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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366464 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/01/2024 |
| NAME OF PROVIDER OR SUPPLIER Springs of Lima The | | STREET ADDRESS, CITY, STATE, ZIP CODE 370 North Eastown Road Lima, OH 45807 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (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** 46613</p> <p>Based on record review, observation, staff interview, and policy review, the facility failed to ensure medications were not prepared prior to administration. This affected three (#03, #04, and #13) out of three residents reviewed for medication administration. The facility census was 54.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #03 revealed an admitted [DATE] with medical diagnoses of anemia, thrombocytopenia, morbid obesity, chronic obstructive pulmonary disease, and diabetes mellitus.</p> <p>Review of the medical record for Resident #03 revealed an admission assessment dated [DATE] which indicated Resident #03 was cognitively intact. Review of the medical record for Resident #03 revealed a Functional Abilities assessment, dated 10/28/24, which revealed Resident #03 required set-up assistance with eating, toilet hygiene, bathing, bed mobility, and transfers.</p> <p>2. Review of the medical record for Resident #04 revealed an admitted [DATE] with medical diagnoses of Alzheimer's disease, atrial fibrillation, hypertension, and depression.</p> <p>Review of the medical record for Resident #04 revealed a quarterly Minimum Data Set (MDS) assessment, dated 10/01/24, which indicated Resident #04 had severe cognitive impairment and required partial/moderate staff assistance with bathing, bed mobility, and transfers, and supervision with toilet hygiene.</p> <p>3. Review of the medical record for Resident #13 revealed an admitted [DATE] with medical diagnoses of chronic respiratory failure, spinal bifida, depression, anxiety, and bipolar disorder.</p> <p>Review of the medical record for Resident #13 revealed a quarterly MDS assessment, dated 08/08/24, which indicated Resident #13 was cognitively intact and required substantial/maximum staff assistance for toilet hygiene, bathing, bed mobility and transfers.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Observation with interview on 11/01/24 at 9:03 A.M. revealed Licensed Practical Nurse (LPN) #200 was standing at the medication cart on 400 Hall with three medication pill cups filled with medications sitting on top of her cart. The observation revealed each medication cup was labeled with Resident #03, #04, and #13 names. Interview with LPN #200 confirmed she had prepared the medications for Resident #03, #04, and #13 while standing at the nurse's station and stated she was going to bring the medications to the resident's rooms.</p> <p>Review of the facility policy titled, Medication Administration, revised November 2018 stated medications are administered as prescribed in accordance with good nursing principles and practices and only by person legally authorized to do so. The policy stated when medications are administered by mobile cart and taken to the resident's location (room, dining room, etc.) medications are administered at the time they are prepared. Medications are not pre-poured either in advance of the med pass or for more than one resident at a time.</p> <p>This deficiency is based on incidental findings discovered during the course of this complaint investigation.</p> | | |