

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365813	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Hawthorn Glen Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5414 Hankins Road Middletown, OH 45044	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34291</p> <p>Based on medical record review, staff interview, and policy review, the facility failed to ensure fall interventions were implemented to address the root cause of resident's falls. This affected one (#7) of three residents reviewed for falls. The census was 57.</p> <p>Findings included:</p> <p>Medical record review for Resident #7 revealed an admitted [DATE]. Diagnoses included stroke, aphasic, non-Alzheimer's dementia, hemiplegia, and seizure disorder.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #7 was rarely or never understood. His functional status was a setup or clean-up assistance for eating, partial/moderate assistance for toileting and transfers, and the resident was independent for bed mobility.</p> <p>Review of the care plan updated 07/01/24 for Resident #7 revealed an intervention dated 05/23/23 to review information on past falls and attempt to determine the root cause of the falls.</p> <p>Review of an unwitnessed fall note on 07/25/24 at 5:46 A.M. revealed Resident #7 was attempting to self-toilet at the time of the fall. The note revealed the reason for the fall was evident. A new intervention was implemented to encourage the resident to change positions slowly.</p> <p>Review of an unwitnessed post fall note on 07/26/24 at 3:41 P.M. revealed Resident #7 was found in his room with feces around him on the floor and no non-skid socks on. The new intervention was to wear non-skid socks in the room and initiate neurological checks.</p> <p>Review of an unwitnessed fall note dated 07/31/24 at 7:00 A.M. revealed a fall occurred in the bathroom. Resident #7 was attempting to self-toilet in bare feet at time of the fall. The resident could not communicate what happened but pointed at the toilet. The resident was re-educated on the use of his call light for assistance, provided a non-skid sock, and staff transferred him to his recliner.</p> <p>Interview with the Assistant Director of Nursing (ADON) on 08/13/24 at 1:30 P.M. confirmed the fall interventions implemented for Resident #7's falls on 07/25/24, 07/26/24, and 0731/24 did not address the root cause of the resident's falls involving the resident attempting to self-toilet.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the policy titled, Falls Policy, dated 02/01/22, revealed it is the policy of the facility to identify residents at risk of falls and to implement a fall prevention approach to reduce the risk of falls and possible injury.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00155954.</p>		