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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366329 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/03/2024 |
| NAME OF PROVIDER OR SUPPLIER Hampton Woods Nursing Center, Inc | | STREET ADDRESS, CITY, STATE, ZIP CODE 1525 East Western Reserve Road Poland, OH 44514 | |

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) |
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| <p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45441</p> <p>Based on record review and interview, the facility failed to timely notify the hospice provider of Resident #62's change in condition, resulting in an unwanted transfer to the Emergency Department (ED). This affected one resident (Resident #62) of three residents reviewed for falls. The facility census was 61.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #62 revealed an admitted [DATE] and a discharge date of [DATE]. Diagnoses included Alzheimer's disease, muscle weakness, altered mental status, hypertension, and congestive heart failure.</p> <p>Review of the comprehensive Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #62 was severely cognitively impaired. She required supervision for eating, partial to moderate assistance for oral and personal hygiene, substantial to maximum assistance for toileting, dressing, and was dependent for showering. She received hospice services.</p> <p>Review of the nurses' note dated 10/01/24 at 12:53 P.M. revealed Resident #62 was admitted to hospice services. The hospice nurse asked the facility to call hospice anytime the resident had a fall.</p> <p>Review of the nurse's note dated 11/01/24 at 11:15 P.M. revealed Resident #62 was found sitting on the floor just outside her bedroom door. She was assessed for injuries with none found at the time. She was assisted back to her wheelchair and returned to her bed. Resident #62's daughter and physician were notified within approximately 15 minutes of the fall.</p> <p>Review of the nurse's note dated 11/02/24 2:15 A.M. revealed Resident #62 was up in her wheelchair at the nurse's station when she began crying. Resident #62 reported having pain in her left hip. The physician was notified and ordered a transfer to the ED at 2:25 A.M. Resident #62's daughter was notified of the transfer to the ED on 11/02/24 at 3:02 A.M. and hospice was notified of the fall, change on condition, and transfer to the ED on 11/02/24 at 8:10 A.M. Resident #62 was admitted to the hospital for a left hip fracture.</p> <p>Review of the physician's orders for November 2024 revealed the family did not want Resident #62 sent to the ED for any reason, which began on 11/02/24.</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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Interview on 12/03/24 at 1:11 P.M. with the Director of Nursing (DON) confirmed hospice was not notified of the fall or change in condition for Resident #62 in a timely manner.</p> <p>Interview on 12/03/24 at 1:23 P.M. with Hospice Executive Director #206 confirmed they should be notified immediately if a residents' needs changed, or a fall occurred.</p> <p>This deficiency represents noncompliance investigated under Master Complaint Number OH00159686.</p> | | |