Printed: 03/27/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366129	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gillette Nursing Home	3310 Elm Rd Warren, OH 44483

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45441 Based on record review, interview and facility policy review, the facility failed to ensure showers were provided on a consistent basis for Residents #51 and #51. This affected one resident (#51) of three residents reviewed for showers. The facility census was 90. Findings include: Review of the medical record for Resident #51 revealed an admitted [DATE] with diagnoses including heart failure, diabetes, kidney disease, unsteadiness on feet, and need for assistance with personal care. Review of the comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #51 was cognitively intact. He was independent in eating, required setup help for eating, substantial assistance for toileting, partial assistance for showering and supervision for personal hygiene. Review of the care plan dated 12/13/24 revealed Resident #51 had a self-care performance deficit due to functional mobility, and lower extremity weakness. Interventions included assistance with bathing. Resident #51 preferred to bathe two to three times per week. Review of the shower sheets revealed Resident #51 only received one shower the weeks of 12/01/24 and 12/21/24. Interview on 02/20/25 at 8:50 A.M. with Resident #51 revealed he needed assistance getting in and out of the shower. He preferred to shower at least twice per week, and there had been times when he had not received his shower. Interview on 02/20/25 at 12:21 P.M. with the Director of Nursing (DON) confirmed she had no additional information to verify Resident #51 received showers according to his preference. Review of the facility policy titled Shower/Tub Bath, dated 09/17/13, revealed the name, date and time the shower was provided would be documented in the resident's chart, as well as any refusals. This deficiency represents noncompliance investigated under Master Complaint Number OH00161928.

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: 366129	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Gillette Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3310 Elm Rd Warren, OH 44483	

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 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that the resident and his/her doctor meet face-to-face at all required visits. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45441 Based on record review, interview and facility policy review, the facility failed to ensure the physician visited Resident #36 as required. This affected one resident (#36) of three residents reviewed for physician services. The facility census was 90. Findings include: Review of the medical record for Resident #36 revealed an admitted [DATE] with diagnoses including congestive heart failure, diabetes, anxiety, hypertension, and cancer of the head, neck and face. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] reveal Resident #36 was cognitively intact. He was independent and eating, required setup help for oral hygiene, partial to moderate assistance for personal hygiene, and was dependent on staff for toileting and showering. Review of the physicians' notes revealed Resident #36 was last seen by his physician on 11/06/24. Interview on 02/19/24 at 7:54 A.M. with Resident #36 revealed he had not been seen by the physician since he was admitted to the facility. (The medical record revealed the resident was seen by the physician one time since admission on 11/06/24). Interview on 02/20/25 at 12:21 P.M. with the Director of Nursing (DON) confirmed she had no documented evidence that Resident #36 was seen by the physician except for the visit on 11/06/24. Review of the facility policy titled Physician Visits and Frequency of Visits, dated 11/20/19, revealed the physician would take an active role in supervising the care of residents including medical services, medication management, physical, occupational and speech therapy, nursing care, nutritional interventions, social work and activities and visit as required. This deficiency represents noncompliance investigated under Master Complaint Number OH00161928.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366129	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gillette Nursing Home	3310 Elm Rd Warren, OH 44483

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45441 Based on observation, record review, interview and facility policy review, the facility failed to ensure appropriate signage at the entrance of Resident #45's room who had a physician's order for enhanced barrier precautions (EBP) and failed to ensure [NAME] #204 washed her hands after leaving Resident #45's room and entering Resident #23's room. This affected two residents (#23 and #45) out of four residents reviewed for infection control and had the potential to affect 23 residents (#6, #7, #9, #10, #14, #18, #19, #22, #23, #30, #32, #36, #37, #38, #41, #45, #56, #66, #71, #72, #74, #76 and #78) identified by the facility that were on EBP. The facility census was 90. Findings include: Observation on 02/19/25 at 1:46 P.M. of the 500-hall revealed [NAME] #204 was in Resident #45's room talking with her. There was no signage on the outside of Resident #45's door to indicate the resident had an order for EBP. [NAME] #204 exited resident #45's room and walked down the hall and into Resident #23's room. There was a sign indicating EBP on the outside of Resident #23's room. An interview with [NAME] #204, upon exiting Resident #23's room, revealed she did see the sign indicating Resident #23 was on EBP; however, she did not wash her hands before or when entering the room. She also confirmed she did not wash her hands before leaving Resident #45's room and did not know if Resident #45 was on any type of infection control precautions. Review of the medical record for Resident #45 revealed an admitted [DATE] with diagnoses including Alzheimer's disease, kidney disease, arthritis, depression, colon cancer, and muscle weakness. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #45 was moderately cognitively impaired. She was independent with eating, required supervision for oral and personal hygiene, partial assistance with toileting and dressing, and substantial assistance for showering. Review of Resident #45's physician's orders for February 2025 revealed an order for EBP for extended-spectrum beta-lactamase (ESBL) in her urine (a type of urinary tract infection). The order began on 10/23/24. Review of the care plan dated 01/07/25 revealed Resident #45 required EBP for a history of multi drug resistant organisms (MDRO). Interventions included staff cleaning hands before entering and upon leaving the resident's room. Review of the medical record for Resident #23 revealed an admitted [DATE] with diagnoses including dementia, stroke, depression, anemia, and kidney failure. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed Resident #23 was severely cognitively impaired. He was independent with eating, required partial assistance for oral hygiene, substantial assistance for personal hygiene, and was dependent on staff for toileting and showering. Review of the physicians' orders for February 2025 revealed an order for EBP for a wound. The order began 04/02/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366129	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gillette Nursing Home	3310 Elm Rd Warren, OH 44483

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the care plan dated 12/20/24 revealed Resident #23 required EBP due to a wound. Interventions included staff cleaning hands before entering and upon leaving the resident's room. Interview on 02/19/25 at 2:12 P.M. with the Director of Nursing (DON) confirmed Resident #45 was on EBP, and there was no sign at the entrance of the room indicating what type of precautions were required for Resident #45. She confirmed all staff should wash their hands upon entrance and exit of a resident's room, regardless of whether or not they have made contact with the resident, if they are on EBP. Review of the facility policy titled Isolation- Categories of Transmission Based Precautions, dated 03/26/24, revealed signs would be placed at the entrance of the room indicating what precautions were needed to be taken for that particular resident. For residents on EBP, staff would wash hands immediately when entering the room and again upon leaving the room. Signs would be placed at the entrance of the room indicating what precautions needed to be taken for that particular resident. This deficiency represents noncompliance investigated under Complaint Number OH00161506.