STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365897	A. Building B. Wing	07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Lebanon Rehabilitation and Healthcare Center	101 Mills Place New Lebanon, OH 45345

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 - Few	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** 48570 Based on record review, observations, and staff interviews, the facility failed to ensure staff implemented assistance and/or supervision with meals in accordance with a resident's care plan. This affected one (#20) out of three residents reviewed for assistance with feeding. The facility census was 94. Findings include: Review of the medical record for Resident #20 revealed an admitted [DATE] with diagnoses of vascular dementia, anxiety, spastic hemiplegia affecting right dominant side and dysphagia, oropharyngeal phase. Review of the Minimum Data Set (MDS) dated [DATE] revealed Resident #20 requires set-up assistance with eating. Resident #20 was dependent on staff for oral hygiene, toileting hygiene, bathing, dressing, personal hygiene, bed mobility, transfers, and wheelchair mobility. Resident #20 has coughing or choking during meals or when swallowing medications and has complaints of difficulty or pain when swallowing and is on a mechanically altered diet of pureed food and thickened liquids. Review of Resident #20's care plan dated 04/19/22 revealed provide sippy cup for fluids, all food in bowls, small bites/sips, upright for all meals and for 30 minutes after meals, one on one feeding assistance, meds crushed in puree, swallow twice and effortful swallow per Speech Therapy (ST) recommendations from hospital. Observation on 07/01/24 at 12:35 P.M. revealed there were four residents in the main dining room eating lunch, there was no staff members present. Upon entering the dining room, Resident #20 appeared to be choking, his face was red, he was not breathing or coughing and he was hitting his hand against his chest. There were three bowls of food sitting in front of Resident #20, one was green in nature. Another resident, Resident #3, yelled four times We need help in here. Resident #20 eventually began coughing, with thick clear liquid exiting his mouth. At approximately 12:37 P.M. State tested Nursing Assistance (STNA) #482 entered the dining room and patted Resident #20 on his back. Resident #20 had no further incident or distress. Interview on 07/01/24 at 12:37 P.M. with STNA #482 confirmed she was in the kitchen getting a zip lock bag for another resident and that is why she left the dining area. STNA #482 confirmed she was to stay in the dining room and assist/supervise Resident #20 with his meals. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This deficiency is based on incidental findings discovered during the course of this complaint investigation.