

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Legacy Twinsburg		STREET ADDRESS, CITY, STATE, ZIP CODE 8551 Darrow Road Twinsburg, OH 44087	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47568</p> <p>Based on record review, interview, and review of the facility policy the facility failed to ensure physician orders were followed to obtain blood pressure reading prior to medication administration for Resident #70. This affected one resident (#70) of four residents reviewed for medication administration. The facility census was 71.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #70 revealed an admitted [DATE]. Medical diagnoses included chronic obstructive pulmonary disease, paraplegia, anxiety, major depressive disease, essential hypertension, neuromuscular dysfunction of bladder, and personal history of urinary tract infection.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #70 was cognitively intact. Resident #70 required setup or clean-up assistance with eating and oral hygiene, partial to moderate assistance with toileting, upper body dressing, and personal hygiene, substantial to maximal assistance with shower/bathing and lower body dressing and was dependent on staff for putting on/taking off footwear. Resident #70 was frequently incontinent of bladder and always incontinent of bowel.</p> <p>Review of the care plan dated 06/22/23 revealed Resident #70 was at risk for decreased cardiac output and abnormal lab values related to hypertension. Interventions included to give medications per physician order, monitor endurance, provide frequent rest periods, and to monitor for signs and symptoms of elevated blood pressure.</p> <p>Review of the physician orders revealed an order dated 08/31/24 for hydralazine (anti-hypertensive) tablet 25 milligrams (mg) to give one tablet by mouth one time a day for hypertension, and to hold for systolic blood pressure less than 120. Physician order did not include a spot to document the blood pressure reading.</p> <p>Review of the medication administration record (MAR) for August 2024 and September 2024 revealed when hydralazine was administered there was no associated blood pressure reading documented.</p> <p>Review of vital signs for August 2024 and September 2024 revealed last documented blood pressure was 137/88 millimeters of mercury (mmHg) on 09/05/24.</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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 09/25/24 at 12:57 P.M. with Nurse Practitioner (NP) #376 stated facility nurses were communicating with her when Resident #70's blood pressure was low, but there was no documentation for her to see what Resident #70's blood pressures were prior to administration of hydralazine.</p> <p>Interview on 09/25/24 at 4:30 P.M. with the Director of Nursing confirmed when Resident #70 was administered hydralazine there was no associated blood pressure documented to ensure residents blood pressure was above the parameter set by the nurse practitioner.</p> <p>Review of the facility policy Medication Administration - General Guidelines, dated 11/21, revealed medications are administered in accordance with written orders of the prescriber.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00157568 and Complaint Number OH00157321.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47568</p> <p>Based on observation, interview, review of the medical record and facility policy the facility failed to ensure timely incontinence care was provided for Resident #70. This affected one resident (#70) of three residents reviewed for incontinence care. The facility census was 71.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #70 revealed an admitted [DATE]. Medical diagnoses included chronic obstructive pulmonary disease, paraplegia, anxiety, major depressive disease, essential hypertension, neuromuscular dysfunction of bladder, and personal history of urinary tract infection.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #70 was cognitively intact. Resident #70 required setup or clean-up assistance with eating and oral hygiene, partial to moderate assistance with toileting, upper body dressing, and personal hygiene, substantial to maximal assistance with shower/bathing and lower body dressing and was dependent on staff for putting on/taking off footwear. Resident #70 was frequently incontinent of bladder and always incontinent of bowel.</p> <p>Review of the care plan dated 6/22/23 revealed Resident #70 was incontinent of bowel related to paraplegia. Interventions included to check resident to see if continent, offer to assist with toileting, and provide incontinence care after each episode. Further review of care plan revealed Resident #70 had bladder incontinence related to neuromuscular dysfunction of bladder and limited mobility with interventions that included to assess bladder continence quarterly and as needed and provide incontinence care after each episode.</p> <p>Interview on 09/25/24 at 9:52 A.M. with Resident #70 stated she was not sure when she was last changed, and she had asked a state tested nurse aide (STNA) to be changed earlier and was told that they would be back after they got people up for the day.</p> <p>Observation on 09/25/24 at 10:10 A.M. with STNA #367 and STNA #362 of Resident #70's incontinence care revealed after STNA #362 uncovered Resident #70, the draw sheet under the resident was soaked with urine and had a large dried brown ring, and the resident's incontinence brief was also filled with urine and bowel movement.</p> <p>Interview on 09/25/24 at 11:51 A.M. with STNA #362 confirmed Resident #70's brief and draw sheet under her was soaked with urine when incontinence care was provided during observation and stated that Resident #70 had not been provided timely incontinence care.</p> <p>(continued on next page)</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 09/25/24 at 11:20 A.M. with STNA #333 confirmed Resident #70 was on their assignment had had not checked to see if Resident #70 needed changed yet for the day due to midnight shift reported all the residents in their assignment had been changed and dry at the start of their shift. STNA #333 stated his shift started at 7:00 A.M. and by 10:10 A.M. he had not provided incontinence care. STNA #333 stated that Resident #70 had asked to be changed when he went around to collect breakfast trays, and he told the resident that they would be back after they finished collecting breakfast trays.</p> <p>Review of the facility policy titled Incontinence Care, dated 11/30/23, revealed the purpose of incontinence care was to keep residents' skin clean, dry and free from irritation and odor and to prevent skin breakdown and prevent infection.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00157568 and Complaint Number OH00157321.</p>		