STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366284	A. Building B. Wing	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Amherst Meadows Skilled Nursing and Rehab	1610 First Street NE Massillon, OH 44646

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47569 Based on medical record review, observation, staff interviews, and facility policy review, the facility failed to ensure resident dignity was maintained when personal care was administered for a resident while in the dining room and when a urinary catheter drainage bag was not covered. This affected two residents (Resident #10 and #133) out of two residents reviewed for dignity. The facility census was 80. Findings Include: 1. Review of the medical record for Resident #10 revealed admitted on 06/22/22 with diagnoses including, but not limited to, Alzheimer's Disease, major depression, cerebral palsy, anxiety and muscle weakness. Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #10 had a Brief Interview Mental Status (BIMS) score of 08 indicating impaired cognition. The assessment stated Resident #10 had impairment on one side and required moderate assistance from staff for eating and personal hygiene, and that the resident utilized a wheel chair for mobility. Review of Resident #10's care plan for Activities of Daily Living (ADL) self care performance deficit dated 03/27/23 revealed Resident #10 required staff assistance with self-care tasks and required assistance from one person for eating meals. Resident #10 was to sit at the assistance table in the dining room. An observation on 03/31/25 at 11:33 A.M. revealed Resident #10 was sitting at the dining room table with three fell ow residents when he started wiping his nose with his hands, and Certified Nursing Assistance (CNA) #317 went to assist Resident #10 with wiping his nose. CNA #317 took Resident #10's clothing protector from the table and wiped Resident #10's nose two times, then placed the clothing protector on Resident #10 neck and upper chest to cover Resident #10's clothing. An interview on 03/31/25 at 11:45 A.M. with CNA #317 confirmed CNA #317 had assisted Resident #10 with wiping his nose with the clothing protector and then placing the clothing protector on Resident #10. CNA #317 confirmed there were three other residents sitting at the table with Resident #10. (continued on next page)

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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's undated policy titled Dignity revealed each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. 35765 2. Review of Resident #133's medical record revealed an admitted [DATE] with diagnoses including encephalopathy, respiratory failure, cardiomyopathy, retention of urine, hypertension, seizures, anxiety disorder, and depression. Review of the physician's orders revealed Resident #133 had an order for an indwelling Foley catheter dated 03/27/25. Observations on 03/31/25 at 10:30 A.M. and 11:35 A.M. revealed Resident #133 was up in her wheelchair in her room. The urinary catheter collection bag, which was full of urine, was hanging on the side of her wheelchair, not covered with a dignity cover, and the bag was in view from the hallway. On 03/31/25 at 11:35 A.M. an interview with Registered Nurse #281 verified Resident #133's urinary catheter collection bag should have been covered with a dignity cover. Review of the facility's undated policy titled Dignity revealed each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 47569 Based on observation, staff interviews, and facility policy review, the facility failed to ensure food was stored in a sanitary manner, dented cans were removed from stock, and dietary staff wore facial hair coverings during food service. This had the potential to affect 78 residents who the facility identified as receiving meals from the kitchen. The facility census was 80. Findings Include: 1. Observation during the initial tour of the kitchen on 03/31/25 at 8:30 A.M. revealed two dented cans of diced potatoes and two dented cans of whole potatoes in the dry storage area can-rack used for stock. An interview on 03/31/25 at 8:45 A.M. with Dietary [NAME] #240 confirmed there were a total of four dented cans in the storage can-rack for use. Dietary [NAME] #240 stated the dented cans should have been removed from circulation stock and returned to the food vendor. 2. Observation during the initial kitchen tour on 03/31/25 at 8:35 A.M. revealed in the walk-in cooler there was the lunch preparation cart with seven uncovered small bowls of pureed peaches sitting on a tray on a middle shelf, with a tray of other deserts on the shelf above the uncovered bowls. An interview on 03/31/25 at 8:45 A.M. with Dietary [NAME] #240 confirmed there were seven uncovered bowls of pureed peaches sitting on the lunch preparation cart in the walk-in cooler. Dietary [NAME] #240 stated the prepared food should have been covered and dated prior to being placed in the cooler for use. Review of the facility's undated policy titled Food Storage revealed for safety, foods should be labeled, covered, and dated when stored. 3. Observation on 04/02/25 at 11:50 A.M. during the lunch meal service tray line revealed Dietary Aide #271 was placing food items, drinks and utensils on the food trays. Dietary Aide #271 did not have any type of covering over his facial hair and beard. An interview on 04/02/25 at 11:55 A.M. with Dietary Manager #390 confirmed Dietary Aide #271 did not have his facial hair and beard covered during food service and tray line for the lunch meal. Dietary Manager #390 stated hair and facial hair should be covered during any food preparation and service.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34298 Based on record review, staff interview, review of the infection control log, and review of facility policy, the facility failed to implement their antibiotic stewardship program to promote the appropriate use of antibiotics. This affected two (Resident #7 and #44) out of five residents reviewed for antibiotic use. The facility census was 80. Findings include: 1. Review of the medical record revealed Resident #7 was admitted on [DATE] with diagnoses that included obstruction of bile duct, atrial fibrillation, acute respiratory failure, duodenal ulcer, celiac disease, major depressive disorder, and anxiety disorder. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #7 was cognitively intact. Review of the nursing note dated 04/01/25 at 5:06 P.M. revealed Resident #7 had complaints of urinary symptoms. The physician was notified and new orders were received for a urinalysis with culture. Review of the nursing note dated 04/02/25 at 6:05 A.M. revealed Resident #7's urine sample was sent to the laboratory and Resident #7 was ordered Rocephin (antibiotic). The nursing note at 10:04 A.M. revealed Resident #7 was started on Rocephin for signs and symptoms of a urinary tract infection (UTI) and the urine results were pending. Interview on 04/03/25 at 11:49 A.M. with the Director of Nursing (DON) verified Resident #7 was ordered Rocephin before the results of Resident #7's urinalysis or culture and sensitivity were received. The DON verified the antibiotic was ordered without meeting the proper criteria. Review of the facility policy titled Antibiotic Stewardship revealed the facility was to follow the McGeers criteria (a set of clinical and microbial criteria used to identify and define infections and to help determine when antibiotics are likely needed and when they may be unnecessary, to reduce antibiotic overuse) for infection surveillance. 2. Review of the medical record revealed Resident #44 was admitted on [DATE] with diagnoses that included chronic respiratory failure, type two diabetes, chronic kidney disease, and dementia. Review of the significant change Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #44 was cognitively impaired. Review of the nursing noted dated 02/06/25 at 12:59 P.M. revealed Resident #44 denied pain when urinating, burning, or abdomen discomfort. No foul odor was noted to Resident #44's urine. Review of the nursing note dated 02/06/25 at 2:56 P.M. revealed Resident #44 was unable to urinate in a urinal. The family refused to allow intermittent cauterization to obtain a urine sample. Resident #44 had increased anxiousness and racing thoughts. The note stated that hospice staff would speak with the physician to see if an antibiotic could be ordered. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the nursing note dated 02/06/25 at 4:31 P.M. revealed Resident #44 received the initial dose of Cipro (antibiotic) for a urine infection. Review of the February 2025 infection control log revealed Resident #44 had a urinary tract infection (UTI) with a 02/06/25 date of onset. It noted that the resident was experiencing confusion and that laboratory results were not applicable, indicating they were potentially not obtained. The log also noted a section which stated Indicate per McGeers' whether infection criteria were met [with] lab, culture, etc. and the response was No. The log further noted that Resident #44 was ordered Cipro 250 milligrams twice daily for seven days. Interview on 04/03/25 at 12:32 P.M. with the Director of Nursing (DON) verified Resident #44 was ordered Cipro without a urine sample being obtained. The DON verified the antibiotic was ordered without meeting the proper criteria. Review of the facility policy titled Antibiotic Stewardship revealed the facility was to follow the McGeers criteria (a set of clinical and microbial criteria used to identify and define infections and to help determine when antibiotics are likely needed and when they may be unnecessary, to reduce antibiotic overuse) for infection surveillance.