STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366487	A. Building B. Wing	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tallmadge Health & Rehab Center	619 Northwest Avenue Tallmadge, OH 44278

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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42015 Based on closed medical record review and interview the facility failed to timely treat a urinary tract infection (UTI). This affected one resident (Resident #86) of three residents reviewed for timely care and treatment. The facility census was 85. Findings include: Review of Resident #86's closed medical record revealed an admitted on 02/09/2024. Diagnosis included severe sepsis with septic shock, bacteremia, diabetes mellitus type two, and stage four chronic kidney disease. Review of Resident #86's Admission [NAME] Data Set assessment dated [DATE] revealed the resident was cognitively intact. Review of Resident #86 care plan dated 02/19/24 revealed the resident was at risk for dehydration related to the use of intravenous antibiotics, a diagnoses of UTI, bacteremia, and kidney failure. Interventions included monitoring lab work as ordered. Review of Resident #86's lab work revealed he received a urinalysis on 03/12/24. On 03/16/24 the culture was reported to the facility. The culture revealed the resident had Escherichia Coli growth greater than 100, 000 colony count. The culture indicated that the organism would be sensitive to ciprofloxacin (an antibiotic). Review of Resident #86 physician orders revealed an order dated 03/18/24 for ciprofloxacin 500 milligrams (mg) twice a day until 03/25/24 for a UTI. The orders were not obtained until two days after the resident's positive culture was reported to the facility. Review of Resident #86's Medication Administration Record revealed the resident received his antibiotic from 03/18/24 through 03/25/24. Review of Resident #86's UTI Observation Detail Report dated 03/18/24 revealed the resident had a UTI, symptoms included acute dysuria or pain, swelling, or tenderness of the testes, epididymis, or prostate and foul-smelling urine. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366487	A. Building B. Wing	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tallmadge Health & Rehab Center	619 Northwest Avenue Tallmadge, OH 44278

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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #86's progress notes from 03/12/24 through 03/25/24 did not address the residents UTI, symptoms, testing, or antibiotic use. Interview on 04/12/24 at 4:50 P.M. the Director of Nursing confirmed the facility received Resident #86's positive urine culture on 03/16/24 but did not initiate antibiotic treatment until 03/18/24. She was unable to clarify why the delay in treatment occurred. This deficiency represents non-compliance investigated under Complaint Number OH00152563.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366487	A. Building B. Wing	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tallmadge Health & Rehab Center	619 Northwest Avenue Tallmadge, OH 44278

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)
F 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42015 Based on observation, interview, medical record review and policy review the facility failed to provide Resident #83 requested pain medication prior to pressure ulcer/injury wound care. Actual harm occurred on 04/12/24 at 10:11 A.M. when Registered Nurse #100 was observed to provide Stage IV (full thickness tissue loss with exposed bone, tendon, or muscle) pressure ulcer/injury wound care to Resident #83, who had a physician order for narcotic pain medication as needed, despite the resident reporting pain and inquiring if she received pain medication prior to the wound care. Resident #83 voiced multiple complaints of pain during the procedure, rated her pain a level eight on a scale of one to 10, and was observed to have facial grimacing (due to the increased pain). This affected one resident (#83) of three residents reviewed for pain management. The facility census was 85. Findings include: Review of Resident #83's medical record revealed an admitted [DATE] with diagnoses including a pressure ulcer of sacral region (Stage IV), end stage renal disease, type 2 diabetes mellitus with other diabetic kidney complications, and acquired absence of right and left legs below the knee. Review of Resident #83's Minimum Data Set 3.0 (MDS) dated [DATE] revealed the resident was mildly cognitively impaired and was admitted with a pressure injury. Review of Resident #83's care plan dated 02/14/24 revealed the resident had potential to have complaints of acute pain related to diabetes, end stage renal disease/dialysis catheter in place, and a wound. Interventions included administer medications per physician orders, encourage resident to request pain medication before pain becomes unbearable, monitor, and record any complaints of pain: location, frequency, intensity, effect on function, alleviating factors, aggravating factors, and monitor and record any non-verbal signs of pain or discomfort and notify physician of pain interventions that are not effective. Review of Resident #83 April 2024 physician's orders revealed an order to cleanse the resident's coccyx with Dakins (wound treatment bleach solution) half strength, apply Anasept gel, apply calcium alginate, and cover with a foam dressing. The dressing was scheduled to be completed twice daily. The resident also had an order for Oxycodone 5 milligrams (mg) tablet every four hours as needed for pain. Review of Resident #83's Wound Management Report dated 04/10/24 revealed the resident had a 7.5 centimeters (cm) length by 9.0 cm (width) by 1.0 cm deep sacrum injury that was present on admission. The wound was classified as a Stage IV pressure injury. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366487	A. Building B. Wing	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tallmadge Health & Rehab Center	619 Northwest Avenue Tallmadge, OH 44278

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)
F 0697 Level of Harm - Actual harm Residents Affected - Few	Observation on 04/12/24 at 10:11 A.M. revealed Registered Nurse (RN) #100 and RN #200 prepared to complete Resident #83's wound care for the resident's Stage IV pressure injury to the resident's sacrum. RN #100 asked the resident if she was having any pain and the resident replied yes, her bottom is really hurting. The resident then asked if the nurse had given her any pain medication. RN #100 replied I believe I already did and proceeded with care. The resident rolled onto her side, with RN #200's assistance, while RN #100 removed the old pressure dressing, cleansed the wound, and applied a new dressing. During the wound care, the resident stated several times that her bottom was hurting and displayed facial grimacing. The wound was observed to be approximately palm sized in diameter and approximately one cm deep. After the wound care, the resident stated she wished to have her pain medication prior to her dressing changes from now on. Interview on 04/12/24 at 10:35 A.M. with Resident #83 revealed she did not believe she was medicated with pain medication prior to her dressing change and stated that her pain was an eight out of ten during the dressing change. Interview on 04/12/24 at 10:45 A.M. with RN #100 revealed she was unsure if the resident had received her pain medication prior to her dressing change. The RN reviewed the resident's Medication Administration Record (MAR) and confirmed she had not been given the ordered Oxycodone 5 milligrams as needed for pain medication at all on 04/12/24. The RN confirmed she continued with the dressing change, despite the resident requesting pain medication and not verifying if the resident's pain medication had been administered. Interview on 04/12/24 at 4:50 P.M. with the Director of Nursing revealed it would have been her expectation for either RN #100 or RN #200 to have checked to see of Resident #83 had received the as needed pain medication before continuing with the wound care once Resident #83 expressed she was in pain. She continued the staff should have waited until the medication was effective and then completed the wound treatment as ordered. Review of the policy titled Pain Management Protocol revised 10/24/22 revealed it was the policy of this community to ensure any resident who was admitted to the facility was assessed for pain and/or the potential for pain in order for the resident to reach and maintain his/her highest practicable level of physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care. This deficiency represents non-compliance investigated under Complaint Number OH00152546 and Complaint Number OH00152320.