

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER Burbank Parke Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 14976 Burbank Road Burbank, OH 44214	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39333</p> <p>Based on observation, record review and interview, the facility failed to ensure interventions to maintain skin integrity were implemented per the resident's care plan. This affected one (Resident #50) of five sampled residents. The facility census was 71.</p> <p>Findings include:</p> <p>Review of Resident #50's medical record revealed the resident was admitted on [DATE] with diagnoses including Alzheimer's disease, hypoxemia, severe dementia, delusional disorder, anxiety, and major depressive disorder.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #50 was rarely understood, was receiving hospice services, and was dependent for activities of daily living.</p> <p>Review of Resident #50's physician orders for September 2024 revealed an order dated 10/17/23 for soft elbow pads implemented daily for skin protection.</p> <p>Review of Resident #50's care plan revealed Resident #50 had actual or potential for alteration in skin integrity related to diagnoses and resistance to care. An intervention dated 04/03/20 included elbow protectors at all times, may remove for hygiene.</p> <p>Observation and interview on 09/04/24 at 1:49 P.M. with Licensed Practical Nurse (LPN) #206 revealed Resident #50 sitting in the common area in a Broda chair. Resident #50's left arm was in a cast, covered in a blanket. Resident #50 did not have an elbow protector to her right elbow. LPN #206 stated an elbow protector was not on the left elbow related to the cast but verified Resident #50 should have an elbow protector on the right arm.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00156928.</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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