

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Avenue at Medina		STREET ADDRESS, CITY, STATE, ZIP CODE 699 East Smith Road Medina, OH 44256	

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>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34297</p> <p>Based on observation, record review and interview, the facility failed to ensure Resident #15's pressure ulcer wound care dressing was in place as ordered. This finding affected one (Resident #15) of three residents reviewed for pressure ulcer wounds.</p> <p>Findings include:</p> <p>Review of Resident #15's medical record revealed the resident was admitted on [DATE] with diagnoses including Parkinsonism, unspecified fall and anemia.</p> <p>Review of Resident #15's Admission Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited severe cognitive impairment.</p> <p>Review of Resident #15's Pressure Ulcer/Wound Record form dated 07/16/24 revealed the resident had a deep tissue injury (DTI) left heel pressure wound first identified 07/11/24 which measured 1.1 centimeters (cm) length by 0.8 cm width by undetermined depth (UTD) with a 100% purple/maroon discoloration.</p> <p>Review of Resident #15's physician orders revealed an order dated 07/12/24 (discontinued 07/16/24) to apply skin prep to the bilateral heels daily for skin integrity; an order dated 07/18/24 (discontinued 07/18/24) to apply skin prep to the left heel three times weekly and cover with a foam dressing; and an order dated 07/19/24 to apply skin prep to the left heel and cover with a foam dressing every day shift for skin integrity.</p> <p>Review of Resident #15's medication administration records (MARS) and treatment administration records (TARS) from 07/11/24 to 07/24/24 revealed the pressure ulcer wound care to the left heel was completed as ordered.</p> <p>Review of Resident #15's Wound Care Clinical Services form dated 07/23/24 at 8:15 P.M. revealed the resident had a left heel DTI with intact skin which measured 0.5 cm length by 0.3 cm width by UTD with 100% purple or maroon discoloration which was improved/healing.</p> <p>Observation on 07/24/24 at 1:44 P.M. with Licensed Practical Nurse (LPN) Unit Manager #880 of Resident #15's left heel DTI pressure ulcer wound care revealed no evidence a dressing was in place on the left heel at the time of the observation.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Attempted interview on 07/24/24 at 1:51 P.M. with Resident #15 and she could not remember if wound care and a dressing was applied to her left heel.</p> <p>Interview on 07/24/24 at 1:54 P.M. with LPN Unit Manager #880 confirmed Resident #15's dressing was not in place as ordered. She stated the dressing was not in the sock and must have come off at some point.</p> <p>Review of the Pressure Ulcer Prevention and Interventions policy revised 01/23 indicated the purpose of the policy was to implement preventative skin measures for all residents based on the levels and areas of risk to include moisture, nutrition, activity, mobility, mental status, psychosocial status, and general physical condition. The resident's skin would be assessed and monitored on a routine basis as outlined in the skin assessment protocols.</p> <p>This deficiency represents non-compliance investigated under Complaint Numbers OH00155381 and OH00155223.</p>

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<p>F 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34297</p> <p>Based on observation, record review and interview, the facility failed to ensure fluids were provided on Resident #43's meal trays as indicated on the meal ticket. This finding affected one (Resident #43) of three residents reviewed for meals and fluids.</p> <p>Findings include:</p> <p>Review of Resident #43's medical record revealed the resident was admitted on [DATE] with diagnoses including Alzheimer's disease, generalized anxiety and contracture of the left hand.</p> <p>Review of Resident #43's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited severe cognitive impairment.</p> <p>Review of Resident #43's physician orders revealed an order dated 08/14/23 for a two-handled mug with straws at meals; and an order dated 06/02/24 for a regular diet, mechanical soft texture, nectar thick liquids.</p> <p>Review of Resident #43's breakfast meal ticket dated 07/23/24 (for the breakfast meal) revealed the resident required a 2-handled spouted sippy cup, daily nectar thick juice, nectar water and nectar thick coffee.</p> <p>Observation on 07/23/24 at 8:04 A.M. revealed Activity Director #848 was assisting Resident #43 with the breakfast meal. The meal tray did not reveal evidence of the 2-handled spouted sippy cup or nectar water.</p> <p>Interview on 07/23/24 at 8:06 A.M. with Activity Director #848 confirmed Resident #43's meal tray did not have the two-handled spouted sippy cup or nectar thick water on the resident's tray as indicated on the meal ticket.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00155381.</p>		