

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Trueman Pointe Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4660 Trueman Blvd Hilliard, OH 43026	

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>Note: The nursing home is disputing this citation.</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** 47987</p> <p>Based on interviews and medical record review, the facility failed to implement orders for a pressure ulcer treatment affecting one resident (#10) of three residents reviewed. The facility census was 68.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #10, revealed an admitted [DATE]. Diagnoses included but were not limited to spastic quadriplegic cerebral palsy, acute and chronic respiratory failure with hypoxia, unspecified mood disorder, and dependence on a respirator (ventilator) status.</p> <p>Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 13 out of 15 indicating cognitive intactness. The resident was assessed to require total dependence on all aspects of care.</p> <p>Review of the active care plan for Resident #10 revealed an alteration in skin integrity as evidenced by pressure ulcer present at the left gluteal fold with interventions including but not limited to body check weekly and as needed, provide treatment per physician orders and to assess condition of skin/dressing.</p> <p>Review of Resident #10's record revealed a skin grid pressure discovered on 04/17/24 and was a stage 3 (Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining or tunneling) pressure ulcer to the left gluteal fold that measured 3.5 centimeters (cm) X 7 cm X. 1 cm.</p> <p>Review of the Wound Nurse Practitioner (NP) visit note dated 04/17/24 for Resident #10 revealed a new pressure wound; stage 3 pressure ulcer to the left gluteal fold that measured 3.5 centimeters (cm) X 7 cm X. 1 cm. Patient plan and order to apply a foam dressing to insulate, pad and protect, to be changed daily was noted.</p> <p>Review of Resident #10's physician orders revealed no dressing change order placed for the left gluteal fold stage 3 pressure ulcer until 04/23/24 and no order to evaluate and assess the pressure area dressing until 04/24/24.</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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Trueman Pointe Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4660 Trueman Blvd Hilliard, OH 43026	

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>Note: The nursing home is disputing this citation.</p>	<p>Review of Resident #10's Treatment Administration Record and progress notes revealed no documentation of a left gluteal fold stage 3 pressure ulcer dressing change daily as ordered by the Wound NP from 04/17/24 through 04/22/24.</p> <p>Interview on 07/31/24 at 1:24 P.M. with Licensed Practical Nurse (LPN) #444 revealed she is the nurse who does the wounds at the facility. Verified that when the Wound NP ordered a dressing change for the left gluteal fold on 04/17/24 the order was not placed into Resident #10's chart and no order for a dressing change was entered until 04/23/24, but she did complete the dressing changes even though there are no documentation of them being completed in the residents chart.</p> <p>The facility was unable to produce a policy on wound care for pressure ulcers.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00155689 and Complaint Number OH00155383.</p>