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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365718 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/30/2024 |
| NAME OF PROVIDER OR SUPPLIER Arbors at Streetsboro | | STREET ADDRESS, CITY, STATE, ZIP CODE 1645 Maplewood Dr Streetsboro, OH 44241 | |

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45442</p> <p>Based on observation, interview, and medical record review the facility failed to ensure Resident #42 consistently received a divided plate with all meals as requested. The affected one (Resident #42) of three residents reviewed for resident preferences. The facility census was 63.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #42 revealed an admitted [DATE]. Diagnoses included but were not limited to Alzheimer's dementia, dysphagia, and failure to thrive. Review of the 03/28/24 Minimum Data Set assessment for Resident #42 revealed Resident #42 had mild cognitive impairment.</p> <p>Review of Resident #42's diet ticket revealed a preference of a divided plate with meals.</p> <p>Review of Resident #42's current care plans including the nutritional care plan dated 04/12/24 revealed no information related to the use of a divided plated or Resident #42's request to have all meals served on a divided plate.</p> <p>Observation on 04/23/24 at 12:39 P.M. revealed Resident #42's lunch meal was not served on a divided plate. Resident #42 confirmed she was not provided a divided plate as requested.</p> <p>Observation on 04/24/24 at 12:40 P.M. revealed Resident #42's lunch meal was not served on a divided plate. Resident #42 confirmed she did had not been provided a divided plate as requested.</p> <p>Interview on 04/24/24 at 1:35 P.M. with District Manger (DM) #265 confirmed Resident #42's meal ticket had a preference of a divided plate. DM #265 said Resident #42 shared her preference for a divided plate and the information was placed on her diet ticket. DM #265 explained Resident #32 wanted a divided plate because she did not want different food types touching.</p> <p>Interview on 04/25/24 at 7:52 A.M. with Resident #42 revealed she was not always provided with a divided plate.</p> <p>Review of the 07/31/20 revised facility policy called Resident Food Preferences revealed the resident's clinical record would document the resident's like and dislikes and special dietary instructions .</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>This deficiency represents non-compliance investigated under Complaint Number OH00152644.</p> | | |

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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>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42733</p> <p>Based on observation, interview and record review the facility failed to ensure care planned and physician ordered protective barrier cream was applied after incontinence care. This affected two (#43 and #53) of three residents observed for incontinence care. The facility census was 63.</p> <p>Findings include:</p> <p>1. Review of Resident #43's medical records revealed an admitted [DATE]. Diagnoses included abdominal wall wound, muscle weakness and need for personal care assistance.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #43 had intact cognition. The functional status and skin assessment portion of the assessment was still in progress.</p> <p>Review of care plan dated 04/18/24 revealed Resident #43 required assistance of one staff with toileting.</p> <p>Review of skin assessment dated [DATE] revealed Resident #43 had a stage two pressure ulcer (open wound that breaks through the top layer of skin) to the right buttock.</p> <p>Review of physician orders for April 2024 revealed an order to apply zinc oxide cream to right buttock after incontinence care and as needed.</p> <p>Interview on 04/23/24 at 11:10 A.M. with Resident #43 revealed her peri area was irritated and she also had a wound to her buttocks. Resident #43 stated staff had not been putting cream on her peri area or buttocks. At time of interview State tested Nursing Assistants (STNAs) #205 and #209 entered to provide care. Observation revealed Resident #43 was not wearing an incontinence brief and there was no zinc oxide cream to her peri area or buttocks. At time of observation STNA #205 stated Resident #43 refused to wear a brief or have the zinc oxide applied. Resident #43 stated I have never refused anything.</p> <p>2. Review of Resident #53's medical records revealed an admitted [DATE] and a readmitted [DATE].</p> <p>Review of the MDS assessment dated [DATE] revealed Resident #53 had intact cognition and was incontinent of bowel and bladder.</p> <p>Review of progress note dated 04/01/24 revealed Resident #53's front and back peri area was raw and painful. The note further indicated staff to clean Resident #53 every two hours and apply Calmoseptine (barrier cream) with every change.</p> <p>Review of Resident #53's care plan dated 04/19/24 revealed Resident #53 was incontinent of bowel and bladder. Interventions included provide incontinence care and apply barrier cream after care.</p> <p>Review of hospital paperwork dated 04/19/24 revealed Resident #53 was ordered zinc oxide cream to peri area.</p> <p>(continued on next page)</p> | | |

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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>Review of physician orders dated 04/24/24 revealed to apply zinc oxide to affected area daily and as needed.</p> <p>Interview on 04/25/24 at 1:41 P.M. with Resident #53 revealed her peri area was painful and irritated. Observation of incontinence care on 04/25/24 at 2:04 P.M. with Licensed Practical Nurse (LPN) #225 revealed Resident #53's peri area was reddened and painful and had no signs of zinc oxide cream or any barrier cream. At time of observation STNA #249 knocked on Resident #53's door to provide a gown to LPN #225. LPN #225 asked STNA #249 if she had applied barrier cream to Resident #53 and STNA #249 stated she had not. LPN #225 stated Resident #53 should have barrier cream applied after each incontinence episode.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152644.</p> <p>This deficiency is an example of continued noncompliance from the survey dated 03/13/24.</p> | | |

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| <p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45442</p> <p>Based on interview and record review, the facility failed to provide dental services as requested. The affected one (Resident #42) of three residents reviewed for dental services. The facility census was 63.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #42 revealed an admitted [DATE]. Diagnoses included but were not limited to Alzheimer's dementia, dysphagia, failure to thrive.</p> <p>Review of the nursing progress note dated 04/01/24 revealed Resident #42 had weight loss and the Nurse Practitioner and Resident #42's brother were notified. Resident #42's brother requested a dental consult.</p> <p>Review of the physician orders dated 04/02/24 for Resident #42 revealed a dental consult due to improper fitting dentures.</p> <p>Interview on 04/24/24 at 12:54 P.M. with the Registered Dietitian revealed she was not aware of any dental concerns related to Resident #42.</p> <p>Interview on 04/24/24 at 2:18 P.M. with Social Worker (SW) #223 revealed Resident #42 was last seen by the dentist on 01/05/24. SW #223 was not aware of any dental concerns and confirmed Resident #42 was not seen when the dentist was at the facility on 04/16/24.</p> <p>Interview on 04/25/24 at 7:52 A.M. with Resident #42 revealed she thought she had weight loss and had asked to see the dentist because her dentures were not fitting comfortably.</p> <p>Interview on 04/29/24 at 8:35 A.M. with the Director Nursing (DON) confirmed Resident #42 had an order for a dental consultation but was not seen on 04/16/24 when the dentist was at the facility.</p> <p>Review of the 10/30/23 revised facility policy Dental Services revealed the facility would promptly refer residents with lost or damaged dental for dental services.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152644.</p> | | |