STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366190	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belmont Manor	51999 Guirino Drive St Clairsville, OH 43950

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28704 Based on observation, medical record review, policy review and interview, the facility failed to ensure resident information remained private. This affected one resident (#6) during a random observation. The census was 51. Findings include: Medical record review revealed Resident #6 was admitted on [DATE] with diagnoses including diabetes mellitus and depression. On 08/05/24 at 12:15 P.M., observation of the main nurses station revealed two medication carts behind the desk. One of the two medication carts computer screen was open revealing the electronic medical record for Resident #6. The screen included a picture of the resident, the resident's date of birth, physician name and medications. There was no staff observed at the nurses station. On 08/05/24 at 12:18 P.M., interview with Registered Nurse #528 verified the electronic medical record was visible and open exposing personal resident health information. This deficiency represents non-compliance investigated under Complaint Number OH00155816.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366190	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belmont Manor	51999 Guirino Drive St Clairsville, OH 43950

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 26706 Based on observation, record review and interview, the facility failed to ensure pressure relieving measures were in place as ordered. This affected one resident (#34) of three residents reviewed for pressure ulcers. Findings include: Review of Resident #34's medical record revealed a 06/27/24 admission with diagnoses including pressure induced deep tissue damage of sacral region, systemic lupus erythematosus, age related osteoporosis with current pathological fracture, urinary incontinence, fracture of neck of right femur, joint replacement surgery, anemia, type 2 diabetes with polyneuropathy,, hyperglycemia,, vitamin D deficiency, depression, paroxysmal vertigo of right ear, hypertension, atrial fibrillation, peripheral vascular disease, panlobular emphysema, gastroesophageal reflux disease, duodenal ulcer, constipation, lack of coordination, repeated falls, cognitive communication deficit, fracture of one right rib, need for assistance with personal care, artificial left hip joint and cerebral infarction. The resident had a fall on 07/10/24 with fracture of right hip. The resident was readmitted from the hospital 07/15/24 with a suspected deep tissue injury (SDTI) (Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister), pressure ulcer to the sacrum 5 centimeters (cm), x 7cm x unable to determine depth. The pressure ulcer plan of care included an intervention dated 07/19/24 to encourage to float heels while in bed. Review of the 07/22/24 five day MDS included the resident was independent for daily decision making, had no behaviors, risk of pressure ulcers, one unstageable pressure ulcer, surgical wound, pressure reducing bed and chair, turning and repositioning, needs partial assist of one for bathing, toileting, dressing, walking, and uses a walker and wheelchair. The resident had no upper extremity functional impairment, and had bilateral lower extremity functional impairment. The resident was dependent for rolling in bed, sit to lying, lying to sitting and dependent for sitting to standing. A 07/28/24 Health Status Note included the discovery of a SDTI to left heel 6cm x 5.5 cm purple/maroon in color. Area intact and slightly mushy. Some complaints of discomfort to the area when being assessed. A 08/01/24 left heel assessment included the pressure ulcer was 5.3 cm x 6 cm x unable to determine SDTI, blood blister. Observation on 08/05/24 at 1:31 P.M. revealed Registered Nurse (RN) #528 and State tested Nurse Aide (STNA) #104 were applying hand sanitizer leaving the residents room after putting her into bed. The surveyor entered the room as the staff was exiting. Resident #34 stated her left heel is killing her. The resident's left heel was not floating off a pillow. Resident #34's heel was resting on a pillow not floating off the pillow. The resident had slipper socks on. The resident was verbally prompted to reposition her foot. She was unable to move her foot enough to reposition. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366190	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belmont Manor	51999 Guirino Drive St Clairsville, OH 43950

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	STNA #222 was in the hall and was alerted Resident #34 needed assistance. On 08/05/24 at 1:36 P.M. STNA #222 verified the resident's heel was resting on the pillow not floating off the pillow as ordered. This deficiency represents non-compliance investigated under Complaint Number OH00155816.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366190	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belmont Manor	51999 Guirino Drive St Clairsville, OH 43950

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 26706 Based on observation, record review, policy review, and interview, the facility failed to ensure treatment and care was provided as ordered for a resident with a history of urinary tract infections and urinary catheter. This affected one resident (#6) of one resident reviewed for urinary catheter. Findings include: Review of Resident #6's medical record revealed an admission on 05/11/23 with diagnoses including flaccid neuropathic bladder, neurogenic bladder, retention of urine, history of urinary tract infections, urinary incontinence, atherosclerosis of native arteries of right leg with ulceration of heel and midfoot, peripheral vascular disease and type 2 diabetes. The resident had a positive urinary tract infection from Escherichia Coli >100,000 on 05/18/23 and was treated with Keflex. A positive urinary tract infection from Escherichia Coli on 12/12/23 was treated with Levoquin. The resident returned from the hospital on 12/27/23 with an indwelling urinary catheter due to retention and urinary tract infection. A plan of care for catheters revealed the catheter places the resident at risk for urinary tract infection. A readmission physician order and intervention included catheter care daily and every shift. A 01/08/24 urine culture showed no growth. A 02/05/24 urinary tract infection was treated with Rocephin for Proteus Mirabillis. The resident had a 03/13/24 appointment with an infectious disease specialist due to recurrent urinary tract infections. The physician recommended topical estrogen 1 gram intravaginally two to three times a week, perineal hygiene, avoid fecal contamination, urology evaluation and reassessment of need for chronic indwelling catheter. She did not recommend antibiotic prophylaxis at this time to avoid selection for multi drug resistant organisms. Urine cultures should be obtained from a newly placed catheter, with a follow up in three months. There was no evidence of the resident having a reevaluation with the urologist to reassess the need for an indwelling catheter. There was no evidence of the topical estrogen 1 gram intravaginally two to three times a week being administered despite the recommendation and nurse note indicating it was ordered. The resident was started on Augmentin 03/16/24 for a urinary tract infection with enterococcus faecalis and klebsiella oxytoca. A 03/27/24 urinalysis resulted in Candida Glabrata treated with Diflucan. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366190	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belmont Manor	51999 Guirino Drive St Clairsville, OH 43950

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A follow up visit 06/12/24 with the infectious disease specialist included a recommendation to start topical estrogen Vagifem 10 micrograms (mcg), 1 tab intravaginally daily for two weeks followed by twice weekly for three months. Recommending only sending urine culture when symptomatic, and follow up with urology. There was no evidence of a follow up visit with the urologist as recommended. Review of the 07/21/24 Quarterly Minimum Data Set Assessment revealed the resident was moderately impaired for daily decision making, functional impairment in both lower extremities, used a walker and a wheelchair, dependent for rolling left to right, and lying to sitting, has an indwelling catheter, at risk for pressure ulcer and has one vascular ulcer. The facility staff worked 12 hour shifts 6:00 A.M. to 6:00 P.M. and 6:00 P.M.-6:00 A.M. Review of the Task in the aide electronic documentation revealed the resident did not received foley catheter care every shift as ordered. In the last 30 days catheter care was provided once a day not once a shift on 07/12/24, 07/15/24, 07/18/24, 07/24/24, and 08/04/24. On 08/04/24 urine was obtained for a urinalysis. There was no evidence of the urine being obtained from a clean foley per infectious disease specialist recommendation. Review of the treatment sheet revealed the foley was last changed 07/23/24. The 08/04/24 urinalysis result was mixed commensal flora. The resident was on ceftriaxone for pneumonia at the time and no other treatment was ordered. Observation on 08/05/24 at 11:49 A.M. revealed the resident was in a low bed. She had an indwelling urinary catheter with the bag hanging on the side of the bed. The catheter bag was not covered, there was white sediment in the tubing and bag. Review of the facility policy and procedure for Catheter Care (last reviewed 01/2024) included catheter care will be performed by the nurse aid every shift. Interview on 08/08/24 at 10:20 A.M. with Registered Nurse (RN) #522 verified the resident did not have a follow up visit with the urologist. The facility has since called and scheduled an appointment in September 2024. There was no topical estrogen intravaginally administered as recommended after the March consult with the infectious disease specialist. RN #522 verified catheter care was not signed off each shift as ordered. RN #522 verified there was no supporting evidence of the urine collected on 08/04/24 being collected from a clean foley catheter as ordered. This deficiency represents non-compliance investigated under Complaint Number OH00155816.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366190	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belmont Manor	51999 Guirino Drive St Clairsville, OH 43950

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 22653 Based on review of infection control logs, observation, policy and interview, the facility failed to ensure catheter care met professional standards and patterns of infection were identified. This affected one resident (#6) of three residents reviewed for indwelling catheters. Findings include: 1. Review of the June 2024 infection control log indicated four urinary tract infections (UTIs) were recorded with all acquired after admission. Three of the four UTIs had ecoli (microorganism) recorded as the results on the culture. All three of the residents with ecoli in their urine resided on the same unit (B hall) with the onset dates recorded as 06/30/24. On 08/06/24 at 2:19 P.M., during interview, Registered Nurse (RN) #522 (Infection Control Preventionist) stated she had not identified any patterns while completing the infection surveillance. After discussing the three residents who resided on the same unit having an onset on 06/30/24 and all having ecoli identified on the culture results, RN #522 stated she recognized there had been a pattern. 26706 2. Observation of catheter care on 08/07/24 at 7:30 P.M. with State tested Nurse Aide (STNA) #593 and STNA #102 included informing Resident #6 they were going to complete catheter care. They both washed their hands, gowned and gloved. The resident was in enhanced barrier precautions. A towel barrier was placed on the overbed table, a basin of water, towels, washcloths and periwash. After positioning the resident in bed they removed their gloves washed their hands and regloved. Derma Vera was placed on a wet wash cloth. STNA #593 wiped front to back groin to groin, labia to labia, changing areas on the wash rag. STNA #593 then used a clean wet washcloth to rinse and repeated the process twice because the resident was having mucous drainage, yellowish from her vagina. After cleansing and drying she repositioned the resident to her left side and put a wedge behind her back. STNA #593 used the bed remote to lower the bed down and head of bed up. STNA #593 pulled up her covers to her chest, and handed the resident her book. STNA #593 then removed her gloves and isolation gown. On 08/07/24 at 7:38 P.M. STNA #593 verified before she removed her gloves she used for pericare, she pulled up the resident's covers, touched the bed control, and handed the resident her book. Review of the facility policy/procedure for Catheter Care (with a review date of 01/2024) included catheter care will be performed by a nurse aid every shift. Review of the procedure included that always clean and pat dry in a direction away from the urethra. Dispose of linen in hamper, empty, rinse and dry basin and return to storage. Remove gloves, turn inside out and dispose of gloves in appropriate container and wash hands. The policy did not include to remove gloves before touching covers and providing them with the call light. This deficiency represents non-compliance investigated under Complaint Number OH00155816.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366190	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belmont Manor	51999 Guirino Drive St Clairsville, OH 43950

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. 22653 Based on medical record review and interview, the facility failed to ensure antibiotic orders were reviewed with the resident's attending physician when there was inadequate information to support the presence of an infection and an antibiotic was not in daily use without consultation with a specialist. This affected two residents (#9 and #15) of 24 residents screened for infections. Findings include: 1. Review of Resident #9's medical record revealed diagnoses including calculus of the kidney and kidney cyst. A nursing note dated 04/30/24 at 12:40 P.M. indicated Resident #9 complained of pain in the testes area and pain while urinating. An order was received to send Resident #9 to the emergency room (ER) for evaluation. The physician was notified Resident #9 had bright red intermittent blood coming from his penis. A progress note dated 04/30/24 at 2:04 P.M. indicated Resident #9 was being transported to the ER. A nursing note dated 05/01/24 at 1:30 A.M. revealed Resident #9 returned from the ER with orders for Cefdinir (antibiotic) to be administered twice a day for seven days for a urinary tract infection (UTI). Review of Resident #9's infection report revealed a urinalysis was completed in the hospital and an antibiotic was ordered. The form indicated information was reviewed by the Infection Preventionist on 05/02/24 and by the Infection Control and Quality Assurance committees (undated). Information was included in the surveillance data, antibiotic stewardship data and reviewed by the medical director (date of review not documented). Attached to the infection report was a form to determine if McGeer criteria for UTI was met. The form indicated both criteria for symptoms and microbiologic criteria were required to be met. The symptom criteria was met with acute pain or tenderness of the tests and gross blood in the urine. The microbiologic criteria differed based on whether the sample was obtained via a voided urine sample or an in and out catheter. If a voided urine sample was obtained 100000 or greater colony forming units per milliliter (cfu/ml) of no more than two species of organisms met criteria. If an in and out catheter was used to obtain the sample 100 or more cfu/ml of any organism in a specimen was required. Laboratory results were not received from the hospital until 05/11/24 after Resident #9 had finished the course of antibiotics. The source of the urine was not specified. Results revealed 50000 cfu/ml of candida albicans (microorganism) was identified. There was no sensitivity panel to ensure the isolated microorganism was sensitive to the ordered antibiotic. Review of the May 2024 infection control log indicated Resident #9 met criteria of an urinary tract infection. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366190	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belmont Manor	51999 Guirino Drive St Clairsville, OH 43950

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 08/07/24 at 9:24 A.M., the Director of Nursing (DON) verified before the facility determined if criteria for the UTI was met they were unable to state with certainty the urine was obtained via a straight catheterization. The DON verified there was different criteria for voided and catheterized samples, stating the facility assumed it was a sample obtained by catheterization related to Resident #9's incontinence. The DON verified the culture results were not available until after the course of antibiotics was completed. The lack of documentation regarding any efforts to contact the hospital for quicker results or to consult with the physician to ensure the appropriate antibiotic was ordered or if he wished to await culture results was discussed. The DON stated the facility had a difficult time getting the laboratory to send results but no further information was available. 26706 2. Review of Resident #15's medical record revealed an admission on 10/26/23 with diagnoses including age related debility, herpes viral infection, need for assistance with personal care, mixed incontinence, muscle weakness, Alzheimer's disease, congenital hiatal hernia, disorder of the kidney an ureters, history of urinary tract infections, dementia, repeated falls, anorexia, hyperlipidemia, hypothyroidism, depression, difficulty walking, and gastroesophageal reflux disease. Admission orders included Macrobid Oral Capsule 100 milligrams (mg) daily for personal history of urinary tract infections. Pharmacist review in November 2023 included a recommendation to change Macrodantin to Trimethroprim due to poor renal function. Trimethoprim Oral Tablet 100 mg was ordered 11/17/23 and the Macrobid was discontinued. Review of the 07/31/24 Quarterly Minimum Data Set Assessment included the resident was severely impaired for daily decision making, received antidepressants and antibiotics, always incontinent of urine and was frequently incontinent of stool. Review of the record revealed no evidence of the resident consulting with a urologist or infectious disease specialist to determine the need for a daily preventative antibiotic. Interview on 08/14/24 at 11:14 A.M. with the Director of Nursing (DON) revealed the resident was admitted with a history of urinary tract infections. A 10/26/23 admission summary included the primary care physician in the community started her on Macrobid daily prior to admission and it was effective for prevention. The facility physician reviewed and agreed with Macrobid for long term treatment/prevention of chronic urinary tract infections. The DON verified there was no evidence of the resident seeing a urologist or infectious disease specialist related to chronic urinary tract infections. The DON verified the resident takes antibiotics daily. This deficiency represents non-compliance investigated under Complaint Number OH00155816.