STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365643	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Portsmouth Health and Rehab	727 Eighth Street Portsmouth, OH 45662

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on closed resident record reviews, hospital discharge instructions, and staff interview, the facility failed to ensure care for nephrostomy tubes was provided in a timely manner. This affected one resident (#77) of one reviewed for hospitalizations. The facility census was 77.Findings include:Closed record review for Resident #77 revealed the resident was admitted to the facility on [DATE] and had diagnoses which included malignant neoplasm of the bladder, hematuria, acute kidney failure, and hydronephrosis with ureteropelvic junction obstruction.Review of the admission Minimum Data Set (MDS) assessment, dated 05/19/25, revealed the resident was assessed to have intact cognition. The resident was assessed to have an indwelling catheter device. Review of the hospital discharge instructions, dated [DATE], revealed instructions for how to care for nephrostomy tubes. Instructions for care of the skin where the tubes exited the body included cleansing the skin surrounding the area where the tubes exited the body using a washcloth or cotton swab with cleanser or soap and water, rinsing the area with water if soap was used, allowing the area to air dry or patting dry gently, then applying one sterile four by four split gauze pad around the tube. Apply a second gauze pad over the first one to cover the tube, tape over the pads with paper tape and pinch the tape around the tube, and lastly tape the tube to the skin below the dressing for support. Review of the physician's orders for the resident revealed no order was put into place for care of the skin surrounding the area where nephrostomy tubes exited the body until 05/20/25. Interview with the Director of Nursing on 07/30/25 at 8:45 A.M. confirmed there had not been orders implemented for the care of the skin surrounding the area where nephrostomy tubes exited Resident #77's body until 05/20/25.

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident record reviews, staff interview, and review of facility policy, the facility failed to ensure resident influenza and pneumococcal vaccinations were offered and administered in a timely and appropriate manner. This affected two residents (#14 and #15) out of the five residents reviewed for immunizations. The facility census was 77.Findings include:1. Record review for Resident #14 revealed the resident was admitted to the facility on [DATE] and had diagnoses which included cerebral infarction, acute kidney failure, and mood disorder. Review of the annual Minimum Data Set (MDS) assessment, dated 06/02/25, revealed the resident was assessed to not be up to date on the pneumococcal vaccination due to the vaccination not being offered. Review of the facility immunization record for the resident revealed no pneumococcal vaccine was documented to have been previously administered. 2. Record review for Resident #15 revealed the resident was admitted to the facility on [DATE] and had diagnoses which included hypertension, hyperlipidemia, and diabetes mellitus. Review of the annual MDS assessment, dated 05/09/25, revealed the resident was assessed to not be up to date on the influenza vaccination due to the vaccination not being offered. Review of the facility immunization record for the resident revealed no influenza vaccine was documented to be administered since 09/27/23. Interview with the Director of Nursing on 07/31/25 at 10:20 A.M. confirmed Resident #14 was not up to date on the pneumococcal vaccine and Resident #15 was not up to date on the influenza vaccine. Review of the facility policy titled Vaccination of Residents, revised 10/2019, revealed refusals of vaccinations shall be documented in the resident's medical record. If the resident receives a vaccine, it shall be documented in the resident's medical record. Review of the facility policy titled Influenza Vaccine, revised 03/2022, revealed between October 1st and March 31st each year the influenza vaccine shall be offered to residents and employees unless the vaccine is medically contraindicated, or the resident or employee has already been immunized. For those who receive the vaccine, the vaccination will be documented in the resident's/employee's medical record. Review of the facility policy titled Pneumococcal Vaccine, revised 10/2023, revealed prior to or upon admission residents are assessed for eligibility to receive the pneumococcal vaccine series. For each resident who receives the vaccine, the vaccination is documented in the resident's medical record. Administration of the pneumococcal vaccines are made in accordance with current Centers for Disease Control (CDC) recommendations at the time of the vaccination.