

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365743	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2024
NAME OF PROVIDER OR SUPPLIER Wright Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 829 Yellow Springs - Fairfield Rd Fairborn, OH 45324	

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 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** 50007</p> <p>Based on medical record review, interview, and policy review, the facility failed to follow physician orders for wound care dressing. This affected one (Resident #85) of three residents reviewed for wound care. The facility census was 83.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #85 was admitted to the facility on [DATE] and was discharged on [DATE] . Diagnoses included unspecified fracture of the left lower leg, essential hypertension, atherosclerotic heart disease of native coronary artery without angina pectoris, hypothyroidism, hyperlipidemia, other heart failure, hypokalemia, generalized anxiety disorder, type II diabetes, and insomnia.</p> <p>Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident was cognitively intact, had no behaviors, did not reject care, and did not wander. Resident #85 was at risk for skin breakdown.</p> <p>Review of the medical record revealed a physician's order dated 07/26/24 for ace wraps to stay on bilateral lower extremities until surgery follow up appointment on 08/08/24 at 8:15 A.M.</p> <p>Review of the nurse's note dated 08/01/24 revealed a late entry indicating a Sate tested Nursing Assistant (STNA) called the Assistant Director of Nursing (ADON) into the shower room to ask her if she could help remove the xeroform that was stuck to the resident's left ankle. ADON asked STNA who said the boots and ace wraps could be removed as per the surgeon they were to stay in place at all times until follow up. STNA stated the nurse told her that they could come off for the resident's shower. ADON educated staff that boots and ace wraps are to stay on at all times until follow up with surgeon. Areas wrapped with same treatments as before they were removed, and notified the physician's office of removal and received no new orders.</p> <p>During an interview on 09/03/24 at 4:08 P.M. Assistant Director of Nursing (ADON) #154 verified Resident #85 had surgical wounds and the ace wraps were removed on 08/01/24 by an STNA to give the resident a shower, against physician orders.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00156618.</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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