

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 09/18/2024
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 0679</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 activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34298</p> <p>Based on observation, record review, and staff interviews, the facility failed to provide activities to meet the needs of Resident #8 and Resident #56. This affected two (Resident #8 and Resident #56) of four residents reviewed for activities. The facility census was 63.</p> <p>Findings include:</p> <p>1. Review of the medical record revealed Resident #8 was admitted on [DATE] with diagnoses including type II diabetes mellitus, anoxic brain damage, depression, and schizoaffective disorder.</p> <p>Review of the activities admission assessment dated [DATE] revealed Resident #8's goal was to participate as less as possible. Resident #8's past/current leisure activity interests included poker, western movies, rock and roll music, and riding his dirt bike. Resident #8's favorite activities included watching television (TV) and spending time with spouse.</p> <p>Review of the plan of care dated 06/03/24 revealed Resident #8 was not a sociable person and preferred one-on-one visits and would participate if interested. Resident #8 enjoyed cards, music, and watching TV and movies. Resident #8 preferred to be in his room and liked to watch TV and listen to music. Interventions included to discuss calendar of activity events with resident, give resident verbal reminders of activity before the commencement of the activity, invite resident to music related activities, invite resident to scheduled activities, offer to assist/escort resident to activity functions, and provide resident reminders for the time and place of group activities.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #8 had a brief interview mental status (BIMS) score of three which indicated severe cognitive impairment.</p> <p>Review of the resident daily activity participation log for September 2024 revealed Resident #8 had one-on-one visits, music, talking/conversing, and TV daily from 09/03/24 through 09/17/24. Resident #8 participated in current events, reading/writing, electronics/phone/tablet, family/friend/staff visits/independent activity/movie, snacks daily from 09/01/24 through 09/17/24</p> <p>Observations on 09/15/24 at 9:07 A.M., 09/15/24 at 2:22 P.M., 09/16/24 at 10:46 A.M., 09/17/24 at 10:35 A.M., 09/18/24 at 10:55 A.M. revealed Resident #8 was in his room with the TV on. Observation on 09/17/24 at 4:19 P.M. revealed Resident #8 was in room with visitors present.</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 0679</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>Interview on 09/18/24 10:55 A.M. with Resident #8 revealed he did not want to attend group activities but would be interested in doing puzzles and coloring, and seeing what other activities could be provided for Resident #8 to do independently in his room. Resident #8 denied being offered any items from the activity department.</p> <p>Interview on 09/18/24 at 1:25 P.M. with Activity Director #168 revealed Resident #8 did not want to attend activities and would be disruptive at group activities. Activity Director #168 verified one-on-one visits, current events, reading/writing, and talking/conversing were all activities from the the daily chronicle being delivered to residents. Activity Director #168 also verified movie, music, and TV were activities from the TV being on in Resident #8's room. Resident #8 had a telephone so the activity of electronics/phone/tablet was marked daily. Activity Director #168 verified that family/friend/staff visits were marked daily due to nursing staff providing care and snacks were provided by the nursing staff. Activity Director #168 verified Resident #8's activities were the daily chronicle being delivered and the TV being on in Resident #8's room. Activity Director #168 verified there were no specific activities for the cognitively and physically impaired residents. Activity Director #168 also verified the latest activities were at 4:00 P.M.</p> <p>2. Review of the medical record revealed Resident #56 was readmitted to the facility on [DATE] with diagnoses including cerebral infarction, type II diabetes mellitus, aphasia, and encephalopathy.</p> <p>Review of the annual activity assessment dated [DATE] revealed Resident #56's hobbies included Facetime (video telephone product) and cell phone. Socializing for Resident #56 included the cell phone and Facetime with brother.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #56 had moderate cognitive impairment. Resident #56 had impairment to one side and a swallowing disorder.</p> <p>Review of the care plan dated 08/07/24 revealed Resident #56 did not engage in group activities and preferred doing activities in room. Resident #56 liked sports like baseball. Interventions included to offer to assist/escort resident to activity functions and provide resident with personal activity scheduled in room. Resident #56 enjoyed listening to music, watching television (TV), and reading the daily chronicles.</p> <p>Review of the resident's daily activity participation log for September 2024 revealed Resident #56 had one-on-one visits on 09/03/24, 09/05/24, and 09/10/24. Resident #56 participated in trivia on 09/01/24 and 09/02/24. Review of the activity calendar for September 2024 revealed trivia was not an as activity listed. Resident #56 attended scheduled singing/karaoke activity on 09/06/24 and 09/13/24. The participation log revealed Resident #56 participated in current events and movie daily from 09/03/24 through 09/17/24. Resident #56 participated in electronics/phone/tablet, family/friend/staff visit, talking/conversing/ and television from 09/01/24 through 09/17/24.</p> <p>Observations on 09/15/24 at 8:54 A.M., 09/15/24 at 2:22 P.M., 09/16/24 at 10:33 A.M., 09/17/24 at 10:35 A.M., 09/17/24 at 4:24 P.M. and 09/18/24 at 10:55 A.M. revealed Resident #56 was in his room with the TV on. Resident #56 did go to the dining room for lunch.</p> <p>(continued on next page)</p>		

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<p>F 0679</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>Interview on 09/18/24 at 1:25 P.M. with Activity Director #168 stated Resident #56 did not want to attend many group activities and could not attend food activities due to being on a pureed diet. Activity Director #168 verified that one-on-one visits, current events, reading and writing, and talking/conversing were all activities from the the daily chronicle being delivered to residents. Activity Director #168 also verified movie, music, and TV were activities from the TV being on in Resident #56's room. Resident #56 had a telephone so the activity of electronics/phone/tablet was marked daily. Activity Director #168 verified family/friend/staff visits were marked daily due to nursing staff providing care and snacks to Resident #56. Activity Director #168 verified Resident #56's activities were the daily chronicle being delivered and the TV being on in Resident #56's room. Activity Director #168 verified there were no specific activities for the cognitively and physically impaired residents. Activity Director #168 also verified the latest activities were at 4:00 P.M.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00157631.</p>		

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<p>F 0689</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>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** 34298</p> <p>Based on record review and staff interview, the facility failed to ensure Resident #56 received adequate assistance to prevent a fall from bed while care was being provided. This affected one (Resident #56) of three residents reviewed for falls. The facility census was 63.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #56 was readmitted to the facility on [DATE] with diagnoses including cerebral infarction, type II diabetes mellitus, aphasia, retention of urine, and encephalopathy.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #56 had cognitive impairment. Resident #56 had impairment to one side and required substantial to maximal assistance for turning.</p> <p>Review of the State tested Nursing Assistant (STNA) documentation for bed mobility revealed Resident #56 required extensive to total dependence of staff to turn side to side with the assistance of one to two staff.</p> <p>A health status note dated 09/03/24 at 11:00 P.M. revealed Resident #56 slid out of the right side of the bed during care. STNA #107 had rolled Resident #56 to the right side to wash Resident #56's back during a bed bath. Resident #56 sustained a one centimeter skin tear to the left ear.</p> <p>A fall investigation dated 09/03/24 at 11:00 P.M. revealed Resident #56 had no previous falls and Resident #56 slid to the floor during care. Resident #56 was rolled to the right side during a bed bath and rolled out of bed. A new intervention was to make sure Resident #56 was centered in the bed. A written statement dated 09/03/24 by STNA #107 revealed Resident #56 fell out of bed while STNA #107 was giving Resident #56 a bed bath. STNA #107 washed Resident #56's back and while drying Resident #56's back, Resident #56 rolled out of the bed. The incident occurred around 10:35 P.M.</p> <p>Interview on 09/17/24 at 11:30 A.M. with Director of Nursing (DON) verified Resident #56 fell from bed while care was being provided.</p>		

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<p>F 0806</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>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44070</p> <p>Based on review of thee facility policy, observations, resident and staff interview, and record review, the facility failed to ensure residents did not receive foods against their dietary preferences and allergies. This affected one (Resident #34) of one resident reviewed for food preferences. The Facility census was 63.</p> <p>Finding include:</p> <p>Review of the medical record for Resident #34 revealed an admitted [DATE]. Diagnoses included respiratory failure, lymphedema, and heart disease.</p> <p>Review of the physician orders dated 04/19/24 revealed Resident #34 had an order for mechanical soft diet with thin consistency, allergies of strawberries and pineapples, with a no added salt and large protein portions.</p> <p>Review of lunch meal ticket dated 09/17/24 revealed Resident #34 had pineapple listed under dislikes and also had it identified in two spots on the meal ticket as well as strawberries.</p> <p>Interview and observation on 09/17/24 around 11:50 A.M. with Kitchen Staff #144 revealed regular diets received melon, mechanical soft received crushed pineapple, and puree diet received puree pineapple. Kitchen Staff #144 revealed mechanical soft and puree diets were unable to have melon. It was observed Kitchen Staff #144 placed mechanical soft pineapple on Resident #34's tray along with the ticket that included a dislike for pineapple and allergy to pineapple.</p> <p>Observation and interview on 09/17/24 at 12:50 P.M. with Resident #34 revealed she was served crushed pineapple as her lunch dessert. Resident #34 stated she was allergic to pineapple and strawberries and she frequently received these items on her tray. Resident #34 showed her meal ticket which displayed pineapple as a dislike and also as an allergy twice.</p> <p>Interview and observation on 09/17/24 at 12:55 P.M. with Registered Nurse (RN) #163 confirmed Resident #34 received crushed pineapple and also confirmed it stated she had an allergy to this item on her tray ticket. RN #163 left the pineapple on her tray and exited the room.</p> <p>Interview on 09/18/24 at 2:00 P.M. with Diet Technician #180 verified Resident #34 should not have been given pineapple unless requested as melon can be chopped and pureed. She also verified resident's tray tickets shall be reviewed when doing tray line to monitor for likes, dislikes and allergies.</p> <p>Review of the menu spreadsheet for lunch meal on 09/17/24 revealed mechanical soft diet should have also received diced melon and puree diets should receive pureed melon.</p> <p>Review of the facility policy titled Religious, Ethnic, and Cultural Food Preferences dated 08/07/14 revealed food preferences shall be accommodated by the facility. Resident food allergies shall be included on the diet order form.</p>		