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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365679 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/07/2024 |
| NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Fayette County | | STREET ADDRESS, CITY, STATE, ZIP CODE 375 Glenn Avenue Washington Court Hou, OH 43160 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33023</p> <p>Based on record review, observations, and interviews, the facility failed to provide appropriately sized incontinence briefs for residents who have bariatric needs. This affected three (Residents #48, #66, and #77) of three bariatric residents reviewed. The facility census was 78.</p> <p>Findings include:</p> <p>1. Record review for Resident #48 revealed this resident was admitted to the facility on [DATE] and had diagnoses including chronic respiratory failure, atrial fibrillation, incontinence, urinary tract infections, anxiety, and depression.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed this resident had minimally impaired cognition evidenced by a Brief Interview for Mental Status (BIMS) assessment score of 13. This resident was assessed to be frequently incontinent of both bowel and bladder.</p> <p>Interviews with Registered Nurse (RN) #30 and Licensed Practical Nurse (LPN) #60 on 08/07/24 at 9:15 A.M. revealed the facility is always out of 3XL incontinence briefs for Resident #48. Both stated they have incontinence pull ups in that size but they do not work for this resident. Both stated they do not have adequate supplies to do their job.</p> <p>Observation of the supply room on 08/07/24 at 9:20 A.M. revealed no available bariatric 3XL incontinence briefs on any of the shelves. This was verified by LPN #40.</p> <p>Interview with State tested Nursing Assistant (STNA) #50 on 08/07/24 at 9:45 A.M. revealed she always has to take briefs from other residents due to not having the correct size for Resident #48. She stated this resident uses 3 XL bariatric briefs which the facility does not have, and this has been an ongoing problem.</p> <p>Interview with Resident #48 on 08/07/24 at 9:49 A.M. revealed the incontinence brief that she is wearing is extremely uncomfortable and tight fitting. Resident stated she does not think they have the correct size for her needs.</p> <p>2. Record review for Resident #66 revealed this resident was admitted to the facility on [DATE] and had diagnoses including chronic respiratory failure, chronic obstructive pulmonary disease, and incontinence.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed this resident was cognitively intact evidenced by a Brief Interview for Mental Status (BIMS) assessment score of 15. This resident was assessed to be occasionally incontinent of bladder and frequently incontinent of bowel.</p> <p>Interviews with RN #30 and LPN #60 on 08/07/24 at 9:15 A.M. revealed the facility is always out of 3XL incontinence briefs for Resident #66. Both stated they have incontinence pull ups in that size but they do not work for this resident. Both stated they do not have adequate supplies to do their job.</p> <p>Observation of the supply room on 08/07/24 at 9:20 A.M. revealed no available bariatric 3XL incontinence briefs on any of the shelves. This was verified by LPN #40.</p> <p>Interview with STNA #50 on 08/07/24 at 9:45 A.M. revealed she always has to take briefs from other residents due to not having the correct size for Resident #66. She stated this resident uses 3XL bariatric briefs which the facility does not have, and this has been an ongoing problem.</p> <p>Interview with Resident #66 on 08/07/24 at 9:55 A.M. revealed the facility rarely has her size of incontinence briefs and the ones that are being used are too tight.</p> <p>3. Record review for Resident #77 revealed this resident was admitted to the facility on [DATE] and had diagnoses including chronic respiratory failure, urine retention, morbid obesity, incontinence, and quadriplegia.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed this resident had no cognition impairments evidenced by a Brief Interview for Mental Status (BIMS) assessment score of 15. This resident was assessed to be always incontinent of both bowel and bladder.</p> <p>Interviews with RN #30 and LPN #60 on 08/07/24 at 9:15 A.M. revealed the facility is always out of 3XL incontinence briefs for Resident #77 resident. Both stated they have incontinence pull ups in that size but they do not work for this resident. Both stated they do not have adequate supplies to do their job.</p> <p>Observation of the supply room on 08/07/24 at 9:20 A.M. revealed no available bariatric 3XL incontinence briefs on any of the shelves. This was verified by LPN #40.</p> <p>Interview with STNA #50 on 08/07/24 at 9:45 A.M. revealed she always has to take briefs from other residents due to not having the correct size for Resident #77. She stated this resident uses 3XL bariatric briefs which the facility does not have, and this has been an ongoing problem.</p> <p>Interview with Resident #77 on 08/07/24 at 10:05 A.M. revealed the facility almost never has the correct incontinence brief for him and are always out of them. Stated most of the ones being used are too tight and uncomfortable.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00156086.</p> | | |

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| (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>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33023</p> <p>Based on observations, staff interviews, record reviews, and review of facility policies, the facility failed to ensure oxygen tubing was changed monthly due to inadequate supply. This affected one resident (#41) of the four residents reviewed for respiratory care. The facility census was 78.</p> <p>Findings include:</p> <p>Record review for Resident #41 revealed this resident was admitted to the facility on [DATE] and had diagnoses including acute respiratory failure with hypoxia, sleep apnea, mood disorder, and congestive heart failure.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed this resident had minimally impaired cognition evidenced by a Brief Interview for Mental Status (BIMS) assessment score of 11. This resident was assessed to have received oxygen continuously while residing in the facility.</p> <p>Review of the care plan dated 05/06/24 revealed this resident received oxygen therapy. Interventions included to change the humidifier bottle and tubing every month and as needed per facility policy.</p> <p>Interviews with Registered Nurse (RN) #30 and Licensed Practical Nurse (LPN) #60 on 08/07/24 at 9:15 A. M. revealed there have been no oxygen cannulas in the storage room for several weeks. Both stated they do not have adequate supplies to do their job.</p> <p>Observation of the supply room on 08/07/24 at 9:20 A.M. revealed no available oxygen cannulas being held in storage. The box observed for storage of this item was empty, with the exception of three tracheostomy masks. This was verified by LPN #40.</p> <p>Observation on 08/07/24 at 10:00 A.M. revealed the oxygen tubing for Resident #41 was connected to the oxygen supply for this resident and was labeled with a date of 06/16/24.</p> <p>Interview with Resident #41 on 08/07/24 at 10:00 A.M. revealed she could not remember the last time her oxygen tubing and cannula had been replaced.</p> <p>Interview on 08/07/24 at 10:05 A.M. with LPN #40 verified the oxygen tubing for Resident #41 was labeled with a date of 06/16/24. She verified she could not provide another date which it had been changed last.</p> <p>Review of the facility policy titled, Oxygen Administration, revised 05/24/24 revealed the policy stated to change oxygen tubing and cannulas monthly and as needed.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00156086.</p> | | |