

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366232	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Westover Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE 855 Stahlheber Road Hamilton, OH 45013	

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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48570</p> <p>Based on record review, resident and staff interviews and policy review, the facility failed to provide activities for a resident in isolation. This affected one (#22) out of one residents reviewed for activities. The facility census was 50.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #22 revealed an admitted [DATE]. Diagnoses include chronic obstructive pulmonary disease, chronic diastolic (congestive) heart failure, and dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed resident with moderate cognitive impairment. Resident required set-up assistance with eating, partial assistance for oral hygiene and bathing, substantial assistance with dressing, personal hygiene, bed mobility, and transfers, and was dependent on staff assistance with toileting hygiene.</p> <p>Review of Resident #22's care plan, dated 05/09/24 revealed the resident has the potential for reduced social interaction and/or reduced activity participation related to dementia and anxiety. With a goal to maintain involvement in cognitive stimulation and activities of choice three to five times weekly as desired/tolerated. Interventions include assist resident to modify / rearrange daily schedule, if possible, to accommodate activities of choice, and assist/direct resident to activity location(s) as needed, encourage and assist resident to choose leisure pursuits daily as needed.</p> <p>Further review of Resident #22's medical record revealed there was a lack of documentation regarding involvement in activities.</p> <p>Interview on 10/07/24 at 11:28 A.M. with Resident #22 revealed she attends bingo for activities but nothing else. Interview with Resident #22 also revealed the activities staff does not bring any activities to her room.</p> <p>Interview on 10/09/24 at 9:25 A.M. with Resident Lifestyle Coordinator #267 confirmed all residents are assessed on admission for likes and dislikes and their participation in community activities.</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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 10/09/24 at 9:41 A.M. with Resident Lifestyle Coordinator #330 confirmed when a resident attends an activity, it is documented in the progress notes. Resident Lifestyle Coordinator #330 stated one-on-one (1:1) activities in the resident room is also documented in the progress notes. Interview with Resident Lifestyle Coordinator #330 also confirmed Resident #22 doesn't like to attend a lot of activities she is given word search books at times. Resident Lifestyle Coordinator #330 confirmed there was no documentation of Resident #22 attending any activities from 08/17/24 through 10/03/24 and there was no documentation present to indicate that she refused any in room activities. Resident Lifestyle Coordinator #330 confirmed Resident #22 and her roommate had COVID-10 for a long period between 08/17/24 and 10/03/24 and activities did not go into any of the COVID-19 positive rooms. Resident Lifestyle Coordinator #330 confirmed activity packets were left outside of the COVID-19 positive rooms but she could not confirm the residents received any of the activity packets.</p> <p>Review of the facility Infection Control Policy dated 09/2024 revealed the purpose is to ensure the establishment and maintenance of an effective infection prevention and control program to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infections. Review of the policy also revealed no documentation of there being restrictions of activities when a resident is in isolation.</p> <p>Review of the facility Activities and Social Services Policy dated 10/01/22 revealed the purpose is to ensure the provision of an ongoing activity program that meets physical, mental, emotional, psycho-social well-being and personal interests of patients/residents at varied times of day and on weekends. Based on the patients'/residents' changes in abilities, physical and mental status, timely adjustments in programming shall be made to meet the patients'/residents' needs at all times. Activities shall be an integral component of residents' lives and should be meaningful. Activities are meaningful when they reflect a person' interests and lifestyle, are enjoyable to the person,</p> <p>help the person to feel useful and provide a sense of belonging. Activities will include facility-sponsored group activities, individual activities, and independent activities, and encourage both independence and interaction in the community.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48570</p> <p>Based on record review, staff, pharmacy staff and Nurse Practitioner (NP) interviews and review of medication information from Medscape, the facility failed to ensure a resident received a cardiac medication as as ordered resulting in significant medication errors. This affected one (#207) out of one residents reviewed for medication errors. The facility census was 50.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #207 revealed an admitted [DATE]. Diagnoses include intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain, chronic respiratory failure with hypoxia, and acute on chronic diastolic (congestive) heart failure.</p> <p>Review of the Minimum Data Set (MDS) revealed no information was available due to Resident #207 being a new admission.</p> <p>Review of Resident #207's physician orders revealed an order dated 10/04/24 for Entresto Oral Tablet 24-26 milligrams (mg) (Sacubitril-Valsartan), give one (1) tablet by mouth two times a day related to acute on chronic diastolic (congestive) heart failure.</p> <p>Review of the Medication Administration Record (MAR) for October 2024 revealed an entry for Entresto Oral Tablet 24-26 mg (Sacubitril-Valsartan), give one (1) tablet by mouth two times a day related to acute on chronic diastolic (congestive) heart failure. Further review of the MAR revealed Resident #207's Entresto orally was not administered on the following dates/times: on 10/04/24 at 9:00 P.M.; on 10/05/24 at 9:00 A.M.; on 10/05/24 at 9:00 P.M.; on 10/06/24 at 9:00 A.M.; on 10/06/24 at 9:00 P.M.; on 10/07/24 at 9:00 A.M.; on 10/07/24 at 9:00 P.M.; and on 10/08/24 9:00 A.M. Further review of Resident #07's medical record revealed there was no further documentation as to why the Entresto was not administered.</p> <p>Interview on 10/07/24 at 2:10 with Licensed Practical Nurse (LPN) #238 confirmed Resident #207 had an order for Entresto orally two times a day related to acute on chronic diastolic (congestive) heart failure and this was ordered on admission 10/04/24. LPN #238 confirmed Resident #207 has not received the Entresto since admission. LPN #238 stated the facility has not approved the medication due to a cost issue.</p> <p>Interview on 10/08/24 at 2:12 P.M. with Pharmacy Technician #403 confirmed the pharmacy has not sent Entresto Oral Tablet 24-26 MG (Sacubitril-Valsartan) out for Resident #207 due to cost and the facility has not approved the cost. Pharmacy Technician #403 confirmed the facility received a fax on 10/04/24 to approve the cost for Residents #207's medication.</p> <p>Interview on 10/08/24 at 4:26 P.M. with NP #350 confirmed the facility did not notify the physician or NP of Resident #207 not receiving the Entresto since admission. NP #350 confirmed Resident #207's Entresto is ordered for heart failure.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of medication information from Medscape at https://reference.medscape.com/drug/entresto-sacubitril-valsartan-1000010?_gl=1*_imy860*_gcl_au*MTU0MDAzODMxNC4xNzI2NTk1Nzg#91 revealed Entresto is used to treat heart failure. Patients taking Entresto should not start, stop, or change the dosage of the medicine without doctor's approval.</p>		