

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Claymont Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5166 Spanson Drive SE Uhrichsville, OH 44683	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28701</p> <p>Based on medical record review and staff interview, the facility failed to ensure residents with evidence of an accident and injury were assessed timely. The affected one resident (Resident #50) of three residents reviewed for accidents. The facility census was 49.</p> <p>Findings include:</p> <p>Review of the Resident #50's closed medical record revealed an admitted [DATE] with diagnoses that included cerebrovascular accident, diabetes mellitus and chronic obstructive pulmonary disease. Further review of the medical record including a five day and discharge Minimum Data Set (MDS) 3.0 assessment with a reference date of 09/05/24 that indicated the resident had a moderately impaired cognition level and was independent in ambulation and toileting.</p> <p>Further review of the medical record including nursing notes revealed on 08/31/24 at 12:13 P.M. Resident #50 was observed with bruising to the right eye and brow area. A skilled assessment was completed on 08/31/24 at 2:15 P.M. which indicated bruising was observed to the right eye and brow area as well as the upper extremities. Neurological checks were initiated on 08/31/24 at 3:00 P.M. A nurse's note on 08/31/24 at 6:37 P.M. indicated Resident #50 advised staff she had ran into a door when opening a door to enter the bathroom.</p> <p>On 09/17/24 at 2:05 P.M. interview with the Director of Nursing verified that upon discovery of Resident #50's bruising to the right eye and brow, a timely assessment and neurological checks were not completed.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00157675.</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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