

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366184	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Elizabeth Scott Community		STREET ADDRESS, CITY, STATE, ZIP CODE 2720 Albon Rd Maumee, OH 43537	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44815</p> <p>Based on record review, staff interview, and review of the facility policy, the facility failed to ensure residents were treated for constipation. This affected one (#6) of one resident reviewed for bowel movements. The facility census was 52.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #6 revealed an admitted [DATE] with diagnoses of dementia, heart disease, and heart failure.</p> <p>Review of the comprehensive admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #6 had impaired cognition and was occasionally incontinent of stool and was dependent for toileting hygiene.</p> <p>Review of the current care plan revealed Resident #6 was frequently incontinent of bowel and bladder. Interventions included documenting bowel movements. Further review revealed Resident #6 was at risk for developing pressure ulcers related to bowel and bladder incontinence. Interventions included providing assistance with toilet use and incontinence care to keep skin clean and dry.</p> <p>Review of Resident #6's medical record revealed no documented bowel movement between 07/02/24 and 07/06/24 and between 07/21/24 and 07/25/24.</p> <p>Review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR) for July 2024 revealed Resident #6 received one treatment for constipation on 07/17/24.</p> <p>Interview on 09/12/24 at 8:40 A.M. with Unit Manager (UM) #505 confirmed Resident #6 had no documented bowel movement for five days between 07/02/24 and 07/06/24, and for five days between 07/21/24 and 07/25/24. UM #505 further confirmed Resident #6 received no treatment for constipation for either occurrence.</p> <p>Continued interview with UM #505 revealed nurses should receive alerts through the electronic medical record system when a resident has no bowel movement for 72 hours and nurses have authority to implement physician orders for constipation. UM #505 further confirmed Resident #6 should have received an intervention for constipation on 07/05/24 and on 07/24/24.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the policy, Bowel Program, revised 04/07/15, revealed standing physician orders should be implemented when residents do not have a bowel movement in 72 hours. Additionally, standing laxative orders could include Milk of Magnesia, Dulcolax suppository and/or Fleets enema.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47057</p> <p>Based on observations, staff interview, and review of facility policy, the facility failed to ensure used bed pans were cleaned after use. This affected one resident (#210) reviewed for use of bedpans. The facility identified four residents that use bedpans (#13, #42, #206, and #209). The facility census was 52.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #210 revealed an admitted [DATE] with diagnosis of infection and inflammatory reaction to right knee prosthesis.</p> <p>Review of the Minimum Data Set (MDS) dated [DATE] for Resident #210 revealed she was cognitively intact.</p> <p>Observation on 09/09/24 at 11:00 A.M. revealed a used, uncovered bedpan sitting on top of the toilet riser in the bathroom for Resident #210.</p> <p>Observation on 09/09/24 at 5:02 P.M. revealed a used, uncovered bedpan remained sitting on top of the toilet riser in the bathroom for Resident #210. Interview with Resident #210 at the time of the observation stated she had used the bedpan throughout the day.</p> <p>Interview on 09/09/24 at 5:05 P.M. with Licensed Practical Nurse (LPN) #554 verified the used bedpan was sitting on top of the toilet riser and not covered in bag and verified stool on toilet riser.</p> <p>Interview on 09/12/24 at 3:00 P.M. with the Director of Nursing identified four other residents (#13, #42, #206, and #209) that used bedpans.</p> <p>Review of the facility policy titled, Infection Prevention and Control Program, dated 11/16 revealed the facility will maintain infection control program for preventing, identifying, and controlling infections.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41528</p> <p>Based on medical record review, review of immunization records, staff interview, review of policy, and review of the Centers of Disease Control and Prevention (CDC) guidance, the facility failed to ensure residents received or were offered the influenza and pneumococcal vaccinations per CDC recommendations. This affected two (#5 and #26) of five residents reviewed for influenza and pneumococcal vaccination. The facility census was 52.</p> <p>Findings include:</p> <p>1. Review of the medical record revealed Resident #5 was admitted on [DATE]. Diagnoses included cerebral atherosclerosis, chronic kidney disease stage 2, hyperkalemia, essential (primary) hypertension, type two diabetes mellitus without complications, hyperlipidemia, and unspecified dementia.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the resident is rarely understood and a mental status was not conducted. Vaccines influenza and pneumococcal were documented as offered and declined.</p> <p>Review of the social service progress notes dated 11/03/23 revealed Resident #5's Power of Attorney (POA) gave consent for the flu vaccine.</p> <p>Review of the immunization report revealed Resident #5 last received the influenza vaccine on 09/20/22.</p> <p>Interview on 09/12/24 at 8:12 A.M. with Licensed Practical Nurse (LPN) #504 verified Resident #5's POA provided consent for the vaccine on 11/03/23 and there is no record the vaccine was provided.</p> <p>Review of facility policy Seasonal/Annual influenza vaccine, dated January 2022, verified long-term residents are prone to developing serious complications if they contract influenza all residents will be offered the season/annual influenza vaccination each year.</p> <p>Review of CDC guidance titled, Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, dated 08/29/24, revealed the CDC recommended routine annual influenza vaccine with some exceptions. Adults aged 65 and older preferentially receive a higher dose or adjuvanted influenza vaccines.</p> <p>2. Review of the medical record revealed Resident #26 was admitted on [DATE]. Diagnoses included encephalopathy, essential hypertension, type two diabetes mellitus without complication, dysphagia oropharyngeal phase, other acute kidney failure, and acute respiratory failure with hypoxia.</p> <p>Review of the MDS assessment dated [DATE] revealed the resident was cognitively intact and the pneumococcal vaccine was offered and declined.</p> <p>Further review of the medical record revealed no declination of the pneumococcal vaccine.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 09/12/24 at 8:15 A.M. with Licensed Practical Nurse (LPN) #504 verified there was no declination of the pneumococcal vaccine.</p> <p>Review of policy, Pneumococcal Vaccine Administration dated March 2015 verified the residents will be offered the pneumococcal vaccine unless the resident has had one or more of the following documented an allergy to the pneumococcal vaccine, an order from the primary care physician or medical director stating the pneumococcal vaccine is medical-contraindicated or the resident personally refuses administration.</p> <p>Review of CDC guidance titled, Pneumococcal Vaccination: Summary of Who and When to Vaccinate, reviewed 06/27/24 revealed the CDC recommended pneumococcal vaccination for all adults over 65. For adults over 65 who had not previously received any pneumococcal vaccine, the CDC recommended one dose of PCV15 or PCV20. If PCV15 was used, follow up with one dose of PPSV23 at least one year later.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47057</p> <p>Based on observation and staff interview, the facility failed to ensure fecal matter was cleaned off the toilet riser following use. This affected one resident (#210) reviewed for clean environment. The facility census was 52.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #210 revealed an admitted [DATE] with diagnosis of infection and inflammatory reaction to right knee prosthesis.</p> <p>Review of the Minimum Data Set (MDS) dated [DATE] for Resident #210 revealed she was cognitively intact.</p> <p>Observation on 09/09/24 at 11:00 A.M. revealed fecal matter was left on the seat of the toilet riser in the bathroom for Resident #210.</p> <p>Observation on 09/09/24 at 5:02 P.M. revealed stool remained on the seat of the toilet riser in the bathroom of Resident #210. Interview at the time of the observation with Resident #210 revealed housekeeping had been in to clean her room for the day.</p> <p>Interview on 09/09/24 at 5:05 P.M. with Licensed Practical Nurse (LPN) #554 verified the fecal matter that remained on the toilet riser.</p> <p>Interview on 09/12/24 at 2:00 P.M. with the Administrator stated the facility does not have a facility policy for clean, homelike environment.</p>