

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2024
NAME OF PROVIDER OR SUPPLIER  Kenton Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  117 Jacob Parrott Boulevard Kenton, OH 43326	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44076</b></p> <p>Based on observations, staff and resident interviews and policy review the facility failed to ensure the facility environment temperatures were maintained at a comfortable level. This had the potential to affect 24 (#113, #68, #109, #18, #83, #58, #25, #17, #39, #80, #96, #50, #27, #48, #33, #42, #63, #12, #89, #93, #61, #21, #86 and #91) residents residing on the 300 hall. The census was 106</p> <p>Findings include:</p> <p>Observation and interview on 06/17/24 at 12:06 P.M. with Resident #12 revealed the resident stated her room was too be hot and stuffy. The lighted clock on her wall revealed a temperature reading of 86 degrees Fahrenheit (F).</p> <p>Observations and interview on 06/17/24 at 12:12 revealed the Administrator had taken an infrared temperature in the 300 hall which was 80.4 degrees F and the temperature in Resident #12's room was between 84 degrees F to 86 degrees F. The Administrator confirmed the air conditioning unit had been out for sometime, but stated the facility was scheduled to get a new roof tip air conditioning unit the next day. The Administrator verified the temperature was elevated in the hall and pointed to two portable air conditioning units which were placed on each side of the hallway. The Administrator stated the air conditioning unit had not been functioning for greater then one year.</p> <p>Interview on 06/17/24 at 12:54 P.M. with Maintenance Supervisor #106 revealed the left side of the air conditioning condenser unit had been out for two years.</p> <p>Interview and observation on 06/17/24 at 2:38 P.M. with Resident #17 revealed the room was hot and stuffy. Resident #17 stated his room had been hot all day and he had asked maintenance for a fan earlier in the day, but no one brought one in for him.</p> <p>Interview and observations on 06/17/24 at 2:46 P.M. with Maintenance Staff #124 revealed he was unaware Resident #17 had requested a fan. He agreed to use the infrared temperature readings for intermittent rooms on the 300 hall. Maintenance Staff #124 pointed the infrared thermometer at chair level into the rooms to obtain the temperatures. room [ROOM NUMBER] was 86 degrees F, room [ROOM NUMBER] was 86.9 degrees F, room [ROOM NUMBER] was 82 degrees F, room [ROOM NUMBER] was 86.7 degrees F, room [ROOM NUMBER] was 82.2 degrees F, room [ROOM NUMBER] was 83.7 degrees F, room [ROOM NUMBER] was 79.2 degrees F and room [ROOM NUMBER] was 82.9 degrees F.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 06/17/24 at 3:12 P.M. with the Administrator and Director of Nursing (DON) revealed they were unaware any resident had requested a fan and were unsure of which residents had fans in their rooms. They did state they had staff offering cool wash cloths, ice water and Gatorade.</p> <p>Interview on 06/18/24 at 9:12 A.M. with the Administrator revealed the air conditioner contractors were at the facility to repair the air conditioner. The Administrator supplied the requested square footage coverage for the two portable units previously placed on the 300 hall. Portable air conditioner number one was 13,000 British Thermal Units (BTU) with a 650 square (sq) foot (ft) coverage and the second unit was 10,000 BTU with a 500 sq. ft. coverage. The Administrator confirmed the 300 hall was 6,144 sq. ft so the portable air conditioning units were not enough to cool the unit. The facility confirmed there are 24 (#113, #68, #109, #18, #83, #58, #25, #17, #39, #80, #96, #50, #27, #48, #33, #42, #63, #12, #89, #93, #61, #21, #86 and #91) residents residing on the 300 hall that could potentially be affected.</p> <p>Review of the undated policy, Room Temperatures revealed the room temperatures were to be between 71 degrees F and 81 degrees F.</p> <p>This deficiency is based on incidental findings discovered during the course of this complaint investigation.</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44076</b></p> <p>Based on record review, observations and staff interview, the facility failed to ensure dietary orders were followed. This affected one (#16) of three residents reviewed for dietary preferences. The facility census was 106.</p> <p>Findings include:</p> <p>Review of medical record for Resident #16 revealed admitted [DATE]. The resident was admitted with diagnoses including arthritis, Congestive Heart Failure, and depression. The resident remained in the facility.</p> <p>The quarterly Minimum Data Set (MDS) dated [DATE] revealed she/he had a Brief Interview Mental Status (BIMS) score of 15 indicating intact cognition. He required set up assistance for eating, moderate assistance for toileting hygiene, bed mobility and was dependent for transfers.</p> <p>Review of the physician orders revealed a diet order for a Controlled Carb diet, Regular texture, Regular consistency with double protein with a start date of 09/13/23.</p> <p>Observation on 06/18/24 at 12:20 P.M. of the meal ticket for Resident #16 revealed the meal should be double protein. Observation of his lunch tray revealed the ravioli was not double portioned.</p> <p>Interview and observation on 06/18/24 at 12:25 P.M. with Regional Dietary Manager #113 verified Resident #16's lunch meal did not match the ticket.</p> <p>This deficiency represents non-compliance investigated under Complaint Numbers OH00154512 and OH00154409.</p>