

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366479	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2025
NAME OF PROVIDER OR SUPPLIER Timberland Ridge Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3558 Ridgewood Road Fairlawn, OH 44333	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32650</p> <p>Based on interview, record review, and policy review, the facility failed to ensure residents received appropriate and timely care after a fall resulting in a fracture. This affected one resident (Resident #19) of three residents reviewed for care. The facility census was 65.</p> <p>Findings Include:</p> <p>Medical record review revealed Resident #19 was admitted to the facility on [DATE] with diagnoses including dementia without behavioral disturbance, repeated falls, urinary retention, bradycardia, arthritis, and high blood pressure.</p> <p>Review of Resident #19's physician's orders revealed an order dated 05/08/23 for hydrocodone - acetaminophen 5-325 milligrams (mg) (an opioid pain medication) three times daily.</p> <p>Review of the Medicare quarterly Minimum Data Set 3.0 assessment, dated 11/21/24, revealed Resident #19 was severely cognitively impaired, needed moderate assistance from staff for toileting and maximum assistance for showering.</p> <p>Review of the nurses' notes revealed on 12/25/24 at 8:01 P.M. Registered Nurse (RN) #219 found Resident #19 on the floor. RN #219 assessed Resident #19 and the resident complained of pain to her right hip with movement and was unable to move her right leg from front to back or up and down. Resident #19 was able to move all her other extremities. RN #219 assisted Resident #19 to her recliner and then notified Nurse Practitioner (NP) #400 who ordered a right hip x-ray.</p> <p>Further review of the nurses' notes revealed on 12/26/24 at 7:50 A.M. RN #224 administered Resident #19's scheduled pain medication. RN #224 along with two other aides transferred Resident #19 to her bed. At 12:00 P.M. radiology arrived to take the x-ray. At 12:16 P.M. RN #224 notified NP #400 Resident #19 had a fractured femur and NP #400 gave an order to transfer Resident #19 to the hospital. At 12:53 P.M. Resident #19 left for the hospital and were she was admitted to the hospital for hip surgery.</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: 366479	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2025
NAME OF PROVIDER OR SUPPLIER Timberland Ridge Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3558 Ridgewood Road Fairlawn, OH 44333	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the fall investigation dated 12/25/24 revealed on 12/25/24 at 7:20 P.M. Registered Nurse #219 was administering evening medications when she entered Resident #19's room and found the resident on the floor. RN #219 asked Resident #19 what happened, and the resident said she was trying to get to her bed. Resident #19 was lying on the floor between her recliner and wheelchair. Resident #19 complained of pain to her right hip area. RN #219 notified NP #400 regarding the fall. NP #400 ordered a right hip x-ray. Radiology was notified at 8:09 P.M.</p> <p>Telephone interview with NP #400 on 01/21/25 at 9:45 A.M. revealed the nurse (RN #219) had called her to notify her of Resident #19's fall and that she was having hip pain. NP #400 said she ordered a STAT (immediate) hip x-ray. NP #400 was not aware that the x-ray had not been taken until 12/26/24 at 12:00 P.M. , approximately 17 hours after the injury was noted.</p> <p>Telephone interview with RN #224 on 01/21/25 at 3:04 P.M. revealed on 12/26/24 after receiving morning shift report she went straight to Resident #19's room. RN #224 noticed Resident #19 was in more pain than she usually was. Resident #19 was also very soiled due to being incontinent. RN #224 and two aides transferred Resident #19 to bed utilizing a tarp. Once Resident #19 was in bed they provided incontinence care and put her in clean and dry clothing. Resident #19 was due for her scheduled pain medication which RN #224 administered. RN #224 was surprised Resident #19 had not been transferred to the hospital prior to this time because RN #224 observed the right leg was externally rotated and she had a fractured hip. Once the x-ray results were faxed to the facility Resident #19 was transferred to the hospital around 1:00 P.M.</p> <p>Interview with the Regional Nurse on 01/21/25 at 5:45 P.M. confirmed Resident #19 fell on [DATE] at 7:20 P. M. and did not receive the STAT hip x-ray until 12/26/24 between 11:00 A.M. and 12:00 P.M.</p> <p>Review of the facility's Change of Condition policy, revised April 2013, revealed a change of condition was defined as a deterioration in the health, mental, or psychosocial status of a resident related to a life-threatening condition, a significant alteration in treatment, or a significant change in the resident's clinical condition or status. Life threatening conditions include broken bones.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00160893.</p>		