

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366068	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER Orchard Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 2841 Munding Drive Oregon, OH 43616	
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** 45445 Based on medical record review, observation, resident interview, staff interview and review of facility policy, the facility failed to ensure timely incontinence care for two (#84 and #102) of three residents reviewed for incontinence care. The facility census was 116. Findings include: 1. Review of the medical record for Resident #84 revealed an admitted [DATE]. Diagnoses included chronic obstructive sleep apnea, osteoarthritis, dementia, major depressive disorder, hypertension, ulcerative colitis and vitamin D deficiency. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #84 was cognitively impaired. Resident #84 required moderate assistance for toilet hygiene, personal hygiene, mobility and transfers. Resident #84 was frequently incontinent of urine and always incontinent of bowel. Review of the care plan dated 09/17/21 revealed Resident #84 had an activities of daily living (ADLs) self-care deficit. Interventions included: staff to provide extensive assistance with personal hygiene, bathing, toilet use and transfers. Further review revealed on 02/08/22, the care plan was revised to include frequent bladder incontinence. Interventions included: check resident for continence, offer assistance when incontinent, monitor for urinary tract infection, use verbal reminders for bathroom use and to place urinal/bedpan within reach of Resident #84. Observation on 07/02/24 at 10:51 A.M. of Resident #84 revealed the resident was sitting in a wheelchair in the middle of the hallway. Resident #84 appeared angry and in a loud voice stated, I cannot get anyone to help. Resident #84 went on to state he had a bowel movement and no one cared that he needed help or that he was sitting in feces. (continued on next page)		

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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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 07/02/24 at 10:58 A.M. revealed State tested Nurse Aide (STNA) #300 assisted Resident #84 to the bathroom. Continued observation of incontinence care provided to Resident #84 by STNA #300 revealed when the brief was removed, stool dropped onto the floor in front of the toilet and the resident had dark brown stool down the upper inner thigh and up the back. The stool had hardened and required STNA #300 to scrub the skin of Resident #84 with a soap and water to remove the dried stool. Concurrent interview with STNA #300 verified Resident #84 had not been provided incontinence care since the beginning of her shift, which began at 6:30 A.M. (nearly 4.5 hours earlier), and confirmed the resident had been sitting in the stool for some time based on the appearance of the dried stool on the resident's skin. 2. Review of the medical record for Resident #102 revealed an admitted [DATE]. Diagnoses included chronic respiratory failure, chronic obstruction pulmonary disease, bipolar disorder, type II diabetes mellitus, schizoaffective disorder, heart failure and anxiety disorder. Review of the quarterly MDS assessment dated [DATE] revealed Resident #102 was cognitively intact, required moderate assistance for oral care and maximal assistance for toilet hygiene, lower body dressing and personal hygiene. Resident #102 was frequently incontinent of urine and always incontinent of bowel. Review of the care plan dated 07/12/22 revealed Resident #102 had an ADLs self-care deficit related to activity intolerance, limited mobility and decreased range of motion. Interventions included to monitor and report changes in physical functioning, staff to assist with ADLs, provide extensive assistance with toilet use and dressing, provide total care for bathing and refer to physical therapy and occupational therapy as needed. Interview on 07/02/24 at 8:41 A.M. with Resident #102 revealed the last time the resident was provided incontinence care was at approximately 2:00 A. M. Resident #102 stated at shift change, the night aide told the day aide she had just cleaned the resident up. Resident #102 stated that was incorrect and asked for assistance. Resident #102 stated she was told care would have to wait until after breakfast. Resident #102 stated she did not appreciate lying in a wet brief and a wet bed. Observation on 07/02/24 at 9:46 A.M. of incontinence care provided for Resident #102 by STNA #305 revealed a strong urine odor when the brief was removed. Resident #102 had reddened skin, with peeling skin on the left upper buttock. STNA #305 applied barrier cream and told Resident #102 the nurse would be notified of the skin condition. Interview on 07/02/24 at 9:55 A.M. with STNA #305 verified Resident #102 had not been checked or changed since the beginning of her shift at 6:30 A.M. (3.25 hours earlier). Review of the facility policy titled Incontinence Care, dated 11/30/23, revealed incontinence care is provided to keep residents skin dry and clean and to prevent irritation and odor. Soiled skin areas are to be cleansed with soap and water and dried thoroughly. This deficiency represents non-compliance investigated under Complaint Number OH00154772.		