

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Accord Care Community Orrville LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1980 Lynn Drive Orrville, OH 44667	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39333</p> <p>Based on record review, interviews, and facility policy review the facility failed to complete an investigation of an allegation of potential staff-to-resident verbal abuse of Resident #51. This affected one resident (#51) of three residents reviewed for abuse and neglect. The facility census was 58.</p> <p>Findings include:</p> <p>Review of the medical record for the Resident #51 revealed an admitted [DATE]. Diagnoses included diabetes mellitus, chronic obstructive pulmonary disease, and major depressive disorder. Review of the comprehensive Minimum Data Set 3.0 (MDS) assessment, dated 07/03/24, revealed Resident #51 had intact cognition and required substantial assistance for activities of daily living (ADL). Further review of the MDS revealed that Resident #51 was incontinent of bowel and bladder.</p> <p>Review of progress notes from 04/01/24 through 08/12/24 revealed no mention of the incident.</p> <p>Review of the care plan revealed that Resident #51 was verbally sexually inappropriate with staff. There was no care plan that stated Resident #51 made false accusations.</p> <p>Interview on 08/13/24 at 2:05 P.M. with Resident #51 revealed that when State tested Nursing Assistant (STNA) #212 was changing him, he had an erection. Resident #51 stated that STNA #212 stated, You don't get much attention down there. Resident #51 stated that he was at a loss for words. Resident #51 stated that it only happened once, and he didn't feel that it was abuse. Resident #51 stated that he felt safe, and that STNA #212 still takes care of him because he didn't mean it.</p> <p>Review of facility self-reported incidents (SRI) in the Ohio Department of Health's gateway system database revealed no submissions related to the incident.</p> <p>Interview on 08/14/24 at 7:00 A.M. with Scheduler #223 revealed that she started in June 2024 and was told by the Director of Nursing (DON) not to schedule STNA #212 on A Hall, where Resident #51 resided, but did not tell her why.</p> <p>Interview on 08/14/24 at 7:06 A.M. with the DON revealed that through an interview with STNA #212, he stated that he never said that to Resident #51. Resident #51 stated, he didn't want a [expletive] taking care of him to STNA #212. The DON could not produce any documentation that she further investigated the incident.</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
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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 08/14/24 at 2:48 P.M. with Regional Director of Operations (RDO) #293 revealed she was interim administrator during the timeframe of the incident between STNA #212 and Resident #51, and she was not aware that an incident occurred. RDO #293 would have investigated the incident to determine if it was a customer service concern or abuse.</p> <p>Review of the facilities Abuse Prevention Policy dated 04/2021 the facility will identify and investigate all possible incidents of abuse, neglect, mistreatment, or misappropriation of resident property.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00156767.</p>

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<p>F 0730</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>39333</p> <p>Based on personnel file review and staff interview the facility failed to ensure 90-day and annual performance evaluations were completed as required for state tested nursing assistants (STNAs). This affected five STNAs out of six STNAs whose personnel files were reviewed and had the potential to affect all 58 residents residing in the facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the personnel file for STNA #212 revealed a hire date of 03/06/24. Review of the employee's personnel file revealed no 90-day performance evaluation. 2. Review of the personnel file for STNA #217 revealed a hire date of 01/03/24. Review of the employee's personnel file revealed no 90-day performance evaluation. 3. Review of the personnel file for STNA #230 revealed a hire date of 06/26/18. Review of the employee's personnel file revealed no annual performance evaluation. 4. Review of the personnel file for STNA #253 revealed a hire date of 09/09/98. Review of the employee's personnel file revealed no annual performance evaluation. 5. Review of the personnel file for STNA #258 revealed a hire date of 01/03/24. Review of the employee's personnel file revealed no 90-day performance evaluation. <p>Interview on 08/14/24 at 8:32 A.M. with Business Office Manager #261 verified that no 90 day or annual evaluations were completed for STNA #212, STNA #217, STNA #230, STNA #253, and STNA #258.</p> <p>This deficiency was an incidental finding identified during the complaint investigation.</p>

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39333</p> <p>Based on observation, interview, and record review, the facility failed to honor food preferences for Residents #15, #18, and #44. This affected three residents (#15, #18, and #44) out of three residents for food preferences. This had the potential to affect 57 out of 58 residents who received meals from the facility. Resident #24 was identified as receiving nothing by mouth (NPO). The facility census was 58.</p> <p>Findings include:</p> <p>1. Review of the medical record for the Resident #15 revealed an admitted [DATE]. Diagnoses included heart failure, anxiety disorder, and major depressive disorder.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #15 had intact cognition. The resident required set up for eating and supervision for other activities of daily living (ADL).</p> <p>Review of the physician's orders for August 2024 revealed Resident #15 received a consistent carbohydrate diet (CCD), no added salt (NAS), regular texture with thin consistency liquids.</p> <p>Review of the Resident #15's diet tray ticket revealed Resident #15 received a CCD, NAS, regular texture with thin consistency liquids. The diet ticket stated the resident disliked peas.</p> <p>Observation and interview on 08/13/24 at 12:00 P.M. of the lunch meal service in the dining room revealed that Resident #15 was served peas. Resident #15 stated that she did not like peas, and it was marked on her ticket. Social Services Designee (SSD) #200 verified that Resident #15's diet ticket stated she disliked peas, and peas were on the lunch plate that was served to Resident #15.</p> <p>2. Review of the medical record for the Resident #18 revealed an admitted [DATE] and a readmitted [DATE]. Diagnoses included diabetes mellitus, chronic obstructive pulmonary disease, and schizoaffective disorder.</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed Resident #18 had intact cognition. The resident required set up for eating and moderate assistance for other ADL.</p> <p>Review of the physician's orders for August 2024 revealed Resident #18 received a CCD, NAS, regular texture with thin consistency liquids.</p> <p>Review of the Resident #18's diet tray ticket revealed Resident #18 received a CCD, NAS, regular texture with thin consistency liquids. The diet ticket stated the resident disliked eggs.</p> <p>Observation on 08/13/24 at 7:27 A.M. revealed that Resident #18's tray was put into the food cart with the scrambled egg bake as the breakfast entree. Resident #18's diet ticket stated that she disliked eggs.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 08/13/24 at 7:29 A.M. with Dietary Manager (DM) #214 verified that she put the egg bake on Resident #18's tray and stated that she liked eggs, and the ticket was not updated.</p> <p>3. Review of the medical record for the Resident #44 revealed an admitted [DATE]. Diagnoses included diabetes mellitus, chronic obstructive pulmonary disease, and major depressive disorder.</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed Resident #44 had intact cognition. The resident required set up for eating and substantial assistance for other ADL.</p> <p>Review of the physician's orders for August 2024 revealed Resident #14 received a CCD, low fat, low cholesterol, NAS, regular texture with thin consistency liquids.</p> <p>Review of the Resident #44's diet tray ticket revealed Resident #44 received a CCD, low fat, low cholesterol, NAS, regular texture with thin consistency liquids. The diet ticket stated the resident disliked eggs.</p> <p>Observation on 08/13/24 at 7:27 A.M. revealed that Resident #44's tray was put into the food cart with the scrambled egg bake as the breakfast entree. Resident #44's diet ticket stated that she disliked eggs.</p> <p>Interview on 08/13/24 at 7:29 A.M. with DM #214 verified that she put the egg bake on Resident #44's tray and stated that she liked eggs, and the ticket was not updated.</p> <p>Interview on 08/13/24 at 8:43 A.M. with Resident #44 revealed that she does not like eggs or egg bake. Resident #44 stated that she gets eggs quite often but if she is still hungry, she will ask for something else and gets them.</p> <p>Interview on 08/13/24 at 10:00 A.M. with DM #214 revealed that she was recently employed at the facility. She stated that the kitchen was a mess, but she was working on fixing it. She stated that she follows the menu except once a month, the residents can choose what they want, and the dietitian approves it. DM #214 stated that they never ran out of food and there is an always available menu. DM #214 stated that the residents wanted certain items available at any meal and the alternatives that were on the menu were not being ordered. DM #214 stated that she follows the spreadsheets for diets. DM #214 stated that she was planning to update residents' preferences and audit residents' diet tickets.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00155428.</p>