

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365717	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Convallarium at Indian Run		STREET ADDRESS, CITY, STATE, ZIP CODE 6430 Post Rd Dublin, OH 43016	

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 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>45751</p> <p>Based on staff interview, review of employee files, review of Bureau of Criminal Investigation (BCI) log, and policy review the facility failed to ensure background checks for staff were completed prior to employment. This affected three (State tested Nursing Assistant [STNA] #230 and STNA #122, and Occupational Therapist [OT] #356) of the five employee files reviewed for background checks. This had the potential to affect all residents residing in the facility. The facility census was 81.</p> <p>Findings include:</p> <p>Review of employee file for STNA #230, revealed a hire date of 07/26/23. There was no documented evidence a background check was completed, and STNA #230 was not listed on the BCI background check log.</p> <p>Review of employee file for STNA #122, revealed a hire date of 07/29/22. There was no documented evidence a background check was completed, and STNA #122 was not listed on the BCI background check log.</p> <p>Review of employee file for OT #356, revealed a hire date of 07/26/23. There was no documented evidence a background check was completed, and OT #356 was not listed on the BCI background check log.</p> <p>Interview on 07/31/24 at 1:23 P.M. with the Administrator, verified STNA #230, STNA #122 and OT #356 employees' files did not contain the background checks.</p> <p>Interview with HR #366 on 08/01/24 at 1:10 P.M. revealed background checks were set up on the same day as orientation. HR #366 verified STNA #230, STNA #122 and OT #356 did not have documented evidence of a background checks being completed. HR #366 stated the background checks should be in the employees' files.</p> <p>Review of policy titled Abuse, Mistreatment, Neglect, Exploitation and Misappropriation of Resident Property dated 10/2023, revealed the facility will do the following prior to hiring a new employee check the Ohio Nurse Aide Registry, check all applicable licensing and certification authorities to ensure that employees hold the requisite license and/or certification status to perform the job functions, and conduct a criminal background check in accordance with Ohio law and the facility's policy, and verify that the applicant has not been found guilty of abuse, neglect, exploitation, or misappropriation or been convicted of an offense that otherwise prohibits employment.</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 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>This deficiency represents noncompliance investigated under Complaint Number OH00155375.</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35035</p> <p>Based on record review, resident interview, and staff interview, review of facility policy, the facility failed to provide scheduled showers/baths for residents. This affected two (#25 and #68) residents out of the five residents reviewed for showers. The current census is 81.</p> <p>Findings include:</p> <p>1) Review of the medical record for Resident #25, revealed the resident was originally admitted to the facility on [DATE] and had a re-admission on 07/18/24. Diagnoses included diabetes, hyperkalemia, hyperglycemia, pressure ulcer wounds, and obesity.</p> <p>Review of Resident #25's Minimum Data Set (MDS) assessment dated [DATE], revealed the resident had intact cognition and required staff assistance with bathing.</p> <p>Review of Resident #25's shower task worksheets completed by State tested Nursing Assistants (STNAs) from 07/18/24 to 07/31/24 revealed the resident only had one shower documented on 07/29/24.</p> <p>Review of Resident #25's progress notes from 07/18/24 to 07/31/24 revealed no documentation of the resident refusing any care including showers.</p> <p>Interview with Resident #25 on 07/31/24 at 6:55 A.M., revealed he has not been receiving his showers per the schedule. Resident #25 stated he has not refused any bathing care provided to him, and he had requested to have showers on his shower days.</p> <p>Interview with the Director of Nursing (DON) on 07/31/24 at 11:50 A.M., verified Resident #25's task worksheet showed the resident received one shower from 07/18/24 to 07/31/24 and there was no documented evidence Resident #25 had refused any showers. The DON stated Resident #25 was scheduled to receive at least two showers weekly.</p> <p>Interview with STNA #148 on 07/31/24 at 12:05 P.M., revealed the STNAs were required to document all showers given and/or refused on the shower sheets and report any refusals to the nurse. STNA #148 also stated the STNAs were required to document the daily activities of daily living (ADL) care in the residents' electronic medical records.</p> <p>2) Review of the medical record for Resident #68, revealed the resident was admitted to the facility on [DATE]. Diagnoses included atrial fibrillation (A-fib), diabetes, obesity, and chronic obstructive pulmonary disease (COPD).</p> <p>Review of Resident #68's shower task worksheets from 07/01/24 to 07/31/24 revealed the resident only had one shower documented on 07/30/24. No other showers or refusals were documented in the records.</p> <p>Review of the comprehensive MDS assessment dated [DATE], revealed Resident #68 had intact cognition and required minimal assist for activities of daily living (ADLs).</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #68's care plans dated 07/08/24, revealed a focus for ADL decline and a need for assistance. Interventions included assisting the resident with ADLs as appropriate.</p> <p>Interview with the DON on 07/30/24 at 3:00 P.M., verified Resident #68's task worksheet showed the resident received one shower on 07/30/24 from 07/01/24 through 07/31/24. The DON stated there was no other documentation showing Resident #68 received any showers other than a refusal noted on the shower sheet dated 07/01/24. The DON stated STNAs were required to document the care given on the shower sheets, in the electronic medical record and then provide the sheets to the nurses.</p> <p>Interview with Resident #68 on 07/31/24 at 12:30 P.M., revealed the resident reported she has only received one shower on 07/30/24. Resident #68 stated she has not refused any bed baths or showers. Resident #68 stated she has requested her showers when they are scheduled.</p> <p>Review of the policy titled, Bathing Policy, dated 08/2021 revealed residents will have the option to choose the type of bathing they prefer and the time of preference.</p>

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>45751</p> <p>Based on record review, review of personnel files, and staff interview, the facility failed to ensure performance evaluations were completed for State tested Nursing Assistants (STNAs). This affected two (STNA #122 and STNA #230) of the four employees' files reviewed but had the potential to affect all residents. The facility census was 81.</p> <p>Findings include:</p> <p>Review of STNA #122's personnel file, revealed a hire date of 07/29/22. There was no documented evidence of a performance review being completed since being hired.</p> <p>Review of STNA #230's personnel file, revealed a hired date of 07/28/23. There was no documented evidence of a performance review being completed.</p> <p>Interview with the Administrator on 07/31/24 at 1:23 P.M., revealed the facility had no documented evidence that STNA #122 and STNA #230 had any performance evaluations completed.</p> <p>Interview with Human Resources (HR) #366 on 07/31/24 at 11:10 A.M., verified there was no documented evidence of any performance evaluations being completed for STNA #122 and STNA #230.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00155375.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>45751</p> <p>Based on observation, staff interview, and policy review, the facility failed to follow the prepared menu. This had the potential to affect all residents who received meals from the kitchen. The facility identified eight (#58, #59, #66, #72, #76, #77, #80, and #83) residents who did not receive meals from the kitchen. The facility census was 81.</p> <p>Findings include:</p> <p>Review of the prepared lunch menu for 07/30/24, revealed chicken Parmesan, cauliflower, garlic toast and tiramisu for dessert.</p> <p>Observation on 07/30/24 at 11:56 A.M., revealed the lunch trays for Unit One, with a test tray on an open cart left the kitchen. The last lunch tray was delivered to a resident at 12:46 P.M. and the test tray was removed. Observation of the resident's tray revealed mixed vegetables instead of cauliflower and there was no garlic bread or a substitute.</p> <p>Observation of the lunch test tray on 07/30/24 at 12:47 P.M., revealed the tray consisted of chicken parmesan, mixed vegetables and tiramisu for dessert. There was no garlic bread or substitute.</p> <p>Interview on 07/30/24 at 2:06 P.M. with Dietary Manager (DM) #140 verified she did not have any cauliflower and so she had to substitute the mixed vegetables. DM #140 verified she missed the garlic toast and did not substitute a bread.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00156101.</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>45751</p> <p>Based on review of mealtimes, staff and resident interviews, the facility failed to ensure no more than 14 hours elapsed between the evening meal and breakfast. This had the potential to affect all residents who receive food from the kitchen. The facility identified eight residents (#58, #59, #66, #72, #76, #77, #80, and #83) who did not receive meals from the kitchen. The facility census was 81.</p> <p>Findings include:</p> <p>Review the facility's mealtimes revealed the evening meal was served on Unit One at 4:50 P.M., Unit Two at 5:10 P.M., and the dining room at 5:30 P.M. Breakfast was served on Unit One at 7:50 A.M., Unit Two 8:10 A.M. and dining room at 8:30 P.M. There was 15 hours noted between the evening meal and breakfast.</p> <p>Interview with Dietary Manager (DM) #140 on 07/29/24 at 1:46 P.M, verified there were 15 hours between the evening meal and breakfast and there were no substantial snacks being offered.</p> <p>Interview with three Residents (#03, #05, and #68) on 08/01/24 at 9:11 A.M., revealed the time between supper and breakfast was too long. Residents (#03, #05 and #68) stated that the staff did not give out enough snacks and they regularly run out of snacks before they get to them. Resident #03 and #05 stated they did not get a snack last night.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00156101.</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>45751</p> <p>Based on staff interview, review of employee's personnel files, the facility failed to ensure State tested Nursing Assistants (STNAs) received at minimum, 12 hours of training to ensure continuing competence. This affected two (State tested Nursing Assistant [STNA] #230 and STNA #122) of the five employee's files reviewed. This had the potential to affect all residents residing in the facility. The facility census was 81.</p> <p>Findings include:</p> <p>Review of the STNA #230's personnel file, revealed a hire date of 07/26/23. There was no documented evidence STNA#230 received at minimum, 12 hours of training to ensure continuing competence.</p> <p>Review of STNA #122's personnel file, revealed a hire date of 07/29/22. There was no documented evidence STNA#230 received at minimum, 12 hours of training to ensure continuing competence.</p> <p>Interview with Human Resources (HR) #366 on 07/31/24 at 11:10 A.M. verified STNA #230 and STNA #122 and STNA had documented evidence they received at minimum, 12 hours of training to ensure continuing competence.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00155375.</p>		