

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365885	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Concord Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49742</p> <p>Based on record review, observation, staff interview, and review of facility policy, the facility failed to ensure residents were treated with dignity/respect when staff failed to ensure residents names were not visible on their clothing. This affected one (Resident #31) of three residents reviewed for dignity. The facility census was 46.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #31 revealed an admitted [DATE] and diagnoses of rhabdomyolysis, heart disease, pneumonia, urinary tract infection, hypoglycemia, presence of cerebrospinal fluid drainage device, muscle weakness, altered mental status, depression, anxiety, anorexia.</p> <p>Review of the most recent quarterly Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of three, indicating Resident #31 was severely cognitively impaired. Resident #31 required substantial/maximal assistance with upper and lower body dressing as well as putting on/taking off footwear.</p> <p>Observation on 09/03/24 at 12:38 P.M. revealed Resident #31 sitting in their wheelchair in the facility common area by the nurses station wearing yellow non-slip socks that were both visibly marked with Resident #31's first name.</p> <p>Staff interview on 09/03/24 at 12:39 P.M. with Licensed Practical Nurse (LPN) #210 verified the above findings.</p> <p>Review of the facility policy titled, Dignity, with a revision date of 02/21, revealed each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49742</p> <p>Based on observations, medical record review, staff and resident interviews, and policy review, the facility failed to ensure residents were safely smoking. This affected one (Resident #41) of one resident reviewed for smoking. The facility census was 46.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #41 revealed an admitted [DATE] with diagnoses of cardiomyopathy, hypoxemia, ascites, chronic passive congestion of liver, nicotine dependence, congestive heart failure, type two diabetes mellitus, hypertension, fatty liver, insomnia, hypotension, and dyspnea.</p> <p>Review of the most recent Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 13, indicating Resident #31 was cognitively intact.</p> <p>Observation on 09/03/24 at 10:09 A.M. of Resident #41 while they were smoking revealed Resident #41 extinguished their cigarette on the ground and then placed the butt between the cushion of their wheelchair and the wheelchair.</p> <p>Interview on 09/03/24 at 10:10 A.M. with Resident #41 revealed they extinguish their cigarettes on the ground and place the butt between the cushion of their wheelchair and the wheelchair until they are ready to return inside of the facility. When Resident #41 is ready to go inside, Resident #41 places the used cigarette butts into approved receptacles.</p> <p>Interview on 09/03/24 at 10:20 A.M. with Licensed Practical Nurse (LPN) #220 verified the above findings.</p> <p>Review on 09/05/24 at 11:18 A.M. of an undated facility policy titled, Smoking, revealed residents are to extinguish all cigarettes in a designated container.</p>		