STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365732	A. Building B. Wing	10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Austintown Healthcare Center	650 S Meridian Road Youngstown, OH 44509

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44461 Based on record review and interview the facility failed to ensure showers were completed as scheduled and preferred for Resident #7, #8, #36 and #42 who required staff assistance for showers. This affected four Residents (Residents #7, #8, #36, and #42) out of four residents reviewed for showers. The facility census was 83. Findings include: 1. Review of Resident #7's medical record revealed an admitted [DATE]. Medical diagnoses include hemiplegia and hemiparesis following cerebrovascular disease affecting left non-dominant side, repeated falls, epilepsy, and muscle weakness. Review of Resident #7's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident had intact cognition and was dependent on staff for toileting hygiene and showers. Review of Resident #7's care plan dated 10/10/24 revealed they were to have a shower every Tuesday, Thursday and Saturday. Review of Resident #7's shower documentation dated 09/19/24 to 10/12/24 revealed the resident did not receive their shower on 09/21/24, 09/26/24, 10/01/24, 10/08/24, and 10/10/24. 2. Review of Resident #8's medical record revealed an admitted [DATE]. Medical diagnoses included necrotizing fasciitis, stage four pressure ulcer to sacral region, type two diabetes mellitus, morbid obesity, hypertension, and lack of coordination. Review of Resident #8's quarterly MDS 3.0 assessment dated [DATE] revealed the resident had intact cognition and was dependent on staff for toileting hygiene and required partial to moderate assistance for showers. Review of Resident #8's care plan dated 09/19/24 revealed the resident was to have a shower on Tuesday, Thursday, and Saturday. Review of Resident #8's shower documentation dated from 09/17/24 to 10/12/24 revealed the resident did not receive their shower on 09/21/24, 09/24/24, 10/01/24, 10/08/24, 10/10/24, and 10/12/24. (continued on next page)

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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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Review of Resident #36's medical record revealed an admitted [DATE]. Medical diagnoses included neuroleptic induced parkinsonism, schizoaffective disorder, anxiety disorder, pressure ulcer of right hip, viral hepatitis C, and hypertension. Review of Resident #36's end of skilled stay MDS 3.0 assessment dated [DATE] revealed the resident had slightly impaired cognition and required substantial to maximal assistance for toileting hygiene, personal hygiene, and showers. Review of Resident #36's care plan dated 08/30/24 revealed the resident was to receive showers on Tuesday, Thursday, and Saturday. Review of Resident #36's shower documentation dated 09/16/24 to 10/15/24 revealed the resident did not receive showers on 09/17/24, 09/19/24, 09/21/24, 09/24/24, 09/26/24, 09/29/24, 10/03/24, 10/12/24, and 10/15/24. 4. Review of Resident #42's medical record revealed an admitted [DATE]. Medical diagnoses included necrotizing fasciitis, encephalopathy, altered mental status, sepsis, alcohol abuse, hypertension, need for assistance with personal care, and anxiety disorder. Review of Resident #42's Medicare Five Day MDS 3.0 assessment dated [DATE] revealed the resident had slightly impaired cognition and required substantial to maximal assistance with toileting hygiene, personal hygiene, and showers. Review of Resident #42's care plan dated 07/22/24 revealed the resident was to have showers on Monday, Wednesday, and Friday. Review of Resident #42's shower documentation dated 09/09/24 to 10/14/24 revealed the resident did not receive a shower on 09/13/24, 09/20/24, and 10/04/24. Interviews conducted on 10/15/24 from 11:15 A.M. to 4:30 P.M. with Registered Nurse (RN) #800, RN #801, RN #802, Licensed Practical Nurse (LPN) #803, LPN #804, and State tested Nursing Assistant (STNA) #805 and STNA #806 revealed showers were done most of the time, but some are not and that Resident #7, #8, #36 and #42 did not always receive showers as scheduled and preferred. There was no reason as to why the showers were not done when asked. Interviews conducted on 10/15/24 from 11:25 A.M. to 4:40 P.M. with Residents #7, #8, #36, #40, #41, #42, and #50 revealed they did not always get their showers as scheduled or per their preference. This deficiency represents non-compliance identified during the investigation of Complaint Number OH00157322.

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44461 Based on observation, record review, review of facility policy, and interview the facility failed to ensure Enhanced Barrier Precautions (EBP) were followed for Resident #8. This affected one resident (Resident #8) out of four residents reviewed for infection control. The facility census was 83. Findings include: Review of medical record for Resident #8 revealed an admitted [DATE]. Medical diagnoses included necrotizing fasciitis, pressure ulcer of the sacral region stage four, type two diabetes mellitus, morbid obesity, hypertension, and neuromuscular dysfunction of the bladder. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #8 had intact cognition, required set up or clean up assistance with oral hygiene, was independent with eating, was dependent on staff for toileting hygiene, and required partial to moderate assistance for showers, dressing, personal hygiene, and bed mobility. Review of Resident #8's physician orders dated October 2024 revealed the resident was in Enhanced Barrier Precautions related to wound and ostomy. Observation made on 10/15/24 at 11:00 A.M. of wound care for Resident #8 performed by Registered Nurse (RN) #800 and RN #801 revealed wound care was completed per physician orders. Resident #8 was in Enhanced Barrier Precautions (EBP) with appropriate signage and Personal Protective Equipment (PPE) supplied, however RN #800 and RN #801 did not wear the supplied PPE including gowns while performing care. Interview on 10/15/24 at 11:15 A.M. with RN #800 and RN #801 revealed they confirmed Resident #8 was in EBP and they should have worn PPE during wound care including gowns. Review of the undated facility policy titled Enhanced Barrier Precautions revealed enhanced barrier precautions refer to an infection control intervention designed to reduce transmission of Multi Drug Resistant Organisms (MDRO) that employs hand hygiene, targeted gown and glove use, during high contact resident care activities that include; Dressing, Bathing/Showering, Transferring, Providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, central line, urinary catheter, feeding tube, tracheostomy/ventilator, wound care, any skin opening requiring a dressing. This deficiency represents non-compliance as an incidental finding during investigation of Complaint Number OH00157322.