

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2024
NAME OF PROVIDER OR SUPPLIER  Meadow Wind Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  300 23rd Street NE Massillon, OH 44646	
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 - 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 appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47569</p> <p>Based on record review, interview, and facility policy review the facility failed to accurately assess, document, and treat a new onset of a diabetic ulcer for Resident #80, who was dependent on staff for care. This affected one resident (#80) out of three residents reviewed for skin impairment. The facility census was 79.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #80 revealed an admitted [DATE] with a discharge to the hospital on 04/18/24. Diagnoses included type two diabetes mellitus, Alzheimer's disease, high blood pressure, and chronic kidney disease.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #80 had impaired cognition. Resident #80 was dependent for bed mobility, transfers, and was non-ambulatory. Review of Resident #80's behaviors revealed the resident would be combative and aggressive when receiving care from staff. Resident #80 was receiving dressing changes to the right foot.</p> <p>Review of the plan of care dated 07/10/23 revealed Resident #80 was at risk for skin impairment due to the diagnoses including type two diabetes mellitus and non-ambulatory status.</p> <p>Review of Resident #80's nurse progress notes dated from 01/11/24 to 01/12/24 revealed Resident #80 did not have documentation for a scabbed area located on the right lateral dorsal foot, and there was no wound assessment completed.</p> <p>Review of the wound care team's progress notes dated 01/12/24 revealed Resident #80 was evaluated for a right lateral dorsal foot/great toe diabetic ulcer, onset 01/11/24, measuring 2.0 centimeters (cm) by 0.7 cm with no depth. The area was 100% covered by a crust (scab), and there was no treatment in place.</p> <p>Interview on 04/30/24 at 11:35 A.M. with the Director of Nursing (DON) revealed Resident #80's initial scabbed area to the right lateral dorsal foot was reported on 01/11/24 to Registered Nurse (RN) #310 by an unknown nurse. The DON confirmed there were no progress notes or wound measurements, or assessment completed in Resident #80's medical record dated 01/11/24.</p> <p>Interview on 04/30/24 at 3:11 P.M. with RN #310 revealed no recollection of who reported Resident #80's initial scabbed area on the right dorsal lateral foot.</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 - 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 Resident #80's physician orders revealed an order dated 01/12/24 for cleansing the right lateral dorsal foot with normal saline, pat dry, apply Medihoney, cover with a foam dressing, and change three times per week. There were no orders for treatment dated prior to this order.</p> <p>Interview on 04/30/24 at 3:10 P.M. with facility wound nurse RN #310 revealed when skin impairment is identified the nurses are expected to enter a progress note, initiate, and complete a wound assessment, notify the physician or nurse practitioner, initiate a treatment order, and determine how the skin impairment developed. RN #310 confirmed Resident #80 did not have a progress note, a completed initial wound assessment, and there was no initial treatment order initiated for the scabbed area identified on Resident #80's right lateral dorsal foot.</p> <p>Review of the facility's policy titled, Skin Breakdown - Clinical Protocol dated 03/01/14 revealed, The nurse shall describe and document/report the following: full assessment including location, stage, length, width and depth, presence of exudate or necrotic tissue; pain assessment; resident's mobility status; current treatment; all active diagnosis.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00153330.</p>		