

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34299</p> <p>Based on medical record review and staff interview, the facility failed accurately reflect Resident #14's significant change, including hospice, in the comprehensive significant change in condition assessment. This affected one resident, (Resident #14) of one resident reviewed for Hospice care. The facility census was 52.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #14 revealed an admitted [DATE] with diagnoses including chronic kidney disease stage three, cerebral infarction, chronic obstructive pulmonary disorder, atherosclerotic heart disease, cardiomegaly, atrial fibrillation, dementia and peripheral venous insufficiency.</p> <p>Review of physician orders revealed an order dated 12/12/24 to admit Resident #14 to Buckeye Hospice care on 12/11/24.</p> <p>Review of the significant change Minimum Data Set (MDS) assessment opened 12/11/24 and signed on 12/16/24 revealed Resident #14 was cognitively intact. Resident #14 had a decline in bed mobility and eating assistance. The assessment did not indicate Resident #14 had a life expectancy of less than six months and did not indicate Resident #14 was receiving hospice services.</p> <p>Review of the nursing progress notes from 09/01/24 through 12/31/24 revealed no documentation of Resident #14 admission to hospice services.</p> <p>Review of hospice provider folder for Resident #14 revealed an admitted [DATE] related to diagnosis of chronic kidney disease and hypertensive heart disease. The folder contained nursing and Certified Nurse Aide (CNA) visits and documentation.</p> <p>Review of the plan of care dated 12/13/24 revealed Resident #14 received hospice care and services related to chronic kidney disease, and hypertensive heart disease. The goal to receive palliative measures to provide comfort care and emotional support for pain, nausea, vomiting, shortness of breath and diarrhea through the review date. The interventions included receiving hospice services as ordered, monitoring the resident for breakthrough pain, inspecting skin during care, assisting with the grieving process, contacting hospice for changes in condition, medications as ordered, and hospice to collaborate care with facility staff.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 12/31/24 at 3:04 P.M. with MDS Nurse #604 revealed Resident #14 had a significant change MDS dated [DATE] related to a decline in two areas of activities of daily living. MDS Nurse #604 confirmed the assessment did not address hospice care and that hospice care would require a significant change. MDS Nurse #604 confirmed there was not an MDS completed for Resident #14 related to hospice care and services.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34299</p> <p>Based on medical record review, staff interview and facility policy review, the facility failed to complete a new Pre-Admission Screening and Resident Review (PASARR) assessment for Resident #6 with a new diagnosis. The facility also failed to ensure the admission PASARR for Resident #37 was accurate. This affected two residents (#6 and #37) of three residents reviewed for PASARR completion. The facility census was 52.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #6 revealed an admitted [DATE] with diagnoses including traumatic brain injury, schizoaffective disorder and dissociative conversion disorder.</p> <p>Review of the plan of care initiated on 12/12/23 revealed Resident #6 had a behavior problem related to belief in delusions that staff was abusive towards the resident, visual and auditory hallucinations and calling 911 (emergency). The goal stated Resident #6 would be free from behaviors by the review date of 02/11/25. The interventions included to administer medications as ordered, monitor for effectiveness of medication and potential side effects, intervene and redirect the resident as needed, monitor and assess for behaviors, document and notify physician of increased behaviors, provide a calm and relaxing environment, refer to psych as needed and see staff psychologist as needed.</p> <p>Review of Resident #6 most recent PASARR dated 01/16/24 revealed the resident diagnoses included schizophrenia, panic disorder, depression and insomnia. Resident #6 was prescribed antipsychotic, antidepressant and anti-anxiety medications.</p> <p>Review of the plan of care initiated on 01/23/24 revealed Resident #6 had an alteration in mood with anxiety related to repetitive anxious complaints and or concerns, sad anxious appearance and unrealistic fears and anxiety. The goal stated Resident #6 would be able to verbalize positive aspects of daily life through review date of 02/11/25 and would exhibit the ability to express anxiety in a calm manner through review date of 02/11/25. The interventions included one on one meetings as needed, medications as ordered by physician and refer to counseling/psychiatry as needed.</p> <p>Review of the diagnoses list of Resident #6 revealed a new diagnosis of dissociative conversion disorder was added on 09/30/24.</p> <p>Interview on 12/31/24 at 3:49 P.M. with Director of Nursing (DON) #591 confirmed the most recent PASARR was dated 01/16/24, and the facility did not complete a new PASARR with the new diagnosis of disassociate conversion disorder added on 09/30/24.</p> <p>28923</p> <p>2. Review of Resident #37's medical record revealed she was admitted to the facility on [DATE]. Her diagnoses upon admission included unspecified dementia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #37's PASARR Identification Screen completed on 11/19/24 revealed the pre-admission screening (PAS) was completed as an out of State PAS. The PAS was completed by a social worker from a local hospital, prior to the resident's admission to the facility on [DATE]. Section (D.) of the PAS was to indicate what medical diagnoses the resident was known to have. Section (D.) (1.) asked if the individual had a diagnosis of dementia. The social worker from the local hospital indicated that the resident did not by checking the box no. As a result of that PAS, it was determined that the resident did not have any indications of serious mental illness and/or developmental disability, with an effective date of 11/19/24.</p> <p>Further review of Resident #37's medical record revealed it was absent for any additional PASARR's completed for the resident since her admission to the facility on [DATE]. Findings were verified by Admissions Director #541.</p> <p>On 01/20/25 at 11:35 A.M., an interview with Admissions Director #541 revealed it was her responsibility to review PASARR's for all residents that had been completed prior to their admission into the facility. Part of her review was to ensure the PASARR had been completed accurately. After reviewing the PASARR, she uploaded a copy of them into the computer under each resident's electronic medical record. She tried the best she could to check them for accuracy, but did not always catch them when they were filled out incorrectly. They have been having issues with the hospital social workers not completing them accurately. She questioned if it would just be easier if she completed a new one every time a resident was admitted , due to the issues they have been having. After the initial PASARR was completed, checked, and uploaded, it would be the responsibility of the facility's social worker to complete new PASARR's with any significant change or added mental illness diagnoses. She confirmed Resident #37's PASARR completed on 11/19/24 was not completed accurately, as it did not identify the resident as having dementia. She verified dementia was part of the resident's diagnoses that were present upon her admission. She further confirmed she should have completed a new PASARR for the resident, if it was noted that the resident's PASARR was not completed accurately. She acknowledged she did not catch that the PASARR was not accurate, as it did not indicate the resident had a diagnosis of dementia.</p> <p>Review of the facility's policy on PASARR's updated 01/01/19 revealed the purpose of the policy was to assure that all admissions to the nursing facility were screened for indications of serious mental illness or developmental disabilities in effort to prevent inappropriate admissions to the nursing facility. The protocol included a Level I screen to be completed by the hospital discharge planners through the Healthcare Electronic Notification System ([NAME]) system. The Admission Director of the facility or designee should verify the Level I screen was completed through [NAME], prior to admission. The policy was not specific to having the Admission Director ensure accuracy of the PASARR that had been completed prior to the resident's admission.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0646</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the appropriate authorities when residents with MD or ID services has a significant change in condition.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34299</p> <p>Based on medical record review, staff interview and facility policy review, the facility failed to notify the mental health authority by completing a resident Pre-Admission Screening and Resident Review (PASARR) Level II assessment for Resident #6 with a new diagnosis. This affected one resident (#6) of three residents reviewed for PASARR. The facility census was 52.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #6 revealed an admitted [DATE] with diagnoses including traumatic brain injury, schizoaffective disorder and dissociative conversion disorder.</p> <p>Review of the plan of care initiated on 12/12/23 revealed Resident #6 had a behavior problem related to belief in delusions that staff was abusive towards the resident, visual and auditory hallucinations and calling 911 (emergency). The goal stated Resident #6 would be free from behaviors by the review date of 02/11/25. The interventions included to administer medications as ordered, monitor for effectiveness of medication and potential side effects, intervene and redirect the resident as needed, monitor and assess for behaviors, document and notify physician of increased behaviors, provide a calm and relaxing environment, refer to psych as needed and see staff psychologist as needed.</p> <p>Review of Resident #6's most recent PASARR and Level II dated 01/16/24 revealed the resident diagnoses included schizophrenia, panic disorder, depression and insomnia. Resident #6 was prescribed antipsychotic, antidepressant, and anti-anxiety medications. Resident #6 did not require level II services.</p> <p>Review of the plan of care initiated on 01/23/24 revealed Resident #6 had an alteration in mood with anxiety related to repetitive anxious complaints and or concerns, sad anxious appearance and unrealistic fears and anxiety. The goal stated Resident #6 would be able to verbalize positive aspects of daily life through review date of 02/11/25 and would exhibit the ability to express anxiety in a calm manner through review date of 02/11/25. The interventions included one on one meetings as needed, medications as ordered by physician and refer to counseling/psychiatry as needed.</p> <p>Review of the diagnoses list of Resident #6 revealed a new diagnosis of dissociative conversion disorder was added on 09/30/24.</p> <p>Interview on 12/31/24 at 3:49 P.M. with Director of Nursing (DON) #591 confirmed the most recent PASARR was dated 01/16/24, the facility did not complete a new PASARR with new diagnosis of dissociative conversion disorder added on 09/30/24 or submit a Level II to the mental health authority.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47985</p> <p>Based on record review and interviews, the facility failed ensure Residents #4, #19, and #36 or their representatives were provided with a copy of their baseline care plan. This affected three residents (#4, #19, #36) of three residents reviewed for baseline care plans. The facility census was 52.</p> <p>Findings include:</p> <p>1. Record review revealed Resident #4 admitted to the facility on [DATE] with diagnoses including venous insufficiency, hypertension, and gastro-esophageal reflux disease.</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #4's cognition remained intact, and she had no behaviors.</p> <p>Review of the medical record revealed no documented evidence of a new admission care conference being completed within 48 hours of admission.</p> <p>Review of typed notes dated 06/11/24, 09/15/24, and 12/15/24, and signed by Social Services Director (SSD) #568 revealed a quarterly care conference was held but did not include a list of who was present for the meeting and if a copy of the care plan was offered to Resident #4.</p> <p>Interview on 01/02/25 at 7:46 A.M. with SSD #568 confirmed Resident #4 did not have a new admission care conference completed within 48 hours of her admission to the facility because the facility previously had an assisted unit, and Resident #4 admitted to the skilled nursing facility when the assisted living closed. SSD #568 confirmed there was no sign-in sheet or list of those in attendance at the care conferences or documented evidence if a copy of the care plan was given to the resident or the resident's representative.</p> <p>2. Record review revealed Resident #19 admitted to the facility on [DATE] with diagnoses including malignant neoplasm of stomach and esophagus, muscle wasting and atrophy, and hypertension.</p> <p>Review of a Multidisciplinary Care Conference assessment dated [DATE] revealed a care conference was held with Resident #19's family, a social worker, and a physical therapist. There was no documented evidence Resident #19 was invited to the care conference or received a copy of the baseline care plan.</p> <p>Review of a MDS assessment completed 11/27/24 revealed Resident #19's cognition remained intact, and he had no behaviors.</p> <p>Interview on 12/30/24 at 9:46 A.M. with Resident #19 revealed he had not been invited to a care conference since his admission to the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 01/02/25 at 7:46 A.M. with SSD #568 confirmed Resident #19 was not at the care conference and the only attendees included Resident #19's family, a social worker, and a physical therapist. SSD #568 confirmed a full interdisciplinary team should have been in attendance for care conferences. SSD #568 confirmed there was no documented evidence Resident #19 received a copy of his baseline care plan.</p> <p>3. Record review revealed Resident #36 admitted on [DATE] with diagnoses including displaced intertrochanteric fracture of left femur, muscle wasting and atrophy, chronic kidney disease stage three, and hypertension.</p> <p>Review of an assessment titled CHS Multidisciplinary Care Conference dated 11/21/24 revealed the assessment was completely blank with no documented evidence of an initial care conference being completed and/or a copy of the baseline care plan being given to the resident or the resident's representative.</p> <p>Review of progress notes from 11/20/24 through 11/23/24 revealed no documented evidence Resident #36 or her representative received a copy of her baseline care plan.</p> <p>Review of an MDS completed 12/02/24 revealed Resident #36's cognition remained intact, and she had no behaviors.</p> <p>A printed copy of the incomplete care conference dated 11/21/24 was requested on 12/31/24 at approximately 4:30 P.M.</p> <p>Review of a printed copy of the CHS Multidisciplinary Care Conference assessment dated [DATE] revealed the assessment had been completed and locked on 12/31/24.</p> <p>Interview on 01/02/24 at 7:46 A.M. with SSD #568 confirmed an admission care conference was not completed within 48 hours of Resident #36's admission and there was no documented evidence Resident #36 or her representative received a copy of her baseline care plan. SSD #568 confirmed the care conference assessment was started on 11/21/24 but it was not completed until 12/31/24. SSD #568 confirmed only social services and physical therapy were present for the care conference.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28923</p> <p>Based on record review, resident interview, staff interview, and policy review, the facility failed to ensure a multi-disciplinary approach was taken and resident's and/or their representatives were included in the development of their care plans. This affected four (Resident #6, #19, #148, and #149) of four residents reviewed for care planning. The facility census was 52.</p> <p>Findings include:</p> <p>1. Review of Resident #149's medical record revealed the resident was admitted to the facility on [DATE] with diagnoses including an encounter for other orthopedic aftercare, acute post-procedural pain, abnormalities of gait and mobility, need for assistance with personal care, adult-onset diabetes mellitus, hypertension, obstructive sleep apnea, anxiety disorder, fibromyalgia, and low back pain.</p> <p>Review of Resident #149's Admission Record (face sheet) revealed she was her own responsible party. She had a friend listed as her first emergency contact.</p> <p>Review of Resident #149's multi-disciplinary care conference form revealed a care conference meeting had allegedly taken place on 12/21/24 at 1:52 P.M. (day after admission). The notification of the plan of care (POC) meeting was indicated to have been made verbally. Attendance at meeting included the social worker, physical therapy (PT), and family. There was no place on the form for the facility to identify the resident as being one of the people who attended the meeting. There was a box to checkmark if a resident representative was present, and the form included a space for them to indicate the name of the representative who attended. That box was left unmarked, and the name of the resident representative that attended was left blank. Under a section titled Review, it indicated they were to review with team/ resident/ power of attorney (POA) ancillary services, physician's orders, preferences, advanced directives and discharge plans. Under the section titled Summary, problems/ needs and evaluation/ goals were to be identified from input from all those in attendance. Problems/ needs indicated the resident admitted for PT/ occupational therapy (OT) following a recent hospital stay. The resident was indicated to live alone and would return home with Passport services after rehabilitation goals had been met. There was nothing documented under the evaluation/ goals, which was under the Summary section. There was also nothing documented under the sections for Discharge Plan/ Summary, PT/ OT summary, and the Resident/ Family which was to include any expectations/ concerns/ preferences. They did not have anyone who may have been in attendance of that care conference meeting sign the form to show proof of attendance.</p> <p>Review of Resident #149's admission Minimum Data Set (MDS) assessment dated [DATE] revealed the resident did not have any communication issues and was cognitively intact. She was not known to have displayed any behaviors or reject care during the seven days of the assessment period.</p> <p>On 12/30/24 at 10:09 A.M., an interview with Resident #149 revealed she had not been invited to participate in any care conference meetings since her admission on 12/10/24. An explanation of what the meeting would entail was provided, and Resident #149 again denied being part of any meeting like that.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/31/24 at 2:30 P.M., an interview with Social Service Director (SSD) #568 revealed Resident #149's care conference meeting on 12/21/24 was held in the resident's room. She acknowledged the care conference form that they filled out did not allow them to mark it to show the resident was in attendance of the meeting. She was asked who all participated in the care conference that was said to have been held in the resident's room. She replied it was her and PT. She denied any other disciplines were part of the care conference meeting. She was asked who the family member was that was marked as having attended the meeting. She started to pull the resident's information up from her profile on the computer before being informed the electronic medical record (EMR) indicated the resident did not have any family members listed. She only had a friend that was identified as her first emergency contact. She then stated that it was marked in error, and the resident did not have a family member present for the meeting. She was asked if the resident's friend would have been invited to attend the care conference since she was listed as her first emergency contact. She reported it would be up to the resident. SSD #568 was accompanied into the therapy room, where she went to talk with the PT who was indicated on the care conference form as having been part of that care conference meeting. She started to tell the PT the reason for coming to her office, explaining to her that the resident was questioning if the PT was part of her care conference. It was clarified with SSD #568 that Resident #149's concern was she did recollect having had a care conference meeting or that she had even been invited to attend one, after it had to be explained to her what a care planning conference was. The PT was not able to confirm or deny that she was part of the care conference meeting. She was attempting to pull up notes from her computer but was not able to provide any information about the care conference. SSD #568 then indicated she was the only one in the resident's room when the care conference took place. She reported the PT would have come into the resident's room either before or after she was in there. She acknowledged the purpose of the care conference was to ensure a multidisciplinary approach was taken to develop the resident's comprehensive care plan, and the resident should have had the opportunity to participate in the development of her care plans. She further acknowledged they should have checked with the resident to see if she wanted her friend to be invited to the care conference, since her friend was listed as her first emergency contact.</p> <p>On 12/31/24 at 3:35 P.M., a follow up interview with Resident #149 revealed she recalled the facility's SSD did come in her room the day after she was admitted to the facility. She recalled they briefly talked about her discharge intentions and what services she had in place prior to her admission. She recalled the SSD was happy she already had services set up in her home that were in place prior to her admission into the facility. She did not recall the PT or any other discipline being part of that meeting, but the therapist may have been in her room the day after her admission as well. She reported she would have liked to have had her friend invited to attend the meeting, as she was her emergency contact, and she would have liked to have her included with what was going on with her. She denied she had been asked if she wanted the friend invited to attend. She did not feel the interaction she had with the SSD the day after her admission was any type of meeting to review her orders, identify any issues/ concerns, establish any goals or allow her participation in the development of her plan of care. She described it more as just a brief, informal encounter.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the undated facility's policy on Care Conferences revealed the facility would conduct routine and scheduled care conferences to evaluate and re-evaluate each resident's plan of care to determine whether the established goals were appropriate and being met by the resident or if changes to the goals were necessary. The MDS nurse was responsible for coordinating the routine schedule of the resident's care conference. Social services would send letters two weeks in advance of the meeting to the resident's responsible party and/ or the residents notify them of the upcoming meeting. A resident care conference schedule would be distributed to the nurse's station and to each discipline. Any scheduling changes should be directed to the MDS nurse. Each member of the interdisciplinary team, including but not limited to, MDS, social services, nursing, dietary, therapy, activities, as well as the primary caregivers to include the residents most routine certified nursing assistant (CNA), would review the medical record, visit the resident, seek out any concerns, and assess the outcome of the last meetings recommendations prior to attending the care conference. The social service coordinator or the activities coordinator would ask each resident prior to the meeting if they would like to be present at the meeting. The MDS nurse would briefly review the resident's diagnoses, current medications, orders, labs, weights, restraint use, advanced directives, psychotropics, and change in status and resident concerns. The interdisciplinary team (IDT) would discuss the MDS assessment, care area assessments (CAA), triggers, as well as intervention for each area of concern. The social service coordinator would discuss the plans for discharge and make any necessary arrangements that need to be made. The resident or the responsible party would be asked if they had any concerns or questions. The physician, DON, Administrator, an CNA responsible for the individual resident, a member of the food or nutrition department, and rehabilitation services would be invited to attend to discuss the medical condition, give input, and answer any questions that may arise. The contents of the care conference would be documented by the MDS coordinator on the care conference form. The attendees of the care conference, including the resident and/ or responsible party, would sign the care conference form. The MDS coordinator should document the resident's and/ or the responsible party's decline to attend the care conference. The policy did not specifically address initial care conferences or the scheduling of them.</p> <p>34299</p> <p>2. Review of the medical record for Resident #6 revealed an admitted [DATE] with diagnoses including traumatic brain injury, schizoaffective disorder and dissociative conversion disorder.</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed Resident #6 had intact cognition with no behaviors. Resident #6 required assistance with activities of daily living (ADL).</p> <p>Review of the plan of care revealed no concerns.</p> <p>Review of the facility provided and identified as care conference notes dated 01/26/24, 04/27/24, 10/14/24 and 11/22/24 revealed Social Services documented review of mood/behaviors, cognition, decision making ability, vision/hearing/speech, diagnosis, family/support, psychoactive medications, code status, referrals and discharge plans. The documentation did not include the team members present, date and/or method of invitation to attend, including the resident or any family members.</p> <p>Interview on 01/02/25 at 9:32 A.M. with Resident #6 confirmed the resident did not have any kind of meeting with the care team about her medications, plans for discharge, changes, problems, activities or meals. Resident #6 also confirmed she was not invited or informed of any meeting to discuss her care. Resident #6 revealed the Activities Director would visit but no one else.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 12/31/24 at 11:08 A.M. with Social Services #608 revealed she documented the care conferences in the EMR, and the meetings were held every quarter. Social Services #608 stated she notified residents and family members verbally. Social Services #608 confirmed she did not send any formal invitation and did not document the date and time of notification or include in the note those that attended.</p> <p>Interview on 01/02/25 at 2:16 P.M. with Activity Director #601 confirmed she had not been invited to any care conferences and did not attend any care conferences.</p> <p>Interview on 01/02/25 at 2:18 P.M. with CNA #507 confirmed she had not been invited to any care conference or attended any care conferences for the residents.</p> <p>Review of the undated facility policy titled Care Conference revealed the facility will conduct routine and scheduled care conferences to evaluate and re-evaluate each resident's plan of care to determine whether the established goals were appropriate and being met by the resident or if changes to the goals were necessary. Social Services will send letters two weeks in advance of the meeting to the resident's responsible party and/or the resident notifying them of the upcoming meeting. Each member of the IDT, including but not limited to, MDS nurse, Social Services, Nursing, Dietary, Therapy, Activities, as well as the primary caregiver to include the residents most routine CNA, will review the medical record, visit the resident, seek out any concerns and assess the outcome of the last meetings recommendations prior to attending the care conference. The physician, DON, Administrator, an CNA responsible for individual resident, a member of the food or nutrition department, and rehabilitation services will be invited to attend to discuss the medical conditions, give input, and answer any questions that may arise. The contents of the care conference will be documented by the MDS Coordinator on the care conference form. The attendees of the care conference, including the resident or responsible party, will sign the care conference form. The MDS Coordinator should also document the resident and or responsible parties decline to attend the care conference.</p> <p>50538</p> <p>3. Review of Resident #148's medical record revealed an admitted [DATE] with diagnoses including end stage renal disease, mechanical complication of surgically created arteriovenous fistula, thrombosis due to vascular prosthetic devices, diabetes, chronic respiratory failure, chronic obstructive pulmonary disease, congestive heart failure, depression and anxiety.</p> <p>Review of the admission MDS assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 15 indicating Resident #148 had intact cognition. Further review revealed a document titled CHS Multidisciplinary Care Conference - Copy dated 12/20/24 at 10:40 A.M. that indicated the meeting was attended by the social worker and PT. No other attendees are marked as being present for the care conference.</p> <p>Interview on 12/30/24 at 3:19 P.M. Resident #148 on stated he had not attended a care conference.</p> <p>Interview on 12/31/24 at 2:00 P.M. with SSD #568 and Social Services Designee #513 they revealed there was no other documented evidence of the care conference or of the care conference attendees and verified that the only attendees marked were social services and PT.</p> <p>47985</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Record review revealed Resident #19 admitted to the facility on [DATE] with diagnoses including malignant neoplasm of stomach and esophagus, muscle wasting and atrophy, and hypertension.</p> <p>Review of a Multidisciplinary Care Conference assessment dated [DATE] revealed a care conference was held with Resident #19's family, a social worker, and a physical therapist. There was no documented evidence that Resident #19 was invited to the care conference or received a copy of the baseline care plan.</p> <p>Review of a MDS assessment completed 11/27/24 revealed Resident #19's cognition remained intact, and he had no behaviors.</p> <p>Interview on 12/30/24 at 9:46 A.M. with Resident #19 revealed he had not been invited to a care conference since his admission to the facility.</p> <p>Interview on 01/02/25 at 7:46 A.M. with SSD #568 confirmed Resident #19 was not at the care conference and the only attendees included Resident #19's family, a social worker, and a physical therapist. SSD #568 confirmed a full IDT should be in attendance for care conferences.</p> <p>Review of an undated policy titled Care Conference revealed each member of the IDT, including but not limited to MDS Nurse, Social Services, nursing, dietary, therapy, activities, a nursing aide, and the primary provider would be invited to the care conference.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28923</p> <p>Based on record review, resident interview, staff interview, and policy review, the facility failed to ensure residents, who were dependent on staff for personal care, received the assistance needed to shower/ bathe when they were scheduled to receive them. This affected three (Resident #19, #147, and #149) of four residents reviewed for activities of daily living (ADL). The facility census was 52.</p> <p>Findings include:</p> <p>1. Review of Resident #147's medical record revealed the resident admitted to the facility on [DATE] with diagnoses including encounter for orthopedic aftercare following surgical amputation, idiopathic aseptic necrosis of right toes, acquired absence of other right toes, atherosclerosis of native arteries of extremities with rest pain right leg, pancreas transplant status, kidney transplant status, muscle weakness, Type I (juvenile onset) diabetes mellitus, neuromuscular dysfunction of the bladder, chronic kidney disease (CKD)-stage three, atrial flutter, hypertension (HTN), epilepsy, and presence of a cardiac pacemaker.</p> <p>Review of Resident #147's admission Minimum Data Set (MDS) assessment dated [DATE] revealed the resident did not have any communication issues and was cognitively intact. She did not display any behaviors or reject care during the seven days of the assessment period. The resident indicated it was somewhat important for her to choose between a tub bath, shower, bed bath, or sponge bath. It did not ask her preference on how many times a week she wanted to receive the bathing activity of her choice. She did not have any functional limitations in her range of motion (ROM). The ability to shower/ bathe self was coded as being not applicable.</p> <p>Review of Resident #147's care plans revealed she required assistance with ADL related to debility, pain, weakness, and status post amputation of her right toes. The goal was for her to remain well-groomed and free of odors at all times. The interventions included applying a post-op shoe when out of bed, staff to adjust care as needed to meet the resident's needs, staff to encourage the resident to participate in ADL during care, staff would assist as needed with daily hygiene, and staff would assist with showering residents as per facility policy weekly.</p> <p>Review of Resident #147's physician's orders revealed she was to wear her post-op shoe when out of bed and non-weight bearing to the right lower extremity. There were no physician's orders that restricted her ability to take a shower or bath.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #147's shower/ bath documentation under the task tab of the electronic medical record (EMR) revealed the resident was to receive showers/ baths every Tuesday, Thursday, and Saturday. The documentation from the time of 12/10/24 (date of admission) through 12/31/24 revealed out of the nine opportunities, in which a shower/ bath should have been given on her scheduled shower/ bath days, the resident was indicated to have only received three bathing activities occurring on 12/19/24, 12/24/24, and 12/26/24. It did not specify the type of bathing activity that was provided, as it only specified the level of assistance provided to complete that task. She was marked as being a substantial/ maximum assist on 12/19/24 and was marked as being dependent on staff for her bathing activity on 12/24/24 and 12/26/24. No bathing activities were documented as having been provided on 12/12/24, 12/14/24, 12/17/24, 12/21/24, 12/28/24, or on 12/31/24, which all were her scheduled shower days.</p> <p>On 12/30/24 at 1:32 P.M., an interview with Resident #147 revealed she only got a shower or bed bath once a week, usually on Sundays. She reported it would have been her preference to receive at least two a week.</p> <p>On 01/06/24 at 11:09 A.M., an email was sent to the facility's Director of Nursing (DON) to ask her to provide any additional documentation they may have that provided documented evidence of the resident having received a bathing activity for the missing dates above. She provided paper shower sheets that documented a bed bath had been provided to Resident #147 on 12/12/24 and 12/14/24. There was no additional documentation to show a bed bath or a shower had been provided to the resident on 12/17/24, 12/21/24, 12/28/24, or 12/31/24, which were all on her scheduled shower/ bath days.</p> <p>2. Review of Resident #149's medical record revealed she was admitted to the facility on [DATE] with diagnoses including an encounter for orthopedic aftercare, acute post procedural pain, abnormalities of gait and mobility, need for assistance with personal care, type II (adult-onset diabetes mellitus) with diabetic neuropathy, morbid obesity, anxiety disorder, fibromyalgia, and low back pain.</p> <p>Review of Resident #149's admission MDS dated [DATE] revealed the resident did not have any communication issues and was cognitively intact. She was not known to display any behaviors or reject care during the seven days of the assessment period. She did not have any functional limitations in her ROM. She required a partial to moderate assist for showers/ bathing.</p> <p>Review of Resident #149's care plans revealed she had a care plan in place for requiring assistance with ADL related to debility, pain, and weakness. Her goal was to remain well groomed and free of odors at all times and to participate as able in ADL self-care. The interventions included the resident requiring setup and/or clean-up assistance with personal hygiene and showering, resident was totally dependent and did not participate in any aspect of the task for lower body dressing, putting on/taking off footwear, staff would assist as needed with daily hygiene and would assist with showering residents as per facility policy weekly.</p> <p>Review of Resident #149's physician's orders revealed the resident was to be non-weight bearing to her left lower extremity. Her physician's orders did not include any restrictions for the resident to be showered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #149's shower documentation under the task tab of the EMR revealed the resident was to shower/ bathe every Monday, Wednesday, and Friday. It did not specify the time of day at which the shower or bath was to be provided. Review of the resident's documented showers/ baths from 12/20/24 (date of admission) through 01/05/25 revealed the resident was only documented as having received a shower or bath on 12/25/24 and again on 01/01/25. It only documented the level of assistance the resident was provided when a shower or bath was documented and did not indicate if a shower or a complete bed bath had been given on those days. The resident was indicated to have refused a shower/ bath when it was offered on 12/20/24 and again on 12/30/24. There was no evidence of any shower or bath having been provided or refused on 12/23/24 or on 12/27/24, which were her scheduled days.</p> <p>On 12/30/24 at 10:11 A.M., an interview with Resident #149 revealed she had not been provided a shower in the past week since she had been admitted to the facility. She reported it was her preference to be given a shower as the bathing activity of her choice.</p> <p>On 01/02/24 at 9:00 A.M., Licensed Practical Nurse (LPN) #557 was asked to provide any paper shower sheets the facility might have had of any bathing activities provided to Resident #149 since her admission into the facility on [DATE]. The facility's DON had made it known that showers/ baths were documented under the task tab of the EMR or on paper shower sheets. He provided a copy of a paper shower sheet for 12/24/24 that indicated a shower/ bath had been offered on that date and refused by the resident. A second shower/ bath sheet had been provided for the date of 12/25/24 or 12/27/24. It was not clear what the date was as someone had written a 7 over top of the 5 making the date unclear. It did show that a bed bath had been given on one of those two days. The task tab of the EMR indicated set up or clean up assistance was provided to the resident on 12/25/24, which coincided with the original date on the paper shower/ bath sheet that was provided that had a 7 transcribed over top of the 5 on the date of 12/25/24. No assistance level was documented as having been provided on 12/27/24, under the task tab of the EMR.</p> <p>On 01/02/25 at 12:02 P.M., a follow-up interview with Resident #149 revealed again it was her preference to be given a shower on her scheduled shower days, instead of a bed bath. She denied that she had ever refused any showers that had been offered to her. She confirmed there was one day last week in which she was given a bed bath. She denied that a shower had been offered, when the bed bath had been given. She recalled a conversation she had with an aide about her having stitches on her left foot. The aide then went and got a wash basin to give her a bed bath. When the aide returned, the resident stated she made the comment no shower and the aide replied, nope bed bath. She denied the aide had checked with the nurse to see if a shower could be given. She preferred showers over bed baths so she could get her hair washed. She did not understand why they just could not wrap her foot in a plastic bag during a shower to keep it dry. She had been out for a follow-up appointment with the surgeon. She denied that they said anything about her not being able to receive a shower.</p> <p>On 01/02/25 at 1:50 P.M., an interview with Certified Nursing Assistant (CNA) #507 revealed she was somewhat familiar with Resident #149 and had taken care of her two or three times since the resident had been there. She reported that the resident did require assistance with ADL due to her legs. She was asked what type of bathing activity the resident was receiving on her scheduled days. She indicated with the resident's foot; she would think they were probably doing a bed bath with her. One of her feet had a brace on it and could not bear weight and the other had a callous on it. She went out today and had some of her callous removed. She denied that she had given the resident a shower during the two or three days she worked with her. She denied the resident had ever refused any care that she offered to her and was happy when the staff went into her room to help her.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/02/25 at 1:55 P.M., an interview with LPN #527 revealed Resident #149 required a one-person assist with transfers and personal care. She had surgical wounds on her foot that had dressing changes done daily. She was asked if the resident was being given showers or bed baths as her bathing activity. She started, with her foot, she imagined the resident was receiving a bed bath. She reported that was not what the resident preferred, as she assumed the resident would have wanted showers like most people do. She confirmed the resident did not have any orders from the physician or the surgeon that restricted her from receiving showers. She also confirmed they had used plastic bags for other residents with wounds to wrap an extremity allowing them to receive showers, without getting their wounds wet. She stated she would clarify with the physician or surgeon to see if it was okay for the resident to be showered as per her preference. She confirmed the shower documentation that had been provided or that was available in the computer indicated the resident had refused a bath or shower when offered on 12/30/24. She acknowledged the resident denied that she had been offered a bed bath or a shower that day when she was marked as having refused. They did not have any documentation of the resident being given a bed bath or a shower on 12/23/24 or 12/27/24, which were both her scheduled shower/ bath day.</p> <p>Review of the facility's undated policy on Personal Care/ Bathing revealed the residents of the facility would receive personal care in the facility according to the resident's plan of care to promote dignity, cleanliness, and general well-being. A shower, bath, or tub would be offered to the resident twice a week, as needed, and as often as the resident would like per their request. Residents with deeper breaks in the skin integrity such as incisions, would be offered a shower and not a tub bath to prevent the risk of infection. Bed baths were to be offered to residents on the other days that a shower or tub bath was not scheduled and/ or as often as the resident would like.</p> <p>47985</p> <p>3. Record review revealed Resident #19 admitted to the facility on [DATE] with diagnoses including malignant neoplasm of stomach and esophagus, muscle wasting and atrophy, and hypertension.</p> <p>Review of a MDS assessment completed 11/27/24 revealed Resident #19's cognition remained intact, and he had no behaviors.</p> <p>Interview on 12/30/24 at 9:42 A.M. with Resident #19 revealed he asks for showers but never gets them unless a certain aide is working.</p> <p>Review of EMR for showers and shower sheets from 12/02/24 through 12/30/24 revealed three scheduled showers were missed on 12/04/24, 12/20/24, and 12/25/24.</p> <p>Interview on 01/08/25 at 9:59 A.M. with LPN #557 confirmed three showers were missing for Resident #19.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47985</p> <p>Based record review, observations, and interviews, the facility failed to ensure Residents #4 and #19 were invited to participate in activities. This affected two residents (#4 and #19) of two residents reviewed for activities. The facility census was 52.</p> <p>Findings include:</p> <p>1. Record review revealed Resident #4 admitted to the facility on [DATE] with diagnoses including venous insufficiency, hypertension, and gastro-esophageal reflux disease.</p> <p>Review of a care plan dated 03/16/24 revealed Resident #4 had an alteration in activity participation related to preferring independent activities and she preferred music, playing piano, reading, animals, and word puzzles.</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #4's cognition remained intact, and she had no behaviors.</p> <p>Interview on 12/30/24 at 3:32 P.M. with Resident #4 revealed she did not participate in activities or do anything other than lay in her bed.</p> <p>Interview on 12/31/24 at 1:10 P.M. with Certified Nurse Assistant (CNA) #503 revealed some residents do get invited to activities, but some do not. CNA #503 stated she does not see activities being offered on the hall she works. CNA #503 stated Resident #4 does nothing all day but lay in her bed except talk to nursing staff when they go to check on her. CNA #503 stated Resident #4 had not been out of her room in six to seven months due to the Hoyer lift and chair hurting her leg. CNA #503 stated in room activities were not offered on the hall she worked.</p> <p>Review of the Activity Participation Log for December 2024 revealed Resident #4 had no activities listed for 12/01/24, 12/02/24, 12/12/24, 12/13/24, 12/14/24, 12/16/24, 12/17/24, 12/18/24, 12/19/24, 12/20/24, 12/23/24, 12/25/24, and 12/28/24.</p> <p>Interview on 12/31/24 at 3:13 P.M. with Activity Director (AD) #566 revealed residents are invited to activities by staff going room to room to inform them of activities each day, and they try to offer activities two to three times per day. AD #566 stated for residents who do not want group activities, materials were provided based on resident interest, such as word searches, crosswords, cards, and conversations. AD #566 confirmed there was missing documentation on the activity log, but stated they were struggling with staffing, so she was often busy providing the activities and completing documentation. AD #566 stated she had written down the activity participation on another document but did not have time to log it yet. AD #566 stated she would provide an updated log.</p> <p>Review of the updated activity log for December 2024 revealed no documentation for Resident #4 for 12/01/24 or 12/28/24.</p> <p>2. Record review revealed Resident #19 admitted to the facility on [DATE] with diagnoses including malignant neoplasm of stomach and esophagus, muscle wasting and atrophy, and hypertension.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a MDS assessment completed 11/27/24 revealed Resident #19's cognition remained intact, and he had no behaviors.</p> <p>Review of a care plan dated 11/27/24 revealed Resident #19 had an alteration in activity participation related to preferring independent activities.</p> <p>Interview on 12/30/24 at 9:43 A.M. with Resident #19 revealed he does not ever get invited to activities, and all he does is sit in his room.</p> <p>Interview on 12/31/24 at 1:10 P.M. with CNA #503 revealed some residents do get invited to activities and some do not. CNA #503 stated she does not see activities being offered on the hall she works. CNA #503 stated Resident #19 did not go to activities and in-room activities were not offered.</p> <p>Review of the Activity Participation Log for December 2024 revealed there was no documentation of Resident #19 having activities from 12/01/24 through 12/03/24, 12/12/24 through 12/20/24, or on 12/28/24.</p> <p>Interview on 12/31/24 at 3:13 P.M. with AD #566 revealed residents are invited to activities by staff going room to room to inform them of activities each day, and they try to offer activities two to three times per day. AD #566 stated for residents who do not want group activities, materials were provided based on resident interest, such as word searches, crosswords, cards, and conversations. AD #566 confirmed there was missing documentation on the activity log, but stated they were struggling with staffing, so she was often busy providing the activities and completing documentation. AD #566 stated she had written down the activity participation on another document but did not have time to log it yet. AD #566 stated she would provide an updated log.</p> <p>An updated log was provided on 01/08/25 and it revealed no activities were completed for Resident #19 on 12/20/24 or 12/28/24.</p> <p>Interview on 01/08/25 at 9:59 A.M. with Licensed Practical Nurse (LPN) #557 confirmed there were holes in the activity documentation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 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** 47985</p> <p>Based on record review, interview and facility policy review, the facility failed to address signs and symptoms of a urinary tract infection (UTI) in a timely manner for Resident #36. This affected one resident (#36) of one resident reviewed for UTIs. The facility census was 52.</p> <p>Findings include:</p> <p>Record review revealed Resident #36 admitted to the facility on [DATE] with diagnoses including displaced intertrochanteric fracture of left femur, difficulty in walking, muscle wasting and atrophy, and hypertension.</p> <p>Review of a care plan completed on 11/21/24 revealed Resident #36 had an alteration in elimination related to indwelling Foley catheter with an intervention to monitor for signs and symptoms of a UTI such as elevated temperature, dysuria, flank pain, hematuria, foul smelling urine and report to provider to seek diagnosis and treatment.</p> <p>Review of a Minimum Data Set (MDS) assessment completed on 12/02/24 revealed Resident #36's cognition remained intact, no behaviors, required setup or clean-up help for toileting, and was occasionally incontinent of bladder.</p> <p>Review of an orthopedic consult dated 12/04/24 revealed Resident #36 reported urinary incontinence and dysuria ongoing for over one week. A recommendation was given to the facility for staff to order a urinalysis related to urinary symptoms.</p> <p>Review of a nursing note dated 12/04/24 revealed Resident #36 returned from her orthopedic appointment and had reported dysuria and urinary incontinence with a recommendation for a urinalysis to rule out a UTI.</p> <p>Review of a nursing note dated 12/05/24 revealed a new order was received for Resident #36 to have a urinalysis with culture and sensitivity related to dysuria.</p> <p>Review of a urinalysis for Resident #36 revealed the urine was collected on 12/06/24 and the results were reported to the facility on [DATE] revealing the resident had a UTI with Escherichia coli (E. coli).</p> <p>Review of a Medication Administration Record (MAR) for December 2024 revealed a new order was given for Resident #36 on 12/09/24 for Cipro (an antibiotic) tablet 500 milligrams (mg) by mouth two times a day for UTI until 12/16/24. Further review of the MAR revealed Resident #36 did not receive the first dose of cipro until 12/10/24.</p> <p>Review of a document titled Inventory Summary revealed the facility keeps Cipro 500 mg tablets in their Pyxis (automated medication dispensing system).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 12/30/24 at 1:54 P.M. with Resident #36 revealed she told the staff for approximately two weeks she had a UTI because she was having symptoms of frequent urination, burning, and odorous urine. Resident #36 stated when she went to her follow-up orthopedic appointment, she asked her physician to help get a urinalysis completed due to the facility staff not listening to her.</p> <p>Interview on 12/31/24 at 1:10 P.M. with Certified Nursing Assistant (CNA) #503 revealed Resident #36 carried on for about two weeks with complaints of having a UTI due to having pressure and burning with urination and the odor was bad. CNA #503 stated Resident #36 is a retired nurse and would know the signs. CNA #503 stated she reported this multiple times to the nurses on her hall with no success in getting antibiotics for two weeks.</p> <p>Interview on 12/31/24 at 2:14 P.M. with Director of Nursing (DON) confirmed the urinalysis was completed on 12/06/24 with results being reported on 12/08/24, an order for antibiotics on 12/09/24 that were not started until 12/10/24.</p> <p>Interview on 01/08/25 at 9:59 A.M. with Licensed Practical Nurse (LPN) #557 revealed if someone was complaining about signs or symptoms of a UTI, staff should contact the provider to get orders for a urinalysis and treatment. LPN #557 stated the facility did interview several nurses with all of them denying they were aware of Resident #36's symptoms.</p> <p>Review of an undated policy titled Status Change in Resident Condition- Notification revealed the facility will promptly notify the resident, their provider, and the responsible party of change in resident's condition.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47985</p> <p>Based on record review, observations, interview and policy review, the facility failed to ensure Resident #4's oxygen tubing was changed once per week as ordered by the physician. This affected one resident (#4) of two residents reviewed for respiratory services. The facility census was 52.</p> <p>Findings include:</p> <p>Record review revealed Resident #4 admitted to the facility on [DATE] with diagnoses including venous insufficiency, hypertension, and gastro-esophageal reflux disease.</p> <p>Review of a medication administrator record from December 2024 revealed Resident #4 had orders in place for oxygen at two liter per minute continuously via nasal canula as resident will allow (09/29/24), change oxygen tubing every week and as needed on Wednesdays (09/29/24), and change aerosol nebulizer set-up every week on Wednesday and as needed (09/29/24).</p> <p>Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #4's cognition remained intact, and she had no behaviors.</p> <p>Observation on 12/30/24 at 3:28 P.M. revealed Resident #4's oxygen and nebulizer tubing were last changed on 12/18/24.</p> <p>Observation on 12/31/24 at 9:48 A.M. revealed Resident #4's oxygen and nebulizer tubing were still dated for 12/18/24.</p> <p>Interview on 12/31/24 at 9:50 A.M. with Certified Nursing Assistant (CNA) #503 confirmed Resident #4's oxygen and nebulizer tubing were dated for 12/18/24.</p> <p>Interview on 12/31/24 at 9:55 A.M. with Licensed Practical Nurse (LPN) #522 confirmed Resident #4's oxygen and nebulizer tubing should be changed weekly and should have been changed on 12/25/24.</p> <p>Review of an undated policy titled Nasal Cannula revealed the nasal cannula is recommended to be changed weekly and as needed.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47985</p> <p>Based on record review, interview and facility policy review, the facility failed to address signs and symptoms of pain Resident #36 in a timely manner. This affected one resident (#36) of one resident reviewed for pain. The facility census was 52.</p> <p>Findings include:</p> <p>Record review revealed Resident #36 admitted to the facility on [DATE] with diagnoses including displaced intertrochanteric fracture of left femur, difficulty in walking, muscle wasting and atrophy, and hypertension.</p> <p>Review of a care plan dated 11/21/24 revealed Resident #36 was at risk for an alteration in comfort related to generalized pain, gout, rheumatoid arthritis, and left femur fracture post-surgical repair. Interventions included, but were not limited to, medications as ordered to manage pain, monitor for increased levels of pain, and monitor for effectiveness of interventions.</p> <p>Review of a Minimum Data Set (MDS) assessment completed on 12/02/24 revealed Resident #36's cognition remained intact, no behaviors, and had a pain rating of seven, on a scale of zero to ten, ten being the worst.</p> <p>Review of a medication administration record (MAR) for December 2024 revealed Resident #36 had an order for acetaminophen tablet 325 milligrams (mg) (analgesic) two tablets by mouth every four hours as needed for pain starting on 11/30/24. The were no parameters to direct when to give the as needed acetaminophen.</p> <p>Review of a medication administration record (MAR) for December 2024 revealed Resident #36 had an order for Norco (opioid pain medication) 5-325 mg one tablet by mouth every six hours as needed for pain relief starting 12/02/24. There were no parameters to direct when to give the as needed pain medication.</p> <p>Review of an orthopedic consult dated 12/04/24 revealed Resident #36 complained of intermittent left forearm pain.</p> <p>Review of a medication administration record (MAR) for December 2024 revealed Resident #36 had a pain level of five during the dayshift and nightshift for 12/11/24; a pain level of four for dayshift and one for nightshift of 12/12/24; a pain level of four during day shift and three during night shift of 12/13/24; a pain level of seven on dayshift and a pain level of four on nightshift of 12/16/24; and a pain level of seven for dayshift and nightshift of 12/27/24. Further review of the MAR revealed Resident #36 did not receive her as needed Norco on 12/11/24 through 12/13/24, 12/16/24, or 12/27/24. Resident #36 also did not receive as needed acetaminophen during nightshift of 12/11/24, on 12/12/24, during nightshift on 12/13/24, on nightshift for 12/16/24, or on 12/17/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a narcotic log for the ordered Norco for Resident #36 revealed one dose of Norco was pulled on 12/16/24 at 6:00 A.M. and two doses were pulled on 12/27/24 at 9:22 A.M. and 7:01 P.M. with no further information in the medical record regarding whether the resident received her medication. These doses were not signed as administered on the MAR.</p> <p>Interview on 12/30/24 at 1:54 P.M. with Resident #36 revealed she had waited almost six hours one day to get her pain medications, two and half hours another time, and two hours a third time. Resident #36 stated her daughter called the facility and after that, she received her medication timelier.</p> <p>Interview on 12/31/24 at 1:10 P.M. with Certified Nursing Assistant (CNA) #503 revealed Resident #36 will sometimes request her pain medication then wait an hour or two to receive it. CNA #503 would tell the nurse, then complete her rounds again in two hours and Resident #36 still had not received the medication, so she had to tell the nurse again.</p> <p>Interview on 12/31/24 at 2:18 P.M. with Director of Nursing (DON) confirmed the MAR showed Resident #36 had pain on 12/11/24 through 12/13/24, 12/16/24, and 12/17/24 and did not receive as needed Norco. The DON also confirmed the as needed Norco and acetaminophen did not have parameters to direct nursing staff which to administer.</p> <p>Interview on 12/31/24 at 3:10 P.M. with the DON confirmed Norco had been signed out three times but was not documented in the medical record as administered. The DON stated she would have her nurses sign off on the MAR for the days they missed.</p> <p>Interview on 01/02/24 at 9:27 A.M. with Resident #36 revealed she kept a log of each time she had pain but had to wait for her medications, including 12/16/24 due to the aide forgetting to tell the nurse.</p> <p>Review of an undated policy titled Pain Management revealed the facility recognizes the need to identify pain and its underlying cause, respond promptly, assess, monitor, intervene, and re-evaluate resident's pain while updating the necessary documentation routinely.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28923</p> <p>Based on record review, staff interview and policy review, the facility failed to ensure Resident #37, who received an antipsychotic medication, had an abnormal involuntary movement scale (AIMS) assessment completed to monitor the resident for any extrapyramidal side effects of the medication. This affected one resident (#37) of five residents reviewed for unnecessary medications. The facility assessment was 52.</p> <p>Findings include:</p> <p>Review of Resident #37's medical record revealed she was admitted to the facility on [DATE]. Her diagnoses included unspecified psychosis, unspecified dementia, and anxiety disorder.</p> <p>Review of Resident #37's admission Minimum Data Set (MDS) assessment dated [DATE] revealed the resident's cognition was severely impaired. She was not known to have displayed any behaviors or reject care during the seven days of the assessment period. She was documented as having received antipsychotic medications during the seven-day assessment period.</p> <p>Review of Resident #37's physician's orders revealed the resident had an order to receive Olanzapine (Zyprexa) 7.5 milligrams (mg) by mouth at bedtime related to unspecified psychosis. The order originated on 11/20/24 (when the resident was admitted) and continued through 12/04/24. It was re-ordered on 12/13/24, upon the resident's return from a hospital stay.</p> <p>Resident #37's medical record was absent for any documented evidence of an AIMS assessment having been completed, since the resident's admission to the facility on [DATE]. There was also no evidence of an AIMS assessment being completed, after the Zyprexa was restarted on 12/13/24.</p> <p>On 01/02/25 at 3:15 P.M., an interview with the Director of Nursing (DON) confirmed there was no evidence of an AIMS assessment having been completed on Resident #37 despite her receiving Zyprexa on a scheduled basis. She confirmed an AIMS assessment should be completed for every resident receiving an antipsychotic medication. She stated she would go ahead and have an AIMS assessment completed since one had not been done.</p> <p>Review of the facility's undated policy on Assessments revealed AIMS testing was to be completed initially on admission, then every six months for residents on psychotropic medications.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28923</p> <p>Based on observation, staff interview and policy review, the facility failed to ensure stock medications were stored in its original packaging and in a manner that allowed the staff to identify the expiration date of that medication. This affected three (Resident #2, #6, and #12), who resided on the 200 hall and had orders to receive Tylenol Extra Strength medication and received medication from the 200-hall medication administration cart where the improperly stored stock medication was found. The facility census was 52.</p> <p>Findings include:</p> <p>On [DATE] at 8:07 A.M., a medication administration observation was made of Resident #12 receiving her morning medication. The medications were administered by Licensed Practical Nurse (LPN) #527. The resident was given Acetaminophen 500 milligram (mg) (analgesic/fever reducer) two tablets by mouth as ordered three times daily, among multiple other medications due at that time. The Acetaminophen was pulled from a small stock bottle stored in the top drawer of the 200-hall medication administration cart. The stock bottle it was pulled from was intended for Acetaminophen 325 mg tablets. The outside of the bottle showed a round shaped tablet, and the 500 mg tablets that were being stored in the bottle were elongated tablets. There was medical tape wrapped around the outside of the stock bottle that had Acetaminophen 500 mg written on the tape with a black Sharpie. There was no date written on the tape to indicate when the Acetaminophen 500 mg tablets would expire since they were not being stored in its original bottle. Findings were verified by LPN #527.</p> <p>On [DATE] at 8:12 A.M., an interview with LPN #527 was completed after Resident #12 received their medications. The nurse reported she had noted the Acetaminophen 500 mg tablets had been put into a bottle that was not intended for that medication. She reported the stock bottle the Acetaminophen 500 mg tablets came in was a larger bottle and was being stored in the bottom drawer of the medication administration cart. She suspected someone had put some of the 500 mg tablets in the bottle that was for the 325 mg tablets, as it was smaller and would allow for easier storage and access. She acknowledged medications should be stored in the same container they were originally packaged in by the manufacturer.</p> <p>On [DATE] at 9:05 A.M., an interview with the Director of Nursing (DON) revealed she was informed of the Acetaminophen 500 mg tablets that were placed in a bottle intended for Acetaminophen 325 mg tablets. She reported the nursing staff should not have placed the 500 mg tablets into the bottle that was intended for 325 mg tablets. She acknowledged that by moving the Acetaminophen 500 mg tablets into the bottle intended for 325 mg tablets, they would not know when the 500 mg tablets expired.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's policy on Medication Storage that was from Nursing Care Center Pharmacy Policy and Procedure Manual with a copywrite date of 2007 by Pharmedica Corp. revealed it was the policy for medications and biologicals to be stored properly, following manufacturers or provider pharmacy recommendations, to maintain their integrity and to support safe effective drug administration. The provider pharmacy dispensed medications in containers that meet state and federal labeling requirements, including requirements of good manufacturing practices established by the United States Pharmacopeia (USP). Medications were to remain in those containers and stored in a controlled environment. Outdated, contaminated, discontinued, or deteriorated medications were to be immediately removed from stock.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47985</p> <p>Based on record review and interview, the facility failed to ensure meal intake documentation was completed for Residents #4 and #19 and failed to ensure pre and post dialysis evaluations were completed for Resident #11. This affected two residents (#4, and #19) of two residents reviewed for meal intakes and one resident (#19) of one resident reviewed for dialysis. The facility census was 52.</p> <p>Findings include:</p> <p>1. Record review revealed Resident #4 was admitted to the facility on [DATE] with diagnoses including venous insufficiency, hypertension, and gastro-esophageal reflux disease.</p> <p>Review of a Minimum Data Set (MDS) assessment completed on 12/16/24 revealed Resident #4's cognition remained intact, had no behaviors, and required set up help for eating.</p> <p>Interview on 12/30/24 at 3:26 P.M. with Resident #4 revealed the food was so lousy you can't eat it.</p> <p>Review of Resident #4's meal intake record from 12/04/24 through 01/02/24 revealed incomplete documentation from 12/06/24, 12/07/24, 12/20/24, 12/21/24, 12/23/24, 12/24/24, 12/27/24, and 12/29/24.</p> <p>Interview on 01/08/24 at 9:59 A.M. with Licensed Practical Nurse (LPN) #557 confirmed the missing documentation for Resident #4's meal intakes.</p> <p>2. Record review revealed Resident #19 was admitted to the facility on [DATE] with diagnoses including malignant neoplasm of stomach, malignant neoplasm of esophagus, and hypertension.</p> <p>Review of an MDS assessment completed on 11/27/24 revealed Resident #19's cognition remained intact, he had no behaviors, and required set up assistance for meals.</p> <p>Interview on 12/30/24 at 9:40 A.M. with Resident #19 revealed the food was horrible and made him sick to eat it.</p> <p>Review of meal intake documentation from 12/04/24 through 01/02/25 revealed missing documentation on 12/06/24, 12/07/24, 12/19/24, 12/20/24, 12/21/24, 12/23/24, 12/24/24, 12/27/24, 12/29/24, and 01/01/24.</p> <p>Interview on 01/08/24 at 9:59 A.M. with LPN #557 confirmed the missing documentation for Resident #19's meal intakes.</p> <p>50538</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Review of Resident #11's medical record revealed an admitted [DATE] and a reentry date of 06/12/24. Diagnoses include end stage renal disease, diabetes, morbid obesity, depression, cerebral infarction, and nontraumatic intracerebral hemorrhage. Review of the MDS assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 15 indicating Resident #11 had intact cognition. Further review revealed Resident #11 had orders for hemodialysis every Monday, Wednesday and Friday since 06/13/24. Review of assessments titled Dialysis Pre and Post Evaluation revealed missing assessments on 06/17/24, 06/19/24, 06/28/24, 07/01/24, 07/03/24, 07/10/24, 07/19/24, 07/24/24, 07/26/24, 07/29/24, 07/31/24, 08/28/24, 08/30/24, 10/04/24, 10/11/24, 10/18/24, 10/23/24, 11/01/24, 11/04/24, 11/20/24 and 11/27/24.</p> <p>In an interview with LPN Unit Manager #557 on 01/02/25 at 3:00 P.M. he revealed that when Resident #11 returns from dialysis the paperwork completed at the dialysis center accompanies the resident. The paperwork was placed in a folder at the nurse's station and used to complete the dialysis pre and post evaluation after each visit and then filed in medical records. LPN Unit Manager #557 revealed a dialysis pre and post evaluation should be completed with each dialysis visit.</p> <p>In an interview on 01/02/25 at 3:30 P.M. LPN Unit Manager #557 verified the dialysis pre and post evaluation forms were missing for 06/17/24, 06/19/24, 06/28/24, 07/01/24, 07/03/24, 07/10/24, 07/19/24, 07/24/24, 07/26/24, 07/29/24, 07/31/24, 08/28/24, 08/30/24, 10/04/24, 10/11/24, 10/18/24, 10/23/24, 11/01/24, 11/04/24, 11/20/24 and 11/27/24.</p> <p>Review of the undated policy titled Dialysis revealed the licensed nurse would obtain vital signs and a weight of the resident prior to and upon return from hemodialysis. The licensed nurse would monitor the hemodialysis site for thrill or bruit and signs and symptoms of infection. Further review revealed the licensed nurse would monitor the resident for complications from hemodialysis upon return of the resident to the facility.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Belpre Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 Hill Street Belpre, OH 45714	
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 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>50538</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on record review, policy review and interviews, the facility failed to meet at least quarterly to coordinate and evaluate activities under the Quality Assurance and Performance Improvement (QAPI) program. This had the potential to affect all 52 residents residing in the facility.</p> <p>Findings include:</p> <p>Review of the facility QAPI program revealed no documented evidence, such as meeting minutes or sign-in sheets, that quarterly Quality Assessment and Assurance (QAA) committee meetings were held.</p> <p>In an interview on 01/08/25 at 10:16 A.M. Administrator #582 verified the facility had no documented evidence, such as meeting minutes or sign-in sheets, that quarterly QAA committee meetings were held. She stated that they worked on quality improvement at least weekly but did not have a formal meeting with minutes to prove that they had done so.</p> <p>Review of the undated policy titled Quality Assurance/Performance improvement (QAPI) revealed the Medical Director has the responsibility to attend the QAPI committee meetings at least quarterly. Further review revealed the committee should analyze system changes made over the quarter that might have affected the outcome of the findings.</p>		