for lunch but didn't like the food. The food was processed, tough, and didn't taste very good.</p> <p>During an interview on 04/07/25 at 1:15 P.M., Resident #39 stated the food sucked. She said the meat was tough and she called it the mystery meat because it was processed. She stated the noodles for lunch were mushy. She stated when fish was served, it was hard.</p> <p>Review of policy titled Food Palatability, not dated, revealed the facility was committed to serving nutritious, safe, and palatable meals to residents that reflect their choices, cultural backgrounds, and dietary restrictions. Meals will be</p> <p>served in a manner that promotes dignity, socialization, and enjoyment of the dining experience. Palatability is food that is acceptable in taste, appearance, and texture to the resident.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00164115.</p>		