

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365737	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2024
NAME OF PROVIDER OR SUPPLIER Heatherdowns Rehab & Residential Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 Cass Rd Toledo, OH 43614	

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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15816</p> <p>Based on medical record review, staff interview and home health agency interview, the facility failed to ensure adequate preparation and coordination of services prior to Resident #1's discharge to home. This affected one resident (#1) of three residents reviewed for discharge. The facility census was 81.</p> <p>Findings include:</p> <p>Resident #1 admitted to the facility on [DATE] with diagnoses including cellulitis left lower limb, type II diabetes mellitus with diabetic neuropathy, embolism and thrombosis to arteries of lower extremities, non-pressure chronic ulcer of left heel and midfoot, non-pressure chronic ulcer left ankle, arteriosclerosis left leg with ulceration of left foot, unstageable pressure ulcer sacral region, major depressive disorder, right below knee amputation, phantom limb syndrome with pain, hemiplegia and hemiparesis following cerebrovascular disease, cerebral infarction, chronic obstructive pulmonary disease, hypertension, and heart failure.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 08/24/24, revealed Resident #1 was cognitively intact, required partial to moderate assistance with activities of daily living (ADLs), required substantial to maximal assistance with transfers, was incontinent of bowel and bladder and was assessed with five diabetic foot ulcers.</p> <p>Review of the plan of care initiated on 07/29/24 revealed discharge planning was initiated for Resident #1 with an undetermined discharge plan to return home versus long-term care. Interventions included the following: resident will be discharged to a safe environment of his/her choice; allow resident choices regarding routine care and dressing; assess residents understanding and ability in safety during transfers, mobility and ADLs; contact physician to notify of planned discharge and obtain discharge orders.</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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the physician discharge orders dated 10/09/24 revealed the following: negative pressure wound therapy: if unable to continue negative pressure wound therapy, discontinue treatment, notify physician and remove dressing; apply wet to dry dressing until negative pressure wound therapy unit is restored to operational capabilities or new dressing order can be obtained; wound vacuum (vac): dressing change three times per week on Tuesday, Thursday and Saturday; cleanse left heel with vashe wound solution, pat dry, apply skin prep to peri-wound, cut black granufoam (a negative pressure wound therapy dressing) to size and gently place in wound bed, attach wound vac at wound site and cover with transparent dressing wrap with kerlix. No hissing should be heard when wound vac is initiated. Negative pressure wound therapy: set at (negative pressure setting) 75 millimeters of mercury (mmHg) of continuous negative pressure therapy to left heel. Additional order for left toe wounds included change dressing daily, clean with wound wash, pack with xeroform (petrolatum-based gauze dressing), cover with four by four gauze and abdominal (abd) pad and wrap with kerlix and ace wrap in the morning for wound care.</p> <p>Review of discharge summary documentation, dated 10/11/24, revealed a planned discharge to home. The summary indicated home health services (HHS) were to be arranged for physical therapy, occupational therapy and nursing and durable medical equipment (DME) included a wound vac to be ordered. Further review revealed no instructions or supplies related to wound care treatments were provided and see physician's orders was referenced related to treatments. Additional review of the medical record revealed no evidence the home health agency was notified of Resident #1's discharge on 10/11/24.</p> <p>A telephone interview on 11/19/24 at 11:50 A.M. with Team Leader Registered Nurse (TLRN) #44 with the home health agency revealed Resident #1 was not contacted for an initial visit following discharge from the facility until 10/16/24 at 2:50 P.M. TLRN #44 stated Resident #1 was required to have a physician evaluation by his community primary care physician (PCP) before being evaluated by the home health agency. The PCP visit did not occur until 10/15/24 and Resident #1 was observed without the wound vac in place and wet to dry wound treatments were subsequently continued to the residents heel wound.</p> <p>Interview on 11/19/24 at 12:05 P.M. with the Director of Nursing (DON) confirmed Resident #1 was discharged from the facility to home on 10/11/24 and no education or supplies were provided to the resident or representative to complete required wound dressing changes to the left lower extremity at the time of discharge. The DON also verified the facility had no evidence the home health agency was notified Resident #1 discharged home at the time of discharge.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00159151 and Complaint Number OH00159099.</p>		