

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  Widows Home of Dayton		STREET ADDRESS, CITY, STATE, ZIP CODE  50 South Findlay Street Dayton, OH 45403	

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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44076</b></p> <p>Based on record review, observations, staff interviews and policy review, the facility failed to ensure a resident's enteral tube feeding orders were implemented as ordered. This affected one (#82) of three residents reviewed for enteral tube feeding. The facility census was 68.</p> <p>Findings include:</p> <p>Review of medical record for Resident #82 revealed admitted [DATE]. Diagnoses include chronic obstructive pulmonary disease, lupus, gastrostomy tube, and west nile virus. Resident #82 remains in the facility.</p> <p>Review of the physician orders dated 04/26/24 for Resident #82 revealed an order for Jevity (enteral nutrition) 1.5 calories at 70 milliliters (ml) an hour for 22 hours (12:00 P.M. to 10:00 A.M.). Review of the physician orders dated 04/26/24 for Resident #82 revealed an order for a 50 ml free water flush for 22 hours (12:00 P.M. to 10:00 A.M.).</p> <p>Interview on 05/01/24 at 10:00 A.M. with Licensed Practical Nurse (LPN) #109 stated the enteral nutrition order for Resident #82 was for the tube feeding to run continuously at 70 milliliters (ml) with a 250 milliliter flush every four hours. LPN #109 verified he was the nurse for Resident #82 on 04/30/24 and he did not stop the enteral nutrition for a set amount of time during his shift.</p> <p>Interview and observation on 05/01/24 at 11:30 A.M. with the Director of Nursing (DON) revealed the pump providing enteral feeding and flushes for Resident #82 was programmed to provide feeding at 70 ml an hour and water flushes of 250 ml every four hours. The DON verified the date on the enteral feed bag was dated 04/30/24 at 10:00 A.M.</p> <p>A follow up interview with the DON on 05/01/24 at 11:44 A.M. verified the enteral nutrition and fluid flush order for Resident #82 was not followed as ordered. The DON also confirmed the enteral bag was still being used and not changed after 24 hours, which was the expectation.</p> <p>Review of the facility policy, Care and Treatment of Feeding Tubes dated 05/01/24 revealed feeding tubes will be utilized according to physician orders.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152784.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44076</b></p> <p>Based on medical record review, observations and staff interview, the facility failed to ensure medications were administered as physician ordered, resulting in three medication errors out of 31 opportunities or a 9.67 percent (%) medication error rate. This affected one (#80) of three residents observed for medication administration pass. The facility census was 68.</p> <p>Findings include:</p> <p>Review of medical record for Resident #80 revealed admitted [DATE]. Diagnoses include end stage renal disease, chronic obstructive pulmonary disease and stroke. Resident #80 remains in the facility.</p> <p>Review of Resident #80's physician orders revealed an order for ProRenal + D Oral Tablet (supplement)-give one tablet by mouth one time a day every Monday, Wednesday, and Friday for chronic kidney disease with a start date of 02/28/24; Acidophilus Capsule-give one capsule by mouth in the morning for gut health before breakfast with a start date of 02/28/2024 and Olopatadine Ophthalmic Solution 0.1 % (eye drops)-instill one drop in both eyes two times a day for allergies with a start date of 02/27/24.</p> <p>Observation of medication pass on 05/01/24 at 9:18 A.M. of Licensed Practical Nurse (LPN) #109 for Resident #80 revealed three medications were unavailable which included: Pro Renal plus Vitamin D (supplement), Olopatadine ophthalmic 0.1 percent (%) solution (eye drops) and Acidophilous (supplement). LPN #109 was not able to locate these medications in the medication cart. LPN #109 verified Resident #80's medications were not available and were being omitted.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152784.</p>		