

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Vancrest Health Care Ctr of Ho		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Joe E Brown Road Holgate, OH 43527	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41528</p> <p>Based on medical record review, staff interview, and facility policy, the facility failed to ensure treatments were implemented timely for pressure ulcers. This affected one (#46) of three residents reviewed for pressure ulcers. The facility census was 49.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #46 was admitted to the facility on [DATE]. Diagnoses included cerebral infarction due to thrombosis of left middle cerebral artery, hemiplegia right dominant side, spinal stenosis, major depressive disorder recurrent, pressure ulcer of the right heel, gastrostomy status, acute cystitis without hematuria, hyperlipidemia, and atherosclerotic heart disease of native coronary artery without angina pectoris.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was moderately cognitively impaired, dependent for all care, and had a stage three pressure ulcer.</p> <p>Review of the admission nursing assessment dated [DATE] revealed Resident #46 readmitted to the facility after a hospital discharge. Review of the skin integrity documented a new unstageable right heel pressure ulcer that measured 3.1 centimeters (cm) in length by 2 cm in width.</p> <p>Review of nursing progress note dated 07/21/24 revealed Resident #46 had an area to the outer right heel 3.0 cm oval shaped black hard area noted with the area around the area blanchable. Blue boots bilateral were on.</p> <p>Review of nursing progress notes dated 07/23/24 revealed Resident #46's outer right heel was assessed. The area was discolored, soft measures 4 cm by 3 cm. Offloading boots and air mattress present on admission when wound noted. The nurse practitioner was aware, skin prep daily, and continue offloading boots.</p> <p>Review of the wound nurse practitioner consultation dated 07/30/24 revealed a new suspected deep tissue injury on the right lateral heel. Measurements were documented as 3 cm in length by 4 cm in width with new treatment orders. Review of the medical record revealed no previous orders provided treatment to the right heel.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Vancrest Health Care Ctr of Ho		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Joe E Brown Road Holgate, OH 43527	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 10/17/24 at 8:24 A.M. with Unit Manager Licensed Practical Nurse (LPN) #204 verified Resident #46 had a suspected deep tissue injury upon readmission from the hospital on 07/20/24 and no treatment orders were in place until 07/30/24.</p> <p>Review of the undated policy Pressure Ulcer Risk Assessment and Management verified residents with pressure areas will receive treatment and services to promote healing. Treatment orders will be obtained by the floor nurse utilizing the wound care protocols established by the quality assurance committee.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Vancrest Health Care Ctr of Ho		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Joe E Brown Road Holgate, OH 43527	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41528</p> <p>Based on medical record review, resident interview, staff interview, and facility policy, the facility failed to ensure communication with dialysis treatment center and and failed to provide ongoing monitoring/assessment of the dialysis access site. This affected one (#150) of one resident reviewed for dialysis. The census was 49.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #150 was admitted on [DATE]. Diagnoses included abscess of liver, acute kidney failure, cognitive communication deficit, chronic kidney disease stage 3, vascular dementia, major depressive disorder, type two diabetes mellitus with hyperglycemia, and hyperlipidemia.</p> <p>Review of physician orders dated 10/07/24 revealed Resident #150 received outpatient dialysis on Monday, Wednesday, and Fridays.</p> <p>Review of the most recent care plan dated 10/16/24 revealed Resident #150 was care planned for dialysis with interventions. None of the interventions included monitoring of the dialysis access site.</p> <p>Interview on 10/16/24 at 11:12 A.M. with Resident #150 revealed no paper work has been provided to bring to dialysis.</p> <p>Interview on 10/16/24 at 12:49 P.M. with Licensed Practical Nurse (LPN) #264 verified no communication is sent to the dialysis center for Resident #150.</p> <p>Interview on 10/16/24 at approximately 3:00 P.M. with the Director of Nursing (DON) verified there was no physician order for monitoring Resident #150's dialysis access site.</p> <p>Review of the undated policy, Dialysis, verified the facility will complete ongoing assessment and oversight of the resident before and after dialysis treatments, including monitoring for complications, implementing appropriate interventions, and using appropriate infection control practices. In addition, the facility will provide ongoing communication and collaboration with the dialysis facility regarding dialysis care and service as outlined in the agreement.</p>		