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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366215 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/11/2025 |
| NAME OF PROVIDER OR SUPPLIER Lanfair Center for Rehab & Nsg Care Inc | | STREET ADDRESS, CITY, STATE, ZIP CODE 1590 Chartwell Street Lancaster, OH 43130 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide enough food/fluids to maintain a resident's health.</p> <p>Based on observations, record review, and staff interview, the facility failed to ensure a resident with continued weight loss was provided with nutritional supplements as ordered. This affected one resident (#5) of three residents reviewed for weight loss. The facility census was 82.</p> <p>Findings include:</p> <p>During the annual survey completed 05/08/25, a deficiency was issued related to Resident #5's weight loss.</p> <p>Review of the medical record for Resident #5 on 06/10/25 revealed an admission date of 07/25/24 and diagnoses including dementia, dysphagia, and acute kidney failure.</p> <p>Review of physician's orders revealed an order on 12/24/24 for a pureed diet, nectar thick liquids, and four ounces of Gelato (an ice cream type nutritional supplement containing 260 calories) with meals.</p> <p>Review of the plan of care started on 07/29/24 revealed Resident #5 was at nutritional risk. The goal was for no significant weight change. The interventions included Gelato at all meals (beginning 12/24/24).</p> <p>Observations on 06/10/25 at 11:58 A.M. revealed Resident #5's lunch tray was taken to his room. It contained pureed meat, pureed peas, mashed potatoes, and two glasses of juice. The tray did not contain Gelato.</p> <p>Observations on 06/11/25 at 8:12 A.M. revealed Resident #5 to be eating breakfast in the dining room. He had pureed french toast and sausage and two glasses of juice. He did not have Gelato. He was observed to eat approximately 90% of his food.</p> <p>Interview with Nursing Assistant #102 on 06/11/25 at 8:30 A.M. confirmed Resident #5 did not receive Gelato with his breakfast.</p> <p>Interview with Licensed Practical Nurse #99 on 06/11/25 at 8:35 A.M. confirmed Resident #5 was to receive four ounces of Gelato with his meals and it was placed on his meal trays by the kitchen.</p> <p>Interview with Dietary Aide #103 on 06/11/25 at 8:40 A.M. confirmed the Gelato was not placed on Resident #5's meal tray for breakfast that morning.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of weight records revealed on 05/06/25 Resident #5 weighed 138.8 pounds. On 05/19/25 he weighed 141.2 pounds. On 06/02/25 he weighed 138.4 pounds. On 06/09/25 he weighed 133.6 pounds. This represents a 7.6 pound, 5 percent significant weight loss in three weeks.</p> <p>This deficiency represents an incidental finding of non-compliance investigated under Complaint Number OH00165834.</p> <p>This deficiency is evidence of continued non-compliance from the survey dated 05/08/25.</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** Based on observation, interview, record review, facility policy review and review of The Center for Clinical Standards and Quality QSO-24-08-NH memo, the facility failed to follow enhanced barrier precautions (EBP) during wound care. This affected one resident (#61) of one resident observed for wound care. The facility census was 82.</p> <p>Findings included:</p> <p>During the annual survey completed 05/08/25, a deficiency was issued related to the facility's failure to implement EBP during wound care.</p> <p>Review of the medical record for Resident #61 revealed an admission date of 04/25/25 and diagnoses including fracture of right lower leg with orthopedic surgery and sepsis with surgical wound infection.</p> <p>Review of hospital records revealed the resident was admitted with severe sepsis secondary to a right ankle wound infection. The resident had surgery on the right ankle on 04/15/25 and 04/22/25. The surgical culture showed Enterococcus facialis. The resident then admitted to the facility on [DATE]. The resident had physician's orders for a soft cast splint to right lower extremity to stay in place until follow up with surgeon. Review of a communication sheet dated 05/14/25 from the physician revealed presents with stable x-rays. Delayed wound healing. Leave steri strips intact. Paint with betadine. Change absorbable pads/dressing and reapply ace bandage. A physician's order was written on 05/14/25 to paint betadine over right ankle surgical incision. Leave steri strips applied. Change dressing and reapply ace bandage daily and as needed. The resident was started on an antibiotic (Amoxicillin) 500 milligrams every eight hours on 05/15/25 until bone/soft tissue heals. The antibiotics were to continue until 06/26/25. The resident did not have a physician's order for EBP.</p> <p>Review of a wound management report revealed on 06/05/25 Resident #61 had an 18 centimeter (cm) long by 0.1 cm wide surgical incision on the right ankle. She also had a 12 cm long by 0.1 cm wide surgical incision on the right medial ankle.</p> <p>Observations on 06/10/25 at 1:45 P.M. revealed a sign beside the door to Resident #61's room that stated EBP- staff must wear gown and gloves for high contact resident care activities which included wound care-any skin opening requiring a dressing. Observations at that time, revealed Registered Nurse (RN) #95 to perform a dressing change to the resident's right lower leg. She applied gloves but did not wear a gown. She removed a wrap to the resident's leg then removed the soiled dressing. The resident had an incision on each side of her leg. RN #95 then cleansed the incisions, applied betadine, applied padded dressings to each incision, wrapped the leg in Kerlix, then applied an ace wrap to the lower leg.</p> <p>Interview with RN #95 after the dressing change on 06/10/25 at 1:45 P.M. confirmed she did not wear a gown for the dressing change. RN #95 later on 06/10/25 at 2:30 P.M. stated Resident #61 was not on EBP precautions.</p> <p>(continued on next page)</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>Review of the facility policy titled Enhanced Barrier Precautions (updated 05/01/25) revealed the facility will utilize EBP as part of their infection prevention and control program to help prevent the development and transmission of communicable disease and infection. EBP refers to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities. EBP are indicated for residents with chronic wounds. Examples of chronic wounds include unhealed surgical wounds. For residents identified requiring EBP, staff will wear gloves and a gown when performing high contact resident care activities including wound care: chronic wounds that require a dressing. Signage will be posted alerting caregivers that the resident is on EBP.</p> <p>Review of QSO-24-08-NH memo from the Center for Medicare/Medicaid Services (CMS) Center for Clinical Standards and Quality dated 03/20/24 revealed EBP were indicated for residents with wounds. Wounds included unhealed surgical wounds.</p> <p>This deficiency represents incidental findings of non-compliance investigated under Complaint Number OH00165834.</p> <p>This deficiency is evidence of continued non-compliance from the survey dated 05/08/25.</p> | | |