

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365636	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Pickerington Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 Hill Road North Pickerington, OH 43147	

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 0695</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>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37100</p> <p>Based on observation, medical record review, staff interview, and facility policy review, the facility failed to ensure orders for ventilator services were in place. Also, the facility failed to implement monitoring for the use of oxygen with the ventilator. Finally, the facility failed to implement a care plan related to the monitoring of the resident's oxygen use with the ventilator. This affected one (Resident #23) of three residents reviewed for ventilator/oxygen use. The census was 71.</p> <p>Findings Include:</p> <p>Review of the medical record for Resident #23 revealed resident was admitted to the facility on [DATE]. Her diagnoses were ulcer of esophagus, anemia, malignant neoplasm of unspecified part of unspecified bronchus or lung, malignant neoplasm of unspecified ovary, chronic kidney disease, type II diabetes, chronic obstructive pulmonary disease, iron deficiency anemia, unspecified severe protein calorie malnutrition, history of falling, hypertension, vitamin deficiency, insomnia, hyperlipidemia, depression, alcoholic cirrhosis, acute hemorrhagic anemia, and difficulty walking.</p> <p>Review of her minimum data set (MDS) assessment, dated 02/23/24, revealed she was cognitively intact.</p> <p>Review of Resident #23 physician orders found there was no physician order for a rate of oxygen that she was supposed to be on. Also, there was no physician order for titrating/adjusting Resident #23 oxygen saturation levels. Both orders were added to Resident #23 medical records after the facility was questioned about them.</p> <p>Review of Resident #23 progress notes and other assessment tools, dated December 2023 to April 2024, revealed no documentation to support her oxygen was titrated at any time. There was varied documentation with different oxygen levels with pulse oxygen levels at the time of the documented oxygen rate, but there was nothing to support whether that was the time oxygen was titrated or not. Also, there was no documentation to support pulse oxygen levels were checked by the respiratory therapist five minutes after, or an hour after the oxygen level was assumed to be titrated.</p> <p>Review of Resident #23 vital signs, which included pulse oxygen levels, dated December 2023 to April 2024, revealed there was no documentation to support pulse oxygen levels were checked according to facility policy and professional standards.</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 0695</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>Observation on 04/16/24 at approximately 10:00 A.M., revealed Resident #23 oxygen rate was at eight liters per minute.</p> <p>Observation on 04/16/24 at 3:35 P.M., 3:55 P.M., and 4:05 P.M. revealed Resident #23 was at approximately 3.5 liters per minute.</p> <p>Interview with Registered Nurse (RN) #79 on 04/16/24 at 3:55 P.M. confirmed Resident #23 oxygen rate was at approximately 3.5 liters per minute. She confirmed she was not aware what the rate should be, but would check her medical orders to verify.</p> <p>Interview with Respiratory Therapist (RT) #95, RN #97, and Licensed Practical Nurse (LPN) #62 on 04/16/24 at 4:07 P.M. confirmed Resident #23 was on 3.5 liters of oxygen currently. They all confirmed a new order for an oxygen rate of five liters per minute was put into her medical records on that day (04/16/24); but stated that it should have been that documented rate since admission. RN #97 and RT #95 both stated her oxygen rate will be titrated/adjusted based on her pulse oxygen level prior to and after suctioning has occurred, and with routine monitoring throughout each day. It was confirmed these tasks were all performed by the RT. LPN #62 and RN #97 both stated they would ask an RT, who is in the facility during all hours of each day, if they had any questions. All three confirmed there were no documented instructions/guidelines in Resident #23 electronic medical record as to when to titrate her oxygen, and how often to monitor it after the titration had occurred.</p> <p>Interview with Director of Nursing (DON) on 04/16/24 at 4:18 P.M. confirmed an order for an oxygen rate of five liters per minute and a general order of the facility's ability to titrate her oxygen as needed were added on 04/16/24; she confirmed there were no official orders in Resident #23 medical record prior to that.</p> <p>Interview with RT #95 on 04/17/24 at 11:45 A.M. revealed guidelines the facility's policy has in place is they will titrate a resident's oxygen at a rate of 0.5 liters per hour until they find a therapeutic oxygen level. He confirmed he does not check the pulse oxygen level after five minutes of titrating 0.5 liters because in his professional opinion, that rate is not very much and would not cause someone's levels to drop significantly. He confirmed the facility's guidelines do state they should check the resident's pulse oxygen level after five minutes, and then after an hour, after titration has occurred, but he stated that is typical for a titration/change of one liter. He confirmed they have been titrating Resident #23 oxygen since admission because that is standard for someone with a tracheostomy. He confirmed he would add progress notes to her electronic medical record when the oxygen level was changed, in addition to checking the resident's pulse oxygen levels. But he also confirmed he did not specifically identify in his progress notes that the entry was a titration.</p> <p>Interview with DON and Administrator on 04/17/24 at 1:25 P.M. revealed confirmation from Administrator that they could do better with documentation of the care they are providing for residents that have oxygen changed/titrated. Both confirmed they do not have documentation that meets the policy requirements when oxygen titration occurs.</p> <p>(continued on next page)</p>		

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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>Note: The nursing home is disputing this citation.</p>	<p>Review of facility Oxygen Administration policy, undated revealed, oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the resident's goals and preferences. Oxygen is administered under orders of a physician, except in the case of an emergency. In such case, oxygen is administered and orders for oxygen are obtained as soon as practicable when the situation is under control. Staff shall document the initial and on-going assessment for oxygen therapy, based upon the resident's assessment and order.</p> <p>Review of facility Oxygen Therapy Weaning Guideline, undated, revealed patients included in the oxygen weaning protocol will receive oxygen saturation assessments: daily, before each oxygen titration is initiated, intermittently for five minutes post oxygen titration, and one hour after each oxygen titration.</p> <p>This deficiency represents non compliance investigated under complaint number OH00152536.</p>		