STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365620	A. Building B. Wing	09/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Riverview.	7743 County Road 1 South Point, OH 45680

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34299 Based on medical record review, observation, and staff interview, the facility failed to ensure staff assisted residents with feeding in a dignified manner. This affected two (Residents #8 and #72) of five facility-identified residents who required assistance with eating. The facility census was 100 residents. Findings include: Review of the medical record for Resident #8 revealed an admitted [DATE] with diagnoses including hemiplegia, frontal lobe deficit related to cerebrovascular accident, and dementia. Review of the quarterly Minimum Data Set (MDS) assessment for Resident #8 dated 07/31/23 revealed the resident had impaired cognition and required moderate assistance with eating. Review of the nutritional assessment for Resident #8 dated 08/01/24 revealed the resident was on a regular diet with pureed textures. Observation on 09/16/24 at 11:43 A.M. revealed Resident #8 was seated in a wheelchair with an over the bed table across her lap. State tested Nurse Aide (STNA) #114 delivered and set up Resident #8's meal tray. STNA #114 then fed Resident #8 her lunch meal while standing over the resident at the resident's side. Interview on 09/16/24 at 11:52 A.M. with STNA #114 confirmed she was standing over Resident #8 while feeding the resident. 2. Review of the medical record for Resident #72 revealed an admitted [DATE] with diagnoses including Alzheimer's disease, diabetes mellitus type two, hypertension, and peripheral vascular disease. Review of the MDS assessment for Resident #72 dated 07/25/24 revealed the resident had cognitive impairment and required partial to moderate assistance with eating. Review of the nutritional assessment for Resident #72 dated 06/28/24 revealed the resident was on a pureed diet with regular textures. Resident #72 was a slow eater and required staff assistance as needed. (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 09/16/24 at 11:54 A.M. revealed Resident #72 was seated in her wheelchair with an over the bed tray table across her lap. STNA #117 delivered and set up the resident's meal tray. STNA #117 then fed Resident #72 her lunch meal while standing over the resident at the resident's side. Interview on 09/16/24 at 11:59 A.M. with STNA #117 confirmed she was standing over Resident #72 while feeding the resident. Interview on 09/17/24 at 10:45 A.M. with the Director of Nursing (DON) confirmed staff should sit down at eye level when feeding residents. The DON further confirmed that staff standing over a resident while feeding or assisting a resident did not provide the resident a dignified dining experience. This deficiency represents noncompliance investigated under Complaint Number OH00157601.