

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366442	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER Center for Rehabilitation at Hampton Woods The		STREET ADDRESS, CITY, STATE, ZIP CODE 1517 East Western Reserve Road Poland, OH 44514	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44810</p> <p>Based on record review, interview, and facility policy review the facility failed to notify Resident #12's physician that he had an active infection and was currently being isolated before sending him to an appointment at the physician's office. This affected one resident (#12) of three residents reviewed for infection control. The facility census was 23.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #12 revealed an admitted [DATE]. Diagnoses included congestive heart failure, type two diabetes mellitus, and diarrhea unspecified.</p> <p>Review of the hospital information sent to the facility on admission, printed on 03/19/24 revealed Resident #12 had a positive stool for clostridioides difficile (c-diff) on 03/14/24. Resident #12 was started on oral vancomycin 250 milligrams (mg) (antibiotic) four times daily on 03/19/24.</p> <p>Review of the physician's order dated 03/20/24 and discontinued on 04/02/24 revealed Resident #12 was to remain in contact isolation for c-diff.</p> <p>Review of the physician's order dated 03/20/24 and ended on 04/02/24 revealed an order to administer vancomycin 250 mg by mouth to Resident #12 four times a day for c-diff.</p> <p>Review of the care plan for Resident #12 dated 03/20/24 revealed he had an infection. Interventions included to administer medications as ordered and to provide perineal care after each incontinent episode.</p> <p>Review of the transfer for Resident #12 dated 03/21/24 revealed he was leaving for an appointment at a physician's office. No diagnoses were listed on the form, just emergency contact information. At the bottom of the form where the physician writes a response, the physician left a note questioning the facility for sending a patient to his office with an active c-diff diagnosis. The form was signed by the physician.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #12 had intact cognition. Resident #12 required some help of another person for self-care and was independent for ambulation with or without a device. Resident #12 was occasionally incontinent of urine and bowel. He had also received an antibiotic in the past seven days.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 04/12/24 at 10:00 A.M. with the Director of Nursing (DON) confirmed Resident #12 was admitted to the facility late on 03/19/24. He had been diagnosed with c-diff in the hospital and began vancomycin treatment on 03/17/24. The DON confirmed Resident #12 was in contact isolation from the time of admission until the order was discontinued on 04/02/24. She reported Resident #12 did go to an outside physician's appointment on 03/21/24 but at the time Resident #12 was not having any loose stools and had no fever. She confirmed the facility sent Resident #12 but did not notify the physician of the diagnosis or his current condition prior to sending him to the appointment.</p> <p>Review of the undated facility policy titled isolation of a resident with infectious disease revealed residents are transported as follows, appropriate barriers such as masks and impervious dressing are used to prevent transmission of organisms when isolated residents leave their rooms, the facility is to notify personnel in the area to which the resident is to be taken if precautions are to be used, and if the transport vehicle is contaminated with infectious material, do not remove the vehicle from the room until disinfected by environmental services.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152318.</p>		