STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366418	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Dublin	4075 West Dublin-Granville Road Dublin, OH 43017

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34298 Based on record review and staff interview, the facility failed to put treatments in place in a timely manner when Resident #21 developed three non-pressure related ulcers. This affected one (Resident #21) of three residents reviewed for skin impairment. The facility census was 104. Findings include: Closed medical record review revealed Resident #21 was admitted on [DATE] and discharged on [DATE]. Diagnoses included cystitis, type II diabetes mellitus, chronic pain, and erythema intertrigo (skin condition). The Medicare five-day Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #21 was cognitively intact. Resident #21 had no pressure, venous, or arterial ulcers and had no other skin problems. Review of the hospital discharge records dated 07/11/24 revealed Resident #21 had pain and redness in lower abdominal skin folds and genital area. The admission assessment dated [DATE] revealed Resident #21 had a blister to right great toe, fungal infection under left breast that measured 0.1 centimeters (cm) long and 17 cm wide, fungal infection under right breast that measured 0.1 cm long and 13 cm wide, fungal infection under left abdominal fold that measured 0.1 cm long and 25 cm wide, and under right abdominal fold that measured 0.1 cm long and 20 cm wide. A head-to-toe assessment dated [DATE] by Licensed Practical Nurse (LPN)/Wound Nurse #200 revealed Resident #21 had areas of yeast under skin folds to abdomen and breast. An order for nystatin (antifungal) was in place. However, there was no physician order in place. Review of the physician orders, medication administration records (MAR) and treatment administration record (TAR) revealed Resident #21 was ordered and had house barrier cream applied after pericare every shift and as needed to buttock from 07/11/24 through 08/07/24. There were physician orders for Fluconazole (to treat fungal infections) 150 milligram (mg) from 07/12/24 through 07/20/24. There was no evidence of nystatin being ordered or administered to areas of yeast under skin folds to abdomen and breast. Resident #21 did receive Fluconzaole as physician ordered. A skilled note dated 08/05/24 revealed Resident #21 had no skin issues. (continued on next page)

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: 366418	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Legacy Dublin		STREET ADDRESS, CITY, STATE, ZIP CODE 4075 West Dublin-Granville Road Dublin, OH 43017	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The weekly ulcer/wound documentation dated 08/06/24 at 10:41 A.M. by Licensed Practical Nurse (LPN) #200 revealed Resident #21 had three non-pressure wounds. The first wound was a skin tear to right lateral groin that measured one cm wide, 2.7 cm long, and 0.3 cm deep and identified on 08/06/24. The second was a non-pressure wound to the right distal groin that measured 0.9 cm long, 2.3 cm wide, and 0.1 cm deep. The third wound was to center midline of abdomen and measured 1.1 cm long, 1.9 cm wide, and 0.1 cm deep. The second and third wounds were documented as identified on 08/07/24. There were no physician written to implement a treatment order for the three non-pressure wounds on 08/06/24 or 08/07/24. A progress note dated 08/06/24 at 11:59 A.M. by the facility Certified Nurse Practitioner (CNP) revealed Resident #21 had open areas to abdomen and back with treatments in place. Resident #21 had a history of yeast under folds with treatment that included Fluconazole and nystatin. The wound team was to follow up with Resident #21 on 08/07/24. Review of the wound nurse practitioner notes dated 08/07/24 revealed Resident #21 presented with a chronic non-healing non-pressure chronic ulcer of the center midline abdomen. The wound measured 1.15 cm long, 1.96 cm wide, and 0.1 cm deep. A treatment was ordered to cleanse the wound with saline solution and pat dry with gauze. Then tertracyte (topical antibiotic for bacterial infections) was to be applied to the wound bed, followed by calcium alginate, and covered with bordered gauze daily and as needed. Resident #21 also presented with a non-healing non-pressure chronic ulcer of right distal groin. The wound measured 0.96 cm long, 2.37 cm wide, and 0.1 cm deep. A treatment was ordered to cleanse wound with saline solution and pat dry with gauze. Then tertracyte was to be applied to the wound bed, followed by calcium alginate, and covered with bordered gauze daily and as needed. Resident #21 also had a chronic non-healing non-pressure ulcer of the right lateral groin. The wound measured 1.14 cm long, 2.72 cm wide, and 0.3 cm deep. A treatment was ordered to cleanse the wound with saline solution and pat dry with gauze. Then tertracyte applied to the wound bed, followed by calcium alginate, and covered with bordered gauze daily and as needed. However, there were no physician orders written on 08/07/24. Review of the treatment administration record (TAR) revealed there were no treatment orders or treatment completed on 08/07/24, 08/08/24, and 08/09/24. A nursing note dated 08/07/24 by LPN #200 revealed wound nurse practitioner saw Resident #21 for initial visit. Treatment orders were clarified and in place. However there were no physician orders written on 08/07/24 and were not written until 08/10/24 Review of the physician orders dated 08/10/24 revealed Resident #21 was ordered the center midline abdomen wound to be cleansed with saline, patted dry, tertracyte applied to wound bed, calcium alginate applied to the wound bed, and covered with border dressing daily and as needed. On 08/10/24, Resident #21 was also ordered the right distal groin wound to be cleansed with saline, patted dry, tertracyte applied to wound bed, calcium alginate applied to the wound bed, and covered with border dressing daily and as needed. On 08/10/24, Resident #21 was ordered the right lateral groin wound to be cleansed with saline, patted dry, tertracyte applied to wound bed, calcium alginate applied to the wound bed and covered with border dressing daily and as needed. Review of the TAR revealed treatments to Resident #21's midline abdomen, right distal groin, and right lateral groin were started on 08/10/24. Interview on 09/13/24 at 11:04 A.M. with LPN #200 verified a head-to-toe skin assessment was completed by LPN #200 when Resident #21 was admitted , and Resident #21 had no skin concerns. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 09/13/24 at 2:46 P.M. with the Director of Nursing (DON) verified Resident #21 had an area to midline abdomen and two areas to the groin that were identified on 08/06/24 and treatments were not ordered or put in place until four days later on 08/10/24. The DON verified there was no documentation of nystatin being ordered or administered to Resident #21. This deficiency represents non-compliance investigated under Complaint Number OH00157135.