

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Gables Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  351 Lahm Drive Hopedale, OH 43976	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33019</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident with contractures received appropriate services to maintain mobility and prevent further decrease in range of motion. This affected one (Resident #51) of one residents reviewed for position/mobility. The facility census was 79.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #51 was admitted to the facility on [DATE] with diagnoses including Parkinson's disease, diabetes mellitus, acute respiratory failure with hypoxia, congestive heart failure, spinal stenosis, contracture left hand, and dementia.</p> <p>Review of the Care Plan, dated 08/25/23 and revised on 04/10/24, revealed Resident #51 required double washcloth rolls to hands as tolerated to help prevent further decline in range of motion.</p> <p>Review of the Minimum Data Set (MDS) quarterly assessment, dated 02/14/24, indicated Resident #51's Brief Interview for Mental Status (BIMS) score was 05, which indicated severe cognitive impairment. The resident was dependent on physical assistance from staff for bed mobility, transfers, dressing, eating, and toileting. The assessment indicated impairment of the upper and lower extremities.</p> <p>During observation on 04/10/24 at 10:17 A.M. and on 04/11/24 at 9:05 A.M. and 11:19 A.M., Resident #51 was observed lying in bed and both hands were noted without rolled washcloths.</p> <p>Review of Resident #51's current Kardex and Task Log revealed the intervention to place double rolled washcloths into hands as tolerated to prevent contractures. The task was documented as completed for 04/11/24, day shift.</p> <p>During interview on 04/11/24 at 11:35 A.M., State tested Nursing Assistant (STNA) #255 confirmed Resident #51 did not have washcloths in both hands per his plan of care and she had not placed the washcloths in his hands during her shift. STNA #51 stated that she would get the washcloths and apply them.</p> <p>During interview on 04/11/24 at 11:40 A.M., Registered Nurse (RN) Supervisor #259 confirmed Resident #51 should have had washcloths in both hands due to contractures and as documented in the electronic medical record by the STNA.</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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28701</p> <p>Based observation, record review, interview and policy review the facility failed to ensure an indwelling urinary catheter drainage bag and tubing were not resting on the floor. This affected one (Resident #3) of two residents reviewed for indwelling urinary catheter use. The facility identified eight residents (Residents #3, #4, #7, #15, #25, #32, #43 and #132) currently utilizing indwelling urinary catheters. The facility census was 79.</p> <p>Findings include:</p> <p>Review of Resident #3's medical record revealed an admitted [DATE] with a readmitted [DATE]. Further review of the medical record including the minimum data set (MDS) 3.0 quarterly assessment with a reference date of 01/06/24 revealed Resident #3 had an intact and independent cognition level and used an indwelling urinary catheter (urinary collection device which is inserted into bladder and attached to an external drainage system and bag). Further review of the medical record revealed on 06/29/23 Resident #3 was ordered by the physician the use of an indwelling urinary catheter due to urinary obstruction causing urinary retention. Care plans for Resident #3 also indicated the use of an indwelling urinary catheter for urinary retention.</p> <p>Interview with Resident #3 on 04/09/24 at 3:05 P.M. revealed the resident had long term use of an indwelling urinary catheter.</p> <p>Observations on 04/09/24 at 3:05 P.M., 04/10/24 at 10:07 A.M. and 04/10/24 at 1:20 P.M. revealed the catheter drainage bag and tubing were touching the floor under the resident's wheelchair.</p> <p>Interview with Licensed Practical Nurse (LPN) #252 on 04/10/24 at 1:21 P.M. verified Resident #3's urinary catheter drainage tubing and bag were resting on the floor and should not be.</p> <p>Review of the facility policy titled Catheter Care with a revision date of 07/01/23 revealed to ensure catheter tubing and bag are not resting on the floor.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33019</p> <p>Based on medical record review, review of the infection control log, interview, and policy review the facility failed to ensure antibiotic use was appropriate and infections met treatment criteria. This affected one resident (#25) of two residents reviewed for antibiotic use. The facility census was 79.</p> <p>Finding included:</p> <p>Record review revealed Resident #25 was admitted to the facility on [DATE] with diagnoses including dementia, abnormal posture, dysphagia, pleural effusion, diabetes mellitus, and chronic obstructive pulmonary disease.</p> <p>Review of Resident #25's urinalysis with culture and sensitivity, dated 01/15/24, revealed greater than 100,000 CFU/ml Klebsiella Pneumonia (bacteria).</p> <p>Review of Resident #25's physician order, dated 01/20/24, revealed the order to administer ciprofloxacin 500 milligrams (mg) one tablet by mouth, two times a day, for urinary tract infection until 01/30/24.</p> <p>Review of the Infection Control Log, dated January 2024, revealed the resident was ordered ciprofloxacin for a UTI, with a start date of 01/20/24 and a stop date of 01/30/24.</p> <p>Review of a communication message, dated 01/24/24, revealed the physician was notified that the antibiotic did not meet criteria for use based on Resident #25's absence of symptoms, aside from the abnormal urinalysis. Further review indicated the physician selected the option to continue the antibiotic.</p> <p>Interview on 04/12/24 at 11:32 A.M., Infection Preventionist/Licensed Practical Nurse (LPN) #265 verified there was no indication for the use of ciprofloxacin as the resident's lack of symptoms and laboratory findings did not meet McGeer Criteria (criteria used to determine an infection) for treatment of a UTI. LPN #265 further stated that she notified the physician, however, he chose to continue the antibiotic.</p> <p>Review of the facility policy titled, Antibiotic Stewardship Program, dated 05/30/23, revealed it is the policy of this facility to implement an antibiotic stewardship program as part of the facility's overall infection prevention and control program. The facility uses updated McGeer criteria or other surveillance tools to define infections.</p>