

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365936	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Liberty Retirement Community of Lima Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2440 Baton Rouge Avenue Lima, OH 45805	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44076</p> <p>Based on record review, resident, family, and staff interview and review of facility policy, the facility failed to timely treat and assess the resident's pressure wounds. This affected two Residents (#10 and #12) of three residents reviewed for wounds. The facility census was 43.</p> <p>Findings include:</p> <p>1) Review of medical record for Resident #10 revealed an admitted [DATE]. Diagnoses included end stage renal disease, congestive heart failure, diabetes mellitus type II, and chronic venous insufficiency. The resident was hospitalized on [DATE] and did not return. The quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #10 had cognitive impairment. Resident #10 was dependent on staff for toileting hygiene, bed mobility, and transfers.</p> <p>Review of the care plan revealed potential for wounds or pressure ulcer development related to end stage renal disease, venous insufficiency and a past history of pressure ulcers. Interventions included to administer treatments as ordered and monitor effectiveness and weekly treatment documentation to include the measurement of each area of skin breakdown's width, depth, type of tissue and exudate.</p> <p>Record review revealed upon the return of her hospitalization on [DATE], the admission skin assessment documented a pressure wound to her coccyx measuring four centimeters (cm) length by (x) one cm wide x 0.7 cm. depth. Pressure area staging documentation was blank.</p> <p>The wound assessment dated [DATE] revealed no documentation of the coccyx wound. The progress note dated 08/05/24 revealed documentation the wound nurse practitioner had been unable to assess the coccyx wound due to Resident #10 being in a dialysis chair.</p> <p>The skin assessment dated [DATE] revealed documentation of a sacral wound measuring 3.4 cm in length x 1.2 cm. wide and no depth was documented. The area type was specified as other and described as open area.</p> <p>The wound assessment dated [DATE] revealed documentation of coccyx wound measuring 7.5 cm in length x 3.5 cm wide x 0.1 cm. in depth. The wound was documented as pressure and staging was documented as 'not applicable'. The progress note dated 08/12/24 revealed the wound nurse practitioner provided a telehealth visit. Orders were given for Triad cream to coccyx twice daily and as needed.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365936	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Liberty Retirement Community of Lima Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2440 Baton Rouge Avenue Lima, OH 45805	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #10's physician orders and treatment administration records revealed there were no treatment orders for the coccyx and or sacral wound from 08/01/24 until 08/12/24.</p> <p>Interview with with Wound Licensed Practical Nurse (WLPN) #210 and MDS Nurse #21 on 01/30/25 at 11:16 A.M. confirmed there was no wound treatment in place for Resident #10's wound for 11 days from 08/01/24 until 08/12/24.</p> <p>2) Review of medical record for Resident #12 revealed an admitted [DATE]. Diagnoses included end stage renal, dependence on dialysis, congestive heart failure and depression. The quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #12 had impaired cognition. Resident #12 required extensive two person assistance for transfers and one person assistance for bed mobility and toileting.</p> <p>The admission skin assessment dated [DATE] revealed a bottom wound described as pressure, no measurements, staging or description was documented.</p> <p>Review of the late entry progress note revealed a late entry created on 01/18/25 for 12/12/24 documented Resident #12 presented with an open wound to the sacrum measuring 6.0 cm in length x 6.0 cm wide x 0.1 cm in depth, which had been covered with a dressing which contained a large amount of blood-tinged drainage.</p> <p>Review of the physician orders dated 12/13/24 revealed an order for Venelex (wound covering) external ointment two times a day to buttocks.</p> <p>There were no further assessments or measurements of the sacral wound until 01/07/25. The wound assessment revealed stage III (Full thickness tissues loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed) sacral pressure wound measuring 5.0 cm in length x 6.0 cm wide x 0.1 cm. deep.</p> <p>The physician orders dated 01/07/25 revealed an order to cleanse sacral wound with cleanser, pat dry and apply calcium alginate (wound) and cover with a border gauze.</p> <p>Interview on 01/29/25 at 12:12 P.M. with Resident #12 and spouse revealed the sacral wound was present prior to his admission at the facility.</p> <p>Interview on 01/30/25 at 11:16 A.M. with LPN #10 and MDS Nurse #21 verified a late entry description of the sacral wound was documented for Resident #12's admitted [DATE] and there were no further measurements or description until 01/07/25.</p> <p>Review of the facility policy titled Wound Management dated 01/01/24 revealed documentation to maintain accurate and timely wound assessment, care provided and changes in wound status and to implement treatment protocols based on current professional standards.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00161597.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365936	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Liberty Retirement Community of Lima Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2440 Baton Rouge Avenue Lima, OH 45805	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44076</p> <p>Based on record review, pharmacy staff interview, facility staff interview, and review of facility policy, the facility failed to ensure residents were administered as physician ordered, resulting in a significant medication error. This affected one (Resident #10) of one resident reviewed for medication administration. The facility census was 43.</p> <p>Findings include:</p> <p>Review of medical record for Resident #10 revealed admitted [DATE]. The resident was admitted with diagnoses including end stage renal disease, congestive heart failure, and hypertension. The quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #10 had impaired cognition.</p> <p>Review of the physician orders dated 11/01/24 revealed an order for Diltiazem (treats hypertension) extended release 180 milligrams (mg) daily.</p> <p>Review of the Medication Administration Record (MAR) from 11/01/24 to 11/07/24 revealed Diltiazem was administered on 11/01/24 and 11/06/24. It was not documented as administered on 11/02/24, 11/03/24, 11/04/24, and 11/05/24.</p> <p>The progress note dated 11/07/24 revealed Resident #10 was sent to the hospital by the dialysis physician for a rapid heart rate. Resident #10 returned to the facility on [DATE].</p> <p>The physician order dated 11/12/24 revealed an order for Diltiazem 120 mg daily.</p> <p>The MAR from 11/13/24 to 11/30/24 revealed Diltiazem 120 mg was documented as administered except on 11/16/24, 11/17/24, 11/19/24, 11/22/24, 11/23/24, 11/24/24, 11/25/24, 11/27/24, 11/28/24, 11/29/24, and 11/30/24. The number nine was marked on these dates, indicating to refer to the progress notes.</p> <p>Review of the MAR from 12/01/24 to 12/20/24 revealed Diltiazem 120 mg was documented as administered, except on 12/02/24, 12/04/24, 12/06/24, 12/07/24, 12/08/24, 12/09/24, 12/13/24, 12/14/24, 12/15/24, 12/16/24, 12/17/24, 12/18/24 and 12/20/24. The number nine was marked on these dates, indicating to refer to the progress notes.</p> <p>The electronic Medication Administration Record (e-MAR) progress notes, for the Diltiazem from 11/13/24 through 12/20/24 revealed for the dates marked with a nine, the correlating progress note revealed the medication was unavailable and/or the pharmacy was contacted to inform them the medication was unavailable.</p> <p>Interview on 01/30/25 at 12:12 P.M. with Assistant Director of Nursing (ADON) #18 revealed after review of Resident #10's November and December [DATE], she did not recall if she had been informed why the Diltiazem had not been administered and would call the pharmacy for clarification.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365936	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Liberty Retirement Community of Lima Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2440 Baton Rouge Avenue Lima, OH 45805	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 01/30/25 at 12:52 P.M. with Certified Pharmacy Technician (CPT) #27 revealed an order for Diltiazem 180 mg Extended Release daily, was received on 11/01/24. A second order was received on 11/12/24 for Diltiazem 120 mg tablet daily. She explained the Pharmacist requested clarification of the 11/12/24 order because the first order for the Diltiazem 180 mg was extended release, and the second order for the 120 mg was not. Clarification was not received until 12/19/24. The correct dose was marked as delivered to the facility on [DATE]. CPT #27 explained the Diltiazem 180 mg Extended Release was sent to the facility from November first until 12/21/24.</p> <p>Interview on 01/30/25 at 2:28 P.M. with ADON #18 revealed although Diltiazem 120 mg was available in the Pyxis system (a computerized medication dispensing system that stores and tracks medications in healthcare settings), none had been dispensed for Resident #10 from 11/12/24 until her discharge. ADON #18 verified no Diltiazem 120 mg tablet was delivered or dispensed for her to be administered. ADON #18 acknowledged Diltiazem had not been administered as prescribed.</p> <p>Review of the facility policy titled Medication Administration, last updated 06/2023, revealed medications are to be administered in a safe and timely manner, and as prescribed.</p> <p>This deficiency was based on incidental findings discovered during the course of this complaint investigation.</p>		