STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366152	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West View Healthy Living	1715 Mechanicsburg Road Wooster, OH 44691

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to manage his or her financial affairs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39333 Based on record review and staff interview the facility failed to ensure residents received interest on resident funds greater than 100 dollars. This affected seven (Residents #5, #13, #20, #26, #30, #38 and #187) of seven residents reviewed for personal funds with the potential to affect all 16 residents whose funds were managed by the facility. The facility census was 87. Findings include: 1. Review of the medical record for Resident #5 revealed an admitted [DATE] and a readmitted [DATE]. Review of the quarterly statement from 07/01/2 through 09/30/24 revealed a balance of $983.31. No interest was noted credited to Resident #5's account during these three months. Review of the quarterly statement from 10/01/24 through 12/31/24 revealed that Resident #5 was given interest. Interview on 01/27/25 at 5:00 P.M. with Assistant Business Office Manager (ABOM) #193 revealed interest is only given at the end of the year. ABOM #193 verified Resident #5 did not receive interest within the quarter from 07/01/2 through 09/30/24. 2. Review of the medical record for Resident #13 revealed an admitted [DATE] and a readmitted [DATE]. Review of the quarterly statement from 07/01/2 through 09/30/24 revealed a balance of $797.12. No interest was noted credited to Resident #13's account during these three months. Review of the quarterly statement from 10/01/24 through 12/31/24 revealed that Resident #13 was given interest. Interview on 01/27/25 at 5:00 P.M. with ABOM #193 revealed interest is only given at the end of the year. ABOM #193 verified Resident #13 did not receive interest within the quarter from 07/01/2 through 09/30/24. 3. Review of the medical record for Resident #20 revealed an admitted [DATE] and a readmitted [DATE]. Review of the quarterly statement from 07/01/2 through 09/30/24 revealed a balance of $2,078.30. No interest was noted credited to Resident #20's account during these three months. Review of the quarterly statement from 10/01/24 through 12/31/24 revealed that Resident #20 was given interest. Interview on 01/27/25 at 5:00 P.M. with ABOM #193 revealed interest is only given at the end of the year. ABOM #193 verified Resident #20 did not receive interest within the quarter from 07/01/2 through 09/30/24. (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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. Review of the medical record for Resident #26 revealed an admitted [DATE] and a readmitted [DATE]. Review of the quarterly statement from 07/01/2 through 09/30/24 revealed a balance of $2,255.20. No interest was noted credited to Resident #26's account during these three months. Review of the quarterly statement from 10/01/24 through 12/31/24 revealed that Resident #26 was given interest. Interview on 01/27/25 at 5:00 P.M. with ABOM #193 revealed interest is only given at the end of the year. ABOM #193 verified Resident #26 did not receive interest within the quarter from 07/01/2 through 09/30/24. 5. Review of the medical record for Resident #30 revealed an admitted [DATE]. Review of the quarterly statement from 07/01/2 through 09/30/24 revealed a balance of $1,939.10. No interest was noted credited to Resident #30's account during these three months. Review of the quarterly statement from 10/01/24 through 12/31/24 revealed that Resident #30 was given interest. Interview on 01/27/25 at 5:00 P.M. with ABOM #193 revealed interest is only given at the end of the year. ABOM #193 verified Resident #30 did not receive interest within the quarter from 07/01/2 through 09/30/24. 6. Review of the medical record for Resident #38 revealed an admitted [DATE]. Review of the quarterly statement from 07/01/2 through 09/30/24 revealed a balance of $250.00. No interest was noted credited to Resident #38's account during these three months. Review of the quarterly statement from 10/01/24 through 12/31/24 revealed that Resident #30 was given interest. Interview on 01/27/25 at 5:00 P.M. with ABOM #193 revealed interest is only given at the end of the year. ABOM #193 verified Resident #38 did not receive interest within the quarter from 07/01/2 through 09/30/24. 7. Review of the medical record for Resident #187 revealed an admitted [DATE] and a discharged date of 10/18/24. Review of the quarterly statement from 07/01/2 through 09/30/24 revealed a balance of $571.00. No interest was noted credited to Resident #187's account during these three months. Review of the quarterly statement from 10/01/24 through 12/31/24 revealed that Resident #26 was given interest. Interview on 01/27/25 at 5:00 P.M. with ABOM #193 revealed Resident #187 did not receive any interest because she left the facility before the end of the year. ABOM #193 stated interest is only given at the end of the year. ABOM #193 verified Resident #187 did not receive interest within the quarter from 07/01/2 through 09/30/24. Review of the undated facility policy titled, Residents Personal Account Policy and Procedure, revealed that interest on the account is prorated among account holders based upon the amount that is being maintained at the end of each month.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38523 Based on observation, interview, and record review the facility did not ensure oxygen tubing was dated and changed as required. This affected three residents (Residents #38, #59, and #71) out of five residents on respiratory care. The facility census was 87. Findings include: 1. Resident #59 was admitted to the facility on [DATE] with diagnoses including but not limited to chronic respiratory failure with hypoxia, unspecified dementia with unspecified severity and with other behavioral disturbances and chronic obstructive pulmonary disease (COPD). Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #59 was cognitively intact. She required substantial and partial assistance for all activities of daily living. Resident #59 had an order dated 11/13/24 and was open ended for oxygen at two liters per minute (lpm) via nasal cannula continuous at bedtime to maintain pulse oxygenation level of 90% or higher at bed time 6:00 P. M. through 11:00 P.M. Review of the care plan dated 11/20/24 revealed Resident #59 has the potential for shortness of breath (SOB), fluid retention, weight gain, stroke, dizziness/lightheadedness, facial flushing, headaches, pallor, wheezing, loss of appetite, pulmonary edema, arrhythmia's, sleep apnea and decreased kidney function related to chronic diastolic congestive heart failure (CHF), atrial fibrillation, hypertension, aortic stenosis, cardiac murmur, tachycardia, hyperlipidemia and peripheral vascular disease. Also, Resident #59 has a care plan for potential arrhythmia's, CHF, pneumonia (PNE), weight loss/malnutrition, decreased oxygen saturation of pulse (SP02), abnormal lung sounds, shortness of breath, anxiety, increased confusion, discoloration of skin/nail beds, elevated heart beat, increased and shallow respirations related to diagnosis of chronic hypoxic respiratory failure, COPD and wheezing. Her goal is to maintain a SPO2 at 90% or greater. Observed for signs of ineffective breathing pattern (dyspnea, tachypnea, cyanosis, use of accessory muscles, change in respiratory rate/pattern and tachycardia. Keep head of bed up as needed. administer oxygen (O2) as ordered. Observe for increased need for O2 and notify physician. Monitor vital signs including pulse oximetry per protocol and as needed (PRN) and report any abnormal findings to the physician. Observation on 01/27/25 at 10:15 A.M. revealed Resident #59's oxygen tubing was not dated. Interview with CNA #123 on 01/27/25 at 10:15 A.M. verified Resident #59's oxygen tubing was not dated. 2. Resident #71 was admitted to the facility on [DATE] with diagnoses including but not limited to chronic respiratory failure with hypoxia, mild persistent asthma and obstructive sleep apnea. Resident #71 had an order dated 06/04/24 for oxygen at two to five lpm via nasal cannula continuous to maintain pulse ox of 90% or higher. Special instructions was to add humidification to the oxygen every shift and PRN day and night. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the care plan dated 12/10/24 revealed Resident #71 has the potential for arrhythmia's, CHF, PNE, weight loss/malnutrition, decreased SPO2, abnormal lung sounds, shortness of breath, anxiety, increased confusion, discoloration of skin/nail beds, elevated heart beat, increased and shallow respiration related to diagnosis of chronic respiratory failure with hypoxia, idiopathic pulmonary, obstructive sleep apnea and mild persistent asthma. Her goal was to not have signs of new SOB at rest with SPO2 of less than 90%. One of her goals was to administer O2 as ordered, observe for increased need for O2 and notify physician. Observation on 01/27/25 at 1:22 P.M. revealed Resident #71's oxygen tubing was not dated. Interview with Speech Therapist #295 on 01/27/25 at 1:22 P.M. verified Resident #71's oxygen tubing was not dated. 39333 3. Record review revealed Resident #38 was admitted to the facility on [DATE] with diagnoses including but not limited to diabetes mellitus, chronic chest pain, and shortness of breath. Review of the comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #38 had intact cognition and required substantial assistance for activities of daily living. Review of the physician's orders for January 2025 revealed oxygen at two liters per minute via nasal cannula as needed to maintain pulse Ox 90 percent (%) or higher. Observation on 01/27/25 at 9:47 A.M. revealed that Resident #38's oxygen was not dated. Certified Nursing Assistant (CNA) #166 verified finding during observation.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39333 Based on observation, interview, and record review, the facility failed to ensure isolation precautions were followed for Resident #7 and #25, and failed to properly monitor Resident #74's stools to ensure proper precautions were in place for Clostridioides Difficile. This affected three residents (Resident #7, Resident #25, and Resident #74) and had the potential to affect all 87 residents residing in the facility. Findings include: 1. Record review revealed Resident #25 was admitted to the facility on [DATE] with diagnoses including but not limited to lung cancer, muscle wasting, and osteoarthritis. Review of the comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #25 had moderately impaired cognition and required partial assistance for activities of daily living. Review of Resident #25's physician's orders for January 2025 revealed on 01/25/25 droplet precautions were ordered to be maintained while COVID positive. Observation on 01/27/24 at 9:28 A.M. revealed Resident #25 had personal protective equipment outside her door. There was no sign on the door to alert staff that Resident #25 was on isolation precautions. Interview at time of observation with Certified Nursing Assistant (CNA) #256 verified Resident #25 did not have a sign on the door about what precautions should be taken and stated Resident #25 just tested positive for COVID recently. 2. Record review revealed Resident #7 was admitted to the facility on [DATE] with diagnoses including but not limited to dementia, anxiety disorder, and osteoarthritis. Review of the comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #7 had intact cognition and required substantial assistance for activities of daily living. Review of Resident #7's physician's orders for January 2025 revealed on 01/24/25 droplet precautions were ordered to be maintained while COVID positive. Observation on 01/27/24 at 12:20 P.M. revealed Certified Nursing Assistant (CNA) #256 delivered a lunch tray to Resident #7. CNA #256 donned (put on) a gown, N95 mask, and gloves, and went into the room without a face shield on. CNA #256 stated she has used a face shield going into Resident #7's room before. An interview on 01/29/25 at 9:57 A.M. with Infection Control Preventionist (ICP) #103 revealed she did not in-service staff on personal protective equipment (PPE) since the new cases of COVID in the facility occurred. ICP #103 revealed [NAME] someone had COVID and were on droplet isolation precautions a sign must be put in place on the door for residents with COVID. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the facility policy dated 09/23/20 with a revision date 01/03/24 titled, COVID-19 Testing, Isolation and Masking, revealed all necessary PPE will be required while giving care to a COVID positive resident. Review of the Centers for Disease Control and Prevention (CDC) guidelines dated 06/24/24 titled, Infection Control Guidance: SARS-COV-2, revealed that instruction should be provided before entering room and healthcare personnel who enter a room of a resident with SARS-CoV-2 infection should wear use a NIOSH approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face). 43063 3. Review of the medical record for Resident #74 revealed an admitted [DATE] with diagnoses including Alzheimer's disease, dementia and need for assistance with personal care. Review of the laboratory testing for Resident #74 revealed she was positive for Clostridioides Difficile (C. diff) on 07/26/24, 09/04/24 and 11/01/24. Review of Resident #74's physician's orders revealed she had Vancomycin (antibiotic) for C. diff ordered from 07/27/24 through 08/06/24; 09/06/24 through 10/18/24; and 11/02/24 through 02/07/25. Resident #74 had an order for contact precautions due to C. diff, discontinue if results were negative, dated 11/01/24 and discontinued on 11/12/24. Review of the quarterly 3.0 Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #74 had impaired cognition, needed substantial-maximum assistance for toileting and was frequently incontinent of bowel. Review of the vitals report for Resident #74's bowel movements dated from 11/01/24 through 01/28/25 revealed the facility staff only documented the size of her bowel movements and not the consistency of bowel movements a total of 84 times. It was noted as optional for staff to document the consistency with every bowel movement. However, Resident #74 was noted to have loose stools on the following dates: -11/13/24, one loose stool -11/14/24, one loose stool -11/21/24, one loose stool -11/24/24, one loose stool -11/25/24, one loose stool -11/26/24, one loose stool -12/13/24, one loose stool -12/20/24, one loose stool (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-12/22/24, one loose stool -01/04/25, three loose stools -01/15/25, one loose stool -01/19/25, one loose stool Review of the care plan dated 11/03/24 for Resident #74 revealed she had diarrhea related to C. diff. Interventions included contact precautions per protocol. Review of the nursing progress notes revealed on 11/27/24 Resident #74 continued on Vancomycin due to reoccurring C. diff. Review of the physician progress note dated 01/07/25 for Resident #74 revealed she was being seen for her monthly visit. She was noted to be on Vancomycin for recurrent C. diff. There were no significant concern for diarrhea. Observations during the annual survey on 01/27/25 at 9:51 A.M., 01/27/25 at 10:00 A.M, 01/28/25 at 9:05 A. M. and 01/28/25 at 11:06 A.M. of Resident #74 revealed she was sitting by the nurse's station. Her room was across from the nurse's station and it was observed that she did not have personal protective equipment (PPE) outside or inside of the room nor was there a sign stating Resident #74 was on contact isolation. Interview on 01/27/25 at 3:38 P.M. with Registered Nurse (RN) #292 revealed she was an agency nurse and it was the first day she had worked at the facility. She stated she had not received in report Resident #74 was being treated with Vancomycin for C. diff. She stated she did not know if she was on isolation. She verified there was no signage or PPE present at Resident #74's room. Interview on 01/27/25 at 4:10 P.M. with the Director of Nursing (DON) verified Resident #74 had been positive for C. diff in November but had since been cleared. She stated she was not having symptoms since she was discontinued off of isolation on 11/12/24. She stated the physician had Resident #74 on a long-term taper of the antibiotic to ensure she did not get C. diff again. Reviewed the vital tracking of Resident #74's bowel movements and the DON verified it was optional for staff to mark the bowel consistency when charting on a resident's bowel movements. She stated staff should have reported to the nurse if Resident #74 had diarrhea. However, she verified there was the potential of staff not reporting to the nursing on duty and without complete documentation of symptoms, signs and symptoms of C. diff could have been missed. Interview on 01/28/25 at 12:53 P.M. with Licensed Practical Nurse (LPN) #103, who was also the infection preventionist, verified Resident #74 was being treated for C. diff. She stated Resident #74 had not been on contact isolation since 11/12/24. She stated she was unaware that Resident #74 had loose stools since November 2024, including three loose stools on 01/04/25. Interview on 01/28/25 at 1:43 P.M. with Nurse Practitioner (NP) #293 verified she was not updated on Resident #74 having three loose stools on 01/04/25. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the facility policy titled, Isolation, Categories of Transmission-Based Precautions, dated 04/01/20, revealed contact precautions would be implemented for residents known or suspected to be infected with microorganisms that could be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. Review of the facility policy titled, Clostridioides Difficile, revised October 2024, revealed that C. diff was suspected in residents with acute, unexplained onset of diarrhea (three or more unformed stools within 24 hours). Residents with diarrhea and suspected with C. diff would be placed on contact precautions.