

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365780	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/26/2024
NAME OF PROVIDER OR SUPPLIER  Legacy Marietta		STREET ADDRESS, CITY, STATE, ZIP CODE  5001 State Route 60 Marietta, OH 45750	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>19571</p> <p>Based on observation and staff interviews, the facility failed to maintain a clean and safe environment for the residents residing in the facility. This affected 25 of 53 residents (#1, #2, #3, #4, #5, #6, #7, #8 #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52 and #53) residing in the facility and two of three shower rooms (100 and 400 hall). The census in the facility was 53.</p> <p>Findings include:</p> <p>An observation on 11/20/24 at 3:07 P.M. revealed a black substance on the grout of the shower floor and between the floor and the wall of the shower in the 100-hall shower room. Further observation of the 100-hall shower room revealed a musty, stale, earthy odor similar to the odor associated with mold or mildew.</p> <p>An observation on 11/20/24 at 3:10 P.M. revealed a musty, rotten egg-like odor similar to sewage in the shower room on the 400-hall.</p> <p>Interview on 11/20/24 at 3:45 P.M. with the Director of Nursing (DON) verified the black substance on the grout of the shower floor and between floor and wall of shower and the musty, stale, earthy odor similar to the odor associated with mold or mildew in the 100-hall shower room. The DON also verified the musty, rotten egg-like odor similar to sewage in shower room on the 400-hall.</p> <p>Observation on 11/21/24 at 10:00 A.M. of the 100-hall and 400-hall shower rooms with the DON revealed missing grout and cracked tile on the floor of the 100-hall shower room and broken tile on the floor of the 400-hall shower room. The DON verified the missing grout and cracked and broken tile at the time of the observation.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159474.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19571</p> <p>Based on observation, staff interviews and medical record review, the facility failed to implement interventions to prevent falls as per the plan of care. This affected two of three residents (#29 and #35) reviewed for falls. The facility census was 53.</p> <p>Findings include:</p> <p>1. Review of Resident #35's medical record revealed an admitted [DATE] and diagnoses including atrial fibrillation, anemia, chronic obstructive pulmonary disease, and hypertension. Review of Resident #35's fall assessments for the previous month revealed the resident had fallen on 10/25/24, 10/26/24 and 11/11/24.</p> <p>Review of Resident #35's care plan revealed the following fall prevention interventions were to be in place for the resident: On 08/26/24 encourage the resident to wear non-skid socks at all times, 09/11/24 a perimeter (concave) mattress to the resident's bed to allow the resident to define the edges of the bed, 09/18/24 a fall mat to the floor on the right side of bed, 09/18/24 a low bed, 09/18/24 the resident to be up in his wheelchair when restless, 09/30/24 dycem (a thin non-slip, rubber-like material used to help prevent slipping from the wheelchair) to be placed on top of the wheelchair cushion, and 11/21/24 anti-rollbacks (a device to prevent the wheelchair from rolling backward while the resident transfers into or out of the chair) to the wheelchair.</p> <p>Observation on 11/24/24 at 8:00 A.M. revealed Resident #35's wheelchair did not have the care planned intervention of anti-rollbacks applied to the chair.</p> <p>Interview on 11/24/24 at 8:00 A.M. Certified Nursing Assistant (CNA) #172 verified that anti- rollbacks were not present on Resident #35's wheelchair.</p> <p>2. Review of Resident #29's medical record revealed an admitted [DATE] and diagnoses including a fracture of the lumbar vertebrae, moderate protein calorie malnutrition, chronic obstructive pulmonary disease and manic episode with psychotic symptoms. Review of Resident #29's fall assessments for the past month revealed the resident had fallen on 10/25/24, 10/26/24, 11/11/24, and 11/16/24.</p> <p>Review of Resident #29's orders and care plan revealed the following fall prevention interventions were to be in place for the resident: On 10/03/24 offer the resident assistance with toileting in advance of need, 10/14/24 encourage the resident to wear non-skid footwear at all times, 10/16/24 leave the resident's bathroom light on at all times for a night light, 10/23/24 place the resident's bed against the wall, 10/26/24 remind the resident often to ask for assistance to transfer, 10/26/24 remind the resident to use the wheelchair brakes when up in the wheelchair, 10/28/24 anti-rollbacks to the resident's wheelchair, 10/28/24 dycem to the resident's wheelchair seat.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 11/24/24 at 10:30 A.M. revealed Resident #29 resting in his bed with his feet bare and his wheelchair pulled up to the side of the bed. Observation of Resident #29's wheelchair revealed the care planned fall prevention intervention of dycem was not present in the wheelchair. Further observation of Resident 29's wheelchair revealed the care planned fall prevention intervention of anti-rollbacks were not present on the wheelchair. Observation of Resident #29's bathroom revealed the light was not on as care planned to provide a night light.</p> <p>Interview on 11/24/24 at 10:30 A.M. Registered Nurse (RN) #122 verified Resident #29 did not have non-skid footwear on, dycem was not present in the wheelchair seat, anti-rollbacks were not on the wheelchair and the bathroom light was not turned on.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159474.</p>		