

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366041	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Addison Heights Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 Butz Rd Maumee, OH 43537	

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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47057</p> <p>Based on medical record review, staff interview, and review of the facility policy, the facility failed to ensure laboratory services were collected and completed according to the physician orders. This affected one (Resident #100) of one resident reviewed for laboratory services. The facility census was 70.</p> <p>Findings include:</p> <p>Review of the medical records for Resident #100 revealed a re-admitted [DATE] and a discharge date of [DATE]. Diagnoses included chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), right sided heart failure (severe), cerebral vascular accident (CVA), and alcohol abuse.</p> <p>Review of the current physician orders dated 10/2024 for Resident #100 revealed laboratory (lab) work was to be drawn weekly for a complete blood count (CBC) (measures the number and types of cells in your blood) and basic metabolic panel (BMP) (measures eight different substances in your blood, including electrolytes and glucose).</p> <p>Review of the Medication Administration Record (MAR) for Resident #100 for 09/2024 and 10/2024 revealed lab work was due on 09/19/24, 10/03/24, 10/10/24, and 10/17/24. There were no staff initials indicating the lab work was completed on 09/19/24, 10/03/24, 10/10/24, and 10/17/24.</p> <p>Review of the medical record for Resident #100 revealed no weekly lab work results for CBC and BMP from 09/19/24 to 10/17/24.</p> <p>Interview on 11/12/24 at 2:48 P.M. with the Director of Nursing (DON) verified the orders for Resident #100 was in the lab system to have weekly CBC and BMP. The DON verified Resident #100's medical record did not have evidence weekly lab work for CBC and BMP was completed from 09/19/24 to 10/17/24.</p> <p>Review of the facility's undated policy titled Prevention and Screening-Clinical Protocol revealed the physician will order lab screening tests that are relevant to monitoring the individual's treatment regimen or identifying modifiable risks and complications.</p> <p>This was an incidental finding discovered during the course of the complaint investigation.</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: 366041	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Addison Heights Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 Butz Rd Maumee, OH 43537	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47057</p> <p>Based on wound care observation, medical record review, review of the Centers for Disease Control and Prevention (CDC), and review of facility policy, the facility failed to ensure infection control practices were followed during wound care. This affected one (#18) of one resident observed for wound care. The facility census was 70.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #18 revealed she was admitted on [DATE] with diagnoses including dementia and pressure ulcers. Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #18 was cognitively impaired and was admitted with unhealed pressure ulcers.</p> <p>Review of the care plan dated 10/30/24 revealed Resident #18 was care planned for wound care and enhanced barrier precautions (EBP) for wound care. Interventions included were to provide EBP as ordered (i.e. gowns, gloves, masks, goggles, etc.) to be worn by staff during the following high-contact resident care activities of wound care.</p> <p>Review of the current physician orders dated 11/2024 for Resident #18 revealed a wound treatment order to the left lower leg to cleanse with saline, pat dry, lightly pack wound with optical ag, cover with foam dressing. There was also a wound treatment to the left knee wound to cleanse wound with cleanser, apply calcium alginate and border foam.</p> <p>Observations on 11/14/24 at 12:56 P.M. revealed the door for Resident #18 had posted signage for EBP. Licensed Practical Nurse (LPN) #370 went into Resident #18's room and did not don a gown prior to performing wound care for Resident #18. LPN #370 removed the old dressing containing a scant amount of drainage from Resident #18's left knee and cleansed the wound with wound cleanser and patted dry the area and threw away the old dressing and gauze used for cleaning the wound. LPN #370 did not remove the old gloves, sanitize her hands, or don new gloves and proceeded to obtain the new treatment and border foam and applied the new treatment to the left knee for Resident #18 with the same pair of gloves.</p> <p>LPN #370 then washed her hands and donned new gloves and moved to the wound on Resident #18's left outer leg. LPN #370 removed the old dressing that contained a small amount of drainage and cleansed the wound and threw away the old dressing. LPN #370 obtained the supplies to don a new dressing and applied the new dressing and border foam. LPN #370 did not change her gloves or perform hand hygiene in between removing the soiled dressing and donning a new dressing.</p> <p>Interview on 11/14/24 at 1:07 P.M. with LPN #370 verified she did not don a gown for Resident #18's wound care, and verified she did not change gloves or perform hand hygiene between removing dirty dressing and applying the new dressing to both Resident #18's wounds to the left knee and the left outer leg.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366041	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Addison Heights Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 Butz Rd Maumee, OH 43537	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 11/14/24 at 4:12 P.M. with the Director of Nursing (DON) reported the facility does not have a specific EBP policy, and the facility follows the Center for Disease Control (CDC) guidelines.</p> <p>Review of the facility policy titled Wound Care revised 10/2010 revealed procedure steps for wound care include put on exam gloves and remove dressing, pull gloves over dressing and discard in appropriate receptacle, wash and dry hand thoroughly, put on gloves and apply new dressing.</p> <p>Review of the CDC guidance titled Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), at https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html, dated 04/02/24 revealed EBP are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities. EBP may be indicated for residents with any of the following: wounds or indwelling medical devices, regardless of MDRO colonization status, and infection or colonization with an MDRO. Effective implementation of EBP requires staff training on the proper use of PPE and the availability of PPE and hand hygiene supplies at the point of care. Examples of high-contact resident care activities requiring gown and glove use for EBP included wound care.</p> <p>Review of the CDC guidance titled Clinical Safety: Hand Hygiene for Healthcare Workers, at https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html, dated 02/27/24 revealed hand hygiene protects both the healthcare personnel and patients. Cleaning your hands reduces the potential spread of deadly germs to patients, the spread of germs, including those resistant to antibiotics, and the risk of healthcare personnel colonization or infection caused by germs received from the patient. Under the recommendations of know when to clean your hands, it included before moving from work on a soiled body site to a clean body site on the same patient.</p> <p>This was an incidental finding discovered during the course of the complaint investigation.</p>