

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365618	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Presidential Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 524 James Way Marion, OH 43302	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 36297</p> <p>Based on observation, record review, facility staff interview, and policy review, the facility failed to maintain proper position of a urinary catheter drainage bag for one (Resident #23) of one reviewed for urinary catheters. The facility census was 76.</p> <p>Findings include:</p> <p>Review of Resident #23's medical record revealed the resident was admitted to the facility on [DATE]. Diagnoses included metabolic encephalopathy, retention of urine, dementia, benign neoplasm of pituitary gland, obstructive reflux uropathy, and testicular hypofunction.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident was severely cognitively impaired and had no behaviors. Resident #23 was coded to have an indwelling urinary catheter and required partial moderate assistance with toileting.</p> <p>Observation on 05/05/24 at 2:06 P.M. revealed Resident #23 was observed lying in the bed and his urinary catheter drainage bag was observed lying uncovered directly on the floor.</p> <p>Observation on 05/06/24 at 8:17 A.M. revealed Resident #23 was observed lying in the bed and his urinary catheter drainage bag was observed lying uncovered directly on the floor.</p> <p>Interview and observation of Resident #23 with State tested Nursing Assistant (STNA) #264 on 05/06/24 at 8:18 A.M. verified Resident #23's urinary catheter drainage bag was uncovered lying directly on the floor and the STNA stated the bag should not be the floor.</p> <p>Review of policy titled Catheter Care, Urinary, revised August 2022 revealed catheter tubing and drainage bags should be kept off the floor for infection control purposes.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48568</p> <p>Based on observation, interview, and policy review, the facility failed to maintain a replacement tracheostomy tube at the bedside of one resident reviewed for tracheostomy care. This affected one of one resident (Resident #7) reviewed for tracheostomy care. The facility census was 76.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #7 revealed she had an admitted [DATE]. Her diagnoses included diffuse traumatic brain injury with loss of consciousness of unspecified duration, quadriplegia, aphasia, hydrocephalus, encounter for attention to tracheostomy, other mechanical complication of ventricular intracranial (communicating) shunt, and acute and chronic respiratory failure with hypoxia.</p> <p>Review of Resident #7's Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #7 requires dependent care for all activities of daily living.</p> <p>Review of Resident #7's care plan revealed the resident exhibits alteration in respiratory status related to trach. Interventions included to keep a spare trach/obturator/trach kit at bedside.</p> <p>Observation on 05/05/24 at 5:00 P.M. with Registered Nurse (RN) Manager #410 revealed Resident #7 had a tracheostomy and a replacement tracheostomy was not found in the room of Resident #7.</p> <p>Interview on 05/05/24 at 5:00 P.M. with RN Manager #410 confirmed the room did not have a replacement tracheostomy. RN Manager #410 went to the nurse's station to get the floor nurse to see if it is in Resident #7's room.</p> <p>Interview on 05/05/24 at 05:03 P.M. with RN #449 confirmed Resident #7's room did not have a replacement tracheostomy.</p> <p>Review of the policy titled, Tracheostomy Care, dated October 2023 revealed a replacement tracheostomy tube must be available at the bedside at all times.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48568</p> <p>Based on observation, interviews, and policy review, the facility failed to properly store chemicals in the kitchen to prevent cross contamination. This had the potential to affect 74 of 76 residents who received food from the kitchen. The facility identified two residents (Resident #7 and Resident #42) who did not receive food from the kitchen. The facility census was 76.</p> <p>Findings include:</p> <p>Observation on 05/05/24 at 8:49 A.M. with Cook #293 revealed comet bleach powder and dawn dish detergent were stored on the kitchen preparation sink.</p> <p>Interview on 05/05/24 at 08:49 A.M. with Cook #293 revealed the sink is used to prepare food such as dicing up peppers, onions, slicing tomatoes, and cleaning lettuce. Cook #293 verified the comet bleach powder and dawn dish detergent were stored on the sink and reported she does not know why the chemicals are there.</p> <p>Observation on 05/06/24 at 11:01 A.M. with Dietary Director #312 revealed dawn dish detergent was stored on the kitchen preparation sink again.</p> <p>Interview on 05/06/24 at 11:01 A.M. with Dietary Director #312 revealed kitchen chemicals are stored in the chemical supply closet.</p> <p>Review of the, Chemical Storage Policy for Nursing Home Kitchen, dated March 2019 stated, 1. Proper Storage: Chemicals must be stored in a designated area separate from food preparation, storage, and serving areas to prevent contamination.</p>