STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365993	A. Building B. Wing	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altercare of Louisville Ctr for Rehab & Nsg Care	7187 St Francis Street, NE Louisville, OH 44641

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34297 THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NONCOMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY. Based on record review, self-reported incident review (SRI), interview, and facility policy review the facility failed to ensure Resident #21 was free from staff-to-resident physical abuse. This finding affected one resident (#21) of five residents reviewed for Abuse, Neglect and Misappropriation of Resident Property. The facility census was 70. Findings include: Review of Resident #21's medical record revealed the resident was admitted to the facility on [DATE] with diagnoses including vascular dementia, muscle weakness and need for assistance with personal care. Review of Resident #21's Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited severe cognitive impairment. Review of physical abuse SRI Tracking #244568 dated 02/26/24 revealed Resident #21 became behavioral when State tested Nursing Assistant (STNA) #833 and STNA #904 attempted to provide care to the resident on 02/24/24 at approximately 10:30 P.M. Resident #21 ended up biting down on STNA #904's forearm and drew blood. STNA #904 reacted by slapping Resident #21 which caused him to release her forearm. The allegation was unsubstantiated. Review of Resident #21's Illustration of Documentation and Measurements of Skin Areas form dated 02/24/24 at 10:40 P.M. revealed the resident had a red area (handprint) on the right side of the face. (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
	365993	A. Building B. Wing	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altercare of Louisville Ctr for Rehab & Nsg Care	7187 St Francis Street, NE Louisville, OH 44641

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #21's Event Statement Form dated 02/26/24 authored by the Administrator revealed she interviewed STNA #904 over the phone. The statement indicated STNA #833 and STNA #904 went into the resident's room around 10:00 P.M. on 02/24/24. The resident was transferred using a Hoyer mechanical lift from the wheelchair to the bed. He was fine and did not seem agitated. After the transfer, the staff started taking off his pants to provide care at which point he became agitated. The staff told him exactly what was happening and he started hitting and kicking the staff. STNA #904 rolled him towards her so that peri care could be completed for a bowel movement when the resident lifted his head and bit into the STNA #904's right forearm very hard until it drew blood. Resident #21 eventually released STNA #904's arm, and the nurse was notified. STNA #904 stated she did not slap the resident, but he must have been lying on one side of his cheek which must have caused some redness. Review of Resident #21's undated witness statement authored by STNA #833 indicated both STNA #833 and STNA #904 went into Resident #21's room to lay the resident down for incontinence care. He was becoming irritated with the transfer and became combative while doing peri care. He was hitting and kicking and ended up biting STNA #904's arm. As Resident #21 bit her, STNA #904 slapped the resident on the cheek. After she did it, STNA #904 stated it was a reflex. The peri care was completed, and STNA #833 notified the nurse. Interview on 08/20/24 at 1:20 P.M. with the Administrator indicated STNA #904 hit Resident #21 as a reaction to the resident biting down on her arm. The Administrator confirmed the red mark went away quickly. She confirmed education and audits were completed following the incident. Review of the Abuse, Neglect and Misappropriation Policy, dated 2016, indicated it was the facility's policy to investigate allegations, suspicions and incidents of Abuse, Neglect and Misappropriation of Resident Property. Facility staff should immediately report all allegations to the Administrator and State in accordance with the procedures. As a result of the incident, the facility took the following actions to correct the deficient practice as of 02/27/24: On 02/24/24 at approximately 10:38 P.M. (immediately following the incident), STNA #904's (agency staff) shift had ended. She left the building, and the agency STNA was not allowed to return. On 02/24/24 at approximately 10:39 P.M., STNA #833 immediately reported Resident #21's alleged abuse to Licensed Practical Nurse (LPN) #871. On 02/24/24 at 10:40 P.M., LPN #871 assessed Resident #21 for injuries following the witnessed event. A reddened hand mark was identified on the right side of the resident's face. No blood was observed, and the skin was not broken. On 02/24/24 (unknown time), STNA #833's written incident statement was obtained by the Director of Nursing (DON). On 02/24/24 at 11:00 P.M., the DON interviewed Certified Medication Aide (CMA) #868 and LPN #871 regarding Resident #21's alleged abuse allegation. Negative findings were not identified. On 02/24/24 from 11:40 P.M. to 11:47 P.M., the DON completed skin assessments of Residents #703, #704, #705. Negative findings were not identified. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365993	A. Building B. Wing	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altercare of Louisville Ctr for Rehab & Nsg Care	7187 St Francis Street, NE Louisville, OH 44641

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/24/24 at 11:45 P.M., a second skin assessment was completed for Resident #21 by the DON, and no marks were noted on the resident's skin, and no new areas were observed. On 02/26/24 (unknown time), the DON and Administrator contacted STNA #904 (specified perpetrator) to obtain a witness statement. On 02/27/24 at varied times, the Administrator interviewed Residents #4, #11, #44, #701 and #702 for abuse, dignity, and respect. Negative findings were not identified. The Assistant Director of Nursing (ADON) #839 and the Administrator conducted audits on 02/27/24, 03/01/24, 03/04/24, 03/07/24, 03/13/24, 03/15/24, 03/18/24, 03/21/23. Negative findings were not identified. On 02/27/24, the DON completed staff education for all registered nurses (RNs), LPNs, and STNAs. Review of the Abuse, Neglect and Misappropriation policy, dated 2016, and no changes were made. This deficiency is an incidental finding identified during the complaint investigation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365993	A. Building B. Wing	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altercare of Louisville Ctr for Rehab & Nsg Care	7187 St Francis Street, NE Louisville, OH 44641

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34297 Based on observation, record review, interview, and facility policy review the facility failed to ensure Resident #46 was provided timely incontinence care. This finding affected one resident (#46) of three residents reviewed for incontinence care. The facility census was 70. Findings include: Review of Resident #46's medical record revealed the resident was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease with early onset, altered mental status, and adult failure to thrive. Review of Resident #46's Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited severe cognitive impairment and was always incontinent of bowel and bladder Review of Resident #46's physician orders revealed an order dated 05/14/21 for miconazole powder (antifungal powder) twice daily and an order dated 05/19/21 for zinc oxide 20% (cream used to treat or prevent skin irritation) twice daily to affected areas. Review of Resident #46's physician's orders revealed an order dated 05/01/24 which indicated the resident was dependent to shower/bathe and upper body dressing, and dependent on eating, oral hygiene, and toileting hygiene. Review of Resident #46's physician's orders revealed an order dated 05/01/24 which indicated the resident was dependent on a Hoyer mechanical lift, was incontinent of bowel and bladder, dependent to roll left and right and dependent on lower body dressing and putting on and taking off footwear. Interview on 08/19/24 at 6:25 A.M. with State tested Nursing Assistant (STNA) #801 revealed she provided morning care to Resident #46 and then had Licensed Practical Nurse (LPN) #804 assist her in transferring the resident from the bed to a Broda (reclining) chair using a Hoyer mechanical lift. She denied concerns. She stated Resident #46 was assisted out of bed prior to 6:00 A.M. Interview on 08/19/24 at 6:27 A.M. with LPN #804 confirmed she assisted STNA #801 with Resident #46's transfer from the bed to a Broda chair using the Hoyer mechanical lift. She denied concerns with timely incontinence care. Observation on 08/19/24 at 6:52 A.M. revealed Resident #46 was in the common television lounge with other resident's watching television. She appeared clean and no odors were evident. The resident was not interviewable. Observation on 08/19/24 at 8:00 A.M. revealed staff removed Resident #46 from the television lounge and took her down to the main dining room for the breakfast meal which consisted of scrambled eggs, cheerios, bacon, juice, milk, and toast. Observations on 08/19/24 at 8:14 A.M. revealed Resident #46 was assisted with the breakfast meal. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365993	A. Building B. Wing	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altercare of Louisville Ctr for Rehab & Nsg Care	7187 St Francis Street, NE Louisville, OH 44641

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 08/19/24 at 9:08 A.M. revealed Resident #46 was placed back into the television lounge and was sitting in front of the television in her modified Broda chair following the breakfast meal. Observation on 08/19/24 at 9:25 A.M. revealed STNAs #809 and #810 removed Resident #46 from the common lounge, took her into her room, used the Hoyer mechanical lift and transferred the resident from the Broda chair to the bed. Incontinence care was provided at this time. The skin on the resident's coccyx and sacrum was intact. No fungal infections were observed on the resident's perineum. The resident's bilateral heels appeared intact. Observation on 08/19/24 at 9:38 A.M. revealed Resident #46's husband was sitting in the common television lounge waiting on the resident to return to the lounge. He stated he usually arrives in the building around 9:30 A.M. daily and sometimes the resident would have scrambled eggs on her clothing and one time she was slumped over the chair. He stated his niece installed a camera in the resident's room. Observation on 08/19/24 at 9:40 A.M. revealed staff returned Resident #46 to the television lounge where the resident's husband was waiting. Observation on 08/19/24 at 10:41 A.M. revealed Resident #46's husband was observed to leave the building. Observation on 08/19/24 at 10:42 A.M. revealed Resident #46 was in the television lounge sitting in the Broda chair watching television. Observation on 08/19/24 at 11:56 A.M. revealed Resident #46 was taken into the dining room for the lunch meal. Telephone interview on 08/19/24 at 1:31 P.M. with Resident #46's niece revealed the family had concerns with showers, nail care, one staff member transferring the resident using the Hoyer mechanical lift or two staff members in the room and one of them not helping with the transfer. She also had concerns with the resident having a touch pad for a call light. She stated she brought up the concern on 07/24/24 and again on 08/14/24. She stated she paid for the installation of the surveillance camera and felt someone with a hat removed the SanDisk (SD) card from the camera. She indicated she was able to view live feed from the surveillance camera, but the camera did not save video surveillance, so she had to use her personal phone to take screen shots or tape the live feed with her personal phone. She indicated she observed Resident #46 was being provided incontinence care during the conversation at approximately 2:00 P.M. with two staff assistance. The telephone call lasted 48 minutes. Interview on 08/19/24 at 2:21 P.M. with STNA #810 confirmed the resident was provided incontinence care at 2:00 P.M. and placed in bed for a nap. Further interview confirmed from 6:30 A.M. to 2:00 P.M., Resident #46 was provided incontinence care at 9:30 A.M. and again at 2:00 P.M. She confirmed Resident #46 was a check and change and was to be provided care every two hours. She indicated the resident's husband was in to visit and then lunch occurred which was why the resident was not provided incontinence care check and changes every two hours. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365993	A. Building B. Wing	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altercare of Louisville Ctr for Rehab & Nsg Care	7187 St Francis Street, NE Louisville, OH 44641

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the undated Routine Resident Checks policy indicated it was the facility's policy that routine resident checks shall be made to assure that the resident's safety and well-being were maintained. To ensure the safety and well-being of the residents, a resident check would be made at least every two (2) hours throughout each 24-hour shift by nursing service personnel. Review of the Dressing and Undressing the Resident policy, dated 08/2010, indicated the purpose of the procedure was to assist the resident as necessary with dressing and undressing and to promote cleanliness. This deficiency represents non-compliance investigated under Complaint Number OH00156416.