

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366141	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Louisville Gardens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4466 Lynnhaven Avenue NE Louisville, OH 44641	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34298</p> <p>Based on record review, observation, and interview, the facility failed to accurately document and put a treatment in place in a timely manner for Resident #34 that was admitted with a pressure ulcer. This affected one (Resident #34) out of three residents reviewed for pressure ulcers. Facility census was 38.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #34 was admitted on [DATE] with diagnoses that included surgical aftercare and a pressure ulcer to the right buttock.</p> <p>Review of the admission skin assessment dated [DATE] revealed Resident #34 had a pressure ulcer to the left gluteal fold that measured one centimeter (cm) long, one cm wide, and 0.1 cm deep.</p> <p>Review of the treatment administration record revealed no evidence of a treatment being done to Resident #34's right or left gluteal/buttock from 01/13/25 until 01/17/25.</p> <p>A weekly skin assessment dated [DATE] revealed Resident #34 had a Stage II (partial-thickness skin loss involving the epidermis and dermis) pressure ulcer to right gluteal that measured two cm long and 7.5 cm wide.</p> <p>A wound assessment dated [DATE] by the wound nurse practitioner (NP) revealed Resident #34 had a Stage II pressure ulcer to right buttock that measured four cm long, three cm wide, and 0.1 cm deep.</p> <p>An order was received on 01/16/25 to cleanse Resident #34's right buttock with normal saline, pat the area dry, apply Triad (a zinc oxide-based hydrophilic paste), and cover with a dressing every day.</p> <p>An observation on 01/28/25 at 10:26 A.M. revealed Resident #34 had a Stage II pressure ulcer to the right buttock.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 01/28/25 at 1:55 P.M. Regional Clinical Director verified the documentation of pressure ulcer to the left gluteal fold was incorrect and should have been the right gluteal or buttock. Regional Clinical Director also stated the measurements by the floor nurse must of have been incorrect due to the measurements completed by the wound NP. Regional Clinical Director verified a treatment for the Stage II pressure ulcer to Resident #34's right buttock was not put in place for three days.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00161526.</p>		