

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365786	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Villa Georgetown Rehabilitation and Healthcare Cen		STREET ADDRESS, CITY, STATE, ZIP CODE 8065 Dr Faul Road Georgetown, OH 45121	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31404</p> <p>Based on medical record review and staff interview the facility failed to ensure resident Pre-Admission Screening and Resident Review (PASARR) documents were accurate regarding resident current conditions and diagnoses. This affected two (Residents #2 and #45) of three residents reviewed for PASARR documents. The facility census was 73 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #2 revealed an admitted [DATE] with diagnoses including psychotic disorder with delusions, dementia without behaviors, major depressive disorder, and hypertension.</p> <p>Review of the PASARR for Resident #2 dated 10/17/11 revealed it did not include the diagnosis of psychotic disorder recorded on the document.</p> <p>Review of the annual Minimum Data Set (MDS) assessment for Resident #2 dated 06/04/24 revealed the resident was severely cognitively impaired, used a wheelchair to aid in mobility, and was always incontinent of bowel and bladder.</p> <p>Interview on 06/27/24 at 10:25 A.M with Director of Business Development (DOB) #142 confirmed Resident #2's PASARR did not include the resident's admitting diagnosis of psychotic disorder was not included and the PASARR needed to be updated.</p> <p>2. Review of the medical record for Resident #45 revealed an admitted [DATE] with diagnoses including cerebral infarction due to unspecified occlusion, type two diabetes mellitus with hyperglycemia, schizoaffective disorder bipolar type (added 11/11/22), dementia without behaviors, senile degeneration of brain, and anxiety disorder (added 01/19/21).</p> <p>Review of the PASARR for Resident #45 dated 01/24/22 revealed it did not include the diagnoses of schizoaffective disorder or anxiety disorder.</p> <p>Review of the quarterly MDS assessment for Resident #45 dated 04/01/24 revealed the resident was cognitively intact, used a wheelchair and walker to aid in mobility, and was frequently incontinent of bladder and always continent of bowel.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365786	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Villa Georgetown Rehabilitation and Healthcare Cen		STREET ADDRESS, CITY, STATE, ZIP CODE 8065 Dr Faul Road Georgetown, OH 45121	

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 06/27/24 at 10:25 A.M with DOB #142 confirmed Resident #2's PASARR did not include the resident's diagnoses of schizoaffective disorder, and anxiety disorder and needed to be updated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365786	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Villa Georgetown Rehabilitation and Healthcare Cen		STREET ADDRESS, CITY, STATE, ZIP CODE 8065 Dr Faul Road Georgetown, OH 45121	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42728</p> <p>Based on medical record review, observation, interviews, and staff interview. the facility failed to ensure care and services were implemented to prevent worsening of contractures. This affected one (Resident #53) of four facility-identified residents with contractures. The facility census was 73 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #53 revealed an admitted [DATE] with diagnoses including hemiplegia, dysarthria, and respiratory failure.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment for Resident #53 dated 05/13/24 revealed the resident had mildly impaired cognition and had functional limitation in range of motion to one side of the upper extremities.</p> <p>Review of the active care plans for Resident #53 revealed there was no plan of care developed for contractures or splint/orthotic use.</p> <p>Review of the active physician's orders for Resident #53 revealed there were no orders for the application or removal of splints/orthotics.</p> <p>Review of the occupational therapy (OT) discharge summary for Resident #53 dated 05/02/24 revealed the discharge recommendations included the resident should use a right resting hand orthotic as tolerated.</p> <p>Observations on 06/24/24 at 1:17 P.M. and on 06/26/24 at 9:00 A.M. revealed Resident #53's right hand was contracted and there was no splint or other orthotic device in place.</p> <p>Interview on 06/27/24 at 10:40 A.M. with the Director of Nursing (DON) confirmed Resident #53's right hand was contracted and there had no physician orders or care plan initiated regarding the use of a right resting hand orthotic for the resident as recommended per OT.</p>		