STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366185	A. Building B. Wing	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillspring Health Care & Rehab	325 East Central Avenue Springboro, OH 45066

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36303 Based on medical record review, resident and staff interview, and review of the facility policy, the facility failed to ensure the interdisciplinary team members attended care conferences and failed to ensure the resident was invited to care conferences. This affected one (Resident #49) of one resident reviewed for care conferences. The facility census was 111. Findings include: Review of Resident #49's medical record revealed an admitted on 01/14/20. Diagnoses included skin cancer, anxiety, chronic obstructive pulmonary disease, and type two diabetes mellitus. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #49 was cognitively intact. Review of the care conference notes dated 08/09/24 revealed Social Service Designee (SSD) #388 was the only staff member in attendance. Resident #49 was documented as attending. The care conference notes dated 05/09/24 and 02/09/24 revealed Resident #49 or a representative/family member did not attend. SSD #388, Dietician #334, and Licensed Practical Nurse (LPN) #362 were documented as attending. Further review of Resident #49's medical record revealed no documentation of Resident #49 or representative/family member being notified of care conference dates. During an interview on 11/04/24 at 10:21 A.M., Resident #49 stated she had never had a care conference at the facility. During an interview on 11/06/24 at 10:40 A.M., SSD #388 confirmed he was the only staff member for a care conference with Resident #49 on 08/09/24. SSD #388 confirmed care team staff should be involved in resident care conferences. SSD #388 stated he informed residents of care conferences in person days before the care conference. SSD #388 stated representative/family members were invited through emails. SSD #388 was unable to provide any documentation informing Resident #49 of the care conferences on 02/09/24 and 05/09/24. (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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's policy titled Care Conference dated revised August 2024 revealed the procedure during care conference is as follows, each discipline reviews the patients/responsible party problems, goals and interventions pertaining to their discipline. The interdisciplinary team discusses the progress of the patient in relation to the goals established. Patient/responsible party are part of the information exchange and decision making as to the patients care plan. Code status will be reviewed with the patient and/or the responsible party at each care conference. Those in attendance shall be documented in the attendance record in the note Social Services shall update the care conference schedule weekly to reflect significant changes and new admission reviews via the shared, facility specific calendar. If a team member cannot attend care conferences, she/he is responsible for finding a substitute to attend or providing notes prior to the conference to Social Services and/or documenting the care conference note.

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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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36303 Based on medical record review, observation, staff interview, review of medication manufacturer instructions, and review of facility policy, the facility failed to ensure a staff member primed (performed a safety test) when using an insulin pen-injector, resulting in a significant medication error. This affected one (Resident #34) of five residents observed for medication administration. The facility census was 111. Findings include: Review of Resident #34's medical record revealed an admitted [DATE]. Diagnoses included type one diabetes mellitus. Review of an admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #34 was cognitively intact and received insulin injections. Review of the physician orders revealed an order dated 10/27/24 for Lantus SoloStar Subcutaneous Solution Pen-injector 100 unit per milliliter (long-acting insulin) inject 38 units subcutaneously two times a day for diabetes mellitus. Observation on 11/06/24 at 8:42 A.M. revealed Registered Nurse (RN) #313 removed Resident #34's Lantus SoloStar Subcutaneous Solution Pen-injector from the medication cart and applied a new needle. RN #313 then entered Resident #34's room. RN #313 dialed 38 units on the Lantus SoloStar Subcutaneous Solution Pen-injector. RN #313 did not prime the Lantus SoloStar Subcutaneous Solution Pen-injector needle before dialing the dose. RN #313 then administered the insulin into Resident #34's right upper arm. During an interview on 11/06/24 at 8:48 A.M., RN #313 confirmed she did not prime Resident #34's Lantus SoloStar Subcutaneous Solution Pen-injector needle before administering the ordered dose. Review of the manufacturer instructions for the Lantus SoloStar Subcutaneous Solution Pen-injector revealed after attaching a needle to the pen, a safety test must be performed. A safety test was completed by: Dial a test dose of two units. Hold pen with the needle pointing up and lightly tap the insulin reservoir so the air bubbles rise to the top of the needle. This will help you get the most accurate dose. Press the injection button all the way in and check to see that insulin comes out of the needle. The dial will automatically go back to zero after you perform the test. If no insulin comes out, repeat the test two more times. If there is still no insulin coming out, use a new needle and do the safety test again. Always perform the safety test before each injection. (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Never use the pen if no insulin comes out after using a second needle. Review of the facility's policy titled Administration of Insulin dated revised January 2023 revealed it is the policy of this facility to administer insulin to the resident in a safe, consistent manner, with the appropriate solution as prescribed per the physician. This deficiency represents non-compliance investigated under Complaint Number OH00159267.