Printed: 08/28/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365885	A. Building B. Wing	06/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Concord Care and Rehabilitation Center	620 W Strub Rd Sandusky, OH 44870

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38523 Based on observation, resident and staff interview, medical record review, and review of a facility policy, the facility failed to provide residents with appropriate supervision while smoking and failed to maintain smoking materials in a safe manner. This affected six (#11, #17, #23, #24, #26, and #37) of 16 residents reviewed for smoking. The census was 41. Findings include: Observation on 05/29/24 at 9:11 A.M. revealed Resident #11 was standing outside in the smoking area by herself smoking unsupervised. Observation on 05/29/24 at 9:22 A.M. revealed Resident #37 had a pack of cigarettes laying on his bed. Resident #37 was resting with his eyes closed while sitting in his custom electric wheelchair beside his bed. Interview with State tested Nurse Aide (STNA) #130 on 05/29/24 at 9:22 A.M. verified Resident #11 was outside smoking unsupervised and Resident #37 had a pack of cigarettes laying on his bed. Interview with Licensed Practical Nurse (LPN) #125 on 05/29/24 at 9:25 A.M. revealed activities staff was supposed to lock cigarettes and lighters up and dispense them to residents at smoke breaks. Observation on 05/29/24 at 11:00 A.M. outside in the smoking area revealed Resident #26, Resident #23, and Resident #37 were smoking unsupervised. Interview with Resident #23 during the observation stated Activity Aid (AA) #154 let the residents out to smoke and left the area. Interview on 05/29/24 at 11:09 with Resident #37 stated he always kept his cigarettes on him and the residents are usually not supervised while smoking. Continued observation at 11:16 A.M. revealed no staff members were in the smoking area or near the door to the smoking area. No residents were wearing smoking aprons. Resident #24 came out to the smoking area, reached into his hoodie pocket, pulled out his cigarettes and lighter, and began smoking. Interview with Resident #24 during the observation stated he rolled his own cigarettes and kept them in his possession. Observation on 05/29/24 at 11:30 A.M. revealed AA #154 and STNA #138 came out to the smoking area at 11:30 A.M. and asked if anyone wanted to go in and have lunch since a code was needed to get in and out of the smoking area. Interview with the AA #154 on 05/29/24 at 11:32 A.M. verified he left the residents who were smoking unsupervised on 05/29/24 at 11:00 A.M. to go and get a key. (continued on next page)

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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NAME OF PROVIDER OR SUPPLIER Concord Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 620 W Strub Rd Sandusky, OH 44870	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 05/30/24 at 9:00 A.M. revealed Resident #11, Resident #17, Resident #23, and Resident #37 were outside smoking with no supervision and Resident #37 was not wearing a smoking apron. Interview with the Quality Assurance Manager (QAM) on 05/30/24 at 9:08 A.M. verified no resident prior to 9:08 A.M. outside smoking was supervised. The QAM also verified Resident #37 did not have on a smoking apron while smoking. Review of the most current smoking assessments for Resident #11, Resident #17, Resident #23, Resident #24, Resident #26, and Resident #37 revealed each resident was to be supervised when smoking at the posted smoking times only. Resident #37's smoking assessment dated [DATE] revealed the resident could smoking while supervised and wearing a smoking apron. Review of Resident #37's current care plan revealed the resident was a current smoker who required supervision and a smoking apron to be worn every time to provide safety from burning his clothing and/or himself. Review of the undated smoking policy revealed all smoking articles (cigarettes, e-cigarettes, cigars, lighters, and lighter fluid) will be stored in a designated locked area and are supervised by the nursing staff. No resident may have any smoking articles in their room or on their person. All smokers will be supervised at all times by a designated staff member. Staff member will pass out the cigarettes and will light each cigarette. This deficiency represents non-compliance investigated under Complaint Number OH00153750.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38523 Based on observation, medical record review, staff interview, and policy review, the facility failed to administer medications as ordered by the physician. A total of two medication errors were identified out of 30 opportunities for a medication error rate of 6.67 percent (%). This affected one (#33) of four residents observed for medication administration. The census was 41. Findings include: Review of Resident #33's medical record revealed the resident was admitted on [DATE] with diagnoses including diabetes mellitus type II, hypertension, and seizures. Review of Resident #33's current physician orders revealed the resident was to received a multivitamin with minerals to give one tablet by mouth once daily for supplement and the combined blood pressure medication valsartan-hydrochlorothiazide 160 milligrams (mg) - 25 mg tablet by mouth once daily with instructions to hold if the resident's systolic blood pressure was less than 110 millimeters of mercury (mmHg). Observation of medication administration for Resident #33 on 05/29/24 at 5:20 A.M. revealed Licensed Practical Nurse (LPN) #146 administered the resident a multivitamin tablet and administered the valsartan-hydrochlorothiazide 160 mg -25 mg after obtaining a blood pressure reading of 97/64 mmHg. The resident took the medications without incident. Interview on 05/29/24 at 6:18 A.M. with LPN #146 confirmed the nurse administered Resident #33 a multivitamin and valsartan-hydrochlorothiazide tablets, and confirmed the blood pressure medication should have been held due to the resident's low systolic blood pressure. Interview on 05/29/24 at 7:30 A.M. with the Director of Nursing (DON) revealed a multivitamin with minerals should have been administered to Resident #33 not a multivitamin. Review of the facility policy titled, Administering Medications, dated 12/12, revealed medications must be administered in accordance with the orders. This deficiency represents non-compliance under Master Complaint Number OH00154387, Complaint Number OH00154201, and Complaint Number OH00153750.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 38523 Based on observation, staff interview interview, and review of facility policies, the facility failed to ensure proper hand hygiene was maintained during medication administration. This affected two (#32 and #39) of four residents observed during medication administration. The census was 41. Findings include: Observation on 05/29/24 at 5:20 A.M. of medication administration to Resident #39 revealed Licensed Practical Nurse (LPN) #146 popped out a tablet of the pain medication gabapentin 600 milligrams (mg) into his bare hand then put the tablet in the medication cup without sanitizing his hands. Observation on 05/29/24 at 5:35 A.M. of medication administration to Resident #32 revealed LPN #146 put a supplemental vitamin C 500 mg tablet directly into his bare hand from the bottle and put it in the medication cup without sanitizing his hands. Interview with LPN #146 on 05/29/24 at 6:00 A.M. confirmed he did not wash his hands from the beginning of medication administration at 5:20 A.M. through confirmation at 6:00 A.M. LPN #146 confirmed he put medications for Resident #32 and Resident #39 into his bare hand and into a medication cup without properly sanitizing his hands. Review of the facility policy infection control policy, dated 03/18, revealed the facility and staff will identify infection transmission risks and will implement relevant precautions. Review of the facility policy titled, Medication Administration, dated 12/12, revealed staff shall follow established facility infection control procedures including handwashing.