

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER Vienna Springs Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 2510 Vienna Pkwy Dayton, OH 45459	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46613</p> <p>Based on medical record reviews, observations, staff interviews and policy review, the facility failed to ensure fall risk assessments were completed as per policy. This affected three (#11, #20, and #37) out of three residents reviewed for falls. Additionally, the facility failed to ensure fall preventative measures were in place as per the plan of care. This affected one (#37) out of three residents reviewed for falls. The facility census was 45.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #11 revealed an admitted [DATE] with medical diagnoses of Alzheimer's disease, adult failure to thrive, chronic obstructive pulmonary disease (COPD), schizoaffective disorder, and bipolar disorder.</p> <p>Review of the medical record for Resident #11 revealed a quarterly Minimum Data Set (MDS) assessment, dated 01/12/23, which indicated Resident #11 had moderate cognitive impairment and required maximum staff assistance for toilet hygiene and transfers, was dependent upon staff for bathing, and moderate staff assistance for bed mobility. The MDS revealed Resident #11 had two or more falls without injury and one fall with injury since the last MDS assessment.</p> <p>Review of the medical record for Resident #11 revealed an admission observation tool, dated 12/18/23, which included a fall risk assessment. The fall risk assessment indicated Resident #11 was at risk for falls. Further review of the medical record revealed no documentation to support a comprehensive fall risk assessment had been completed since 12/18/23.</p> <p>2. Review of the medical record for Resident #20 revealed an admitted [DATE] with medical diagnoses of Alzheimer's disease, dementia with behavioral disturbances, pulmonary fibrosis, morbid obesity, seizures, and right-side orbital fracture.</p> <p>Review of the medical record for Resident #20 revealed a quarterly MDS, dated [DATE], which indicated Resident #20 had severe cognitive impairment and was dependent upon staff for showers, required maximum staff assistance for toilet hygiene, and moderate staff assistance with bed mobility and transfers. Further review of the MDS revealed Resident #20 had a fall with major injury since the last MDS assessment.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the medical record for Resident #20 revealed a Resident First Meeting assessment, dated 11/15/23, which included a fall risk assessment. Review of the fall risk assessment revealed Resident #20 was at high risk for falls. Further review of the medical record revealed no documentation to support a comprehensive fall risk assessment had been completed since 11/15/23.</p> <p>3. Review of the medical record for Resident #37 revealed an admitted [DATE] with medical diagnoses of Alzheimer's disease, atherosclerotic heart disease, anemia, diabetes mellitus, and left below the knee amputation.</p> <p>Review of the medical record for Resident #37 revealed an annual MDS, dated [DATE], which indicated Resident #37 had severely impaired cognition and was dependent upon staff for transfers and toilet hygiene and required maximum staff assistance for bathing and bed mobility. Review of the MDS revealed Resident #37 had a fall since the last MDS.</p> <p>Review of the medical record for Resident #37 revealed a Resident First Meeting assessment, dated 11/29/23, which included the fall risk assessment. Review of the fall risk assessment revealed Resident #37 was at high risk for falls. Further review of the medical record for Resident #37 revealed no documentation to support a comprehensive fall risk assessment had been completed since 11/29/23.</p> <p>Review of the medical record for Resident #37 revealed a physician order dated 08/05/22 for the bed to be against the wall on the right side with a floor mat on the left side of the bed.</p> <p>Review of the medical record for Resident #37 revealed a fall care plan which stated Resident #37 was at risk for falls due to left below the knee amputation, poor cognition, restlessness, agitation, and attempts to get out of bed per self. Interventions included having the bed against the wall with the floor mat on the left side of the bed while the resident was in bed.</p> <p>Observation on 04/23/24 at 11:38 A.M. revealed Resident #37 sleeping in his bed. The bed was noted to be in a low position and against the wall on the right side. The observation revealed the floor mat to up leaning upright against Resident #37's dresser.</p> <p>Interview on 04/23/24 at 11:41 A.M. with State tested Nursing Assistant (STNA) #124 confirmed he was aware Resident #37 was sleeping in his bed and confirmed the floor mat was leaning upright against Resident #37's dresser and not on the floor next to the bed.</p> <p>Interview on 04/23/24 at 2:00 P.M. with Regional Clinical Support #188 confirmed the medical records for Residents #11, #20, and #37 did not contain documentation to support the facility completed comprehensive fall risk assessments quarterly per the facility policy.</p> <p>Review of the facility policy titled, Fall Management Program Guidelines, revised 12/31/23 stated the facility would strive to maintain a hazard free environment, mitigate fall risk factors, and implement preventative measures. The policy also stated fall risk assessments were to be done with admission and with Quarterly Nursing Observations.</p> <p>This deficiency represents non-compliance investigated under Complaint Numbers OH00152772 and OH00152774.</p>		

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<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** 46613</p> <p>Based on medical record review, observations, staff interviews and policy review, the facility failed to ensure proper and thorough cleansing was performed during incontinence care. This affected one (#11) out of three resident reviewed for incontinence care. The facility census was 45.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #11 revealed an admitted [DATE] with medical diagnoses of Alzheimer's disease, adult failure to thrive, chronic obstructive pulmonary disease (COPD), schizoaffective disorder, and bipolar disorder.</p> <p>Review of the medical record for Resident #11 revealed a quarterly Minimum Data Set (MDS) assessment, dated 01/12/23, which indicated Resident #11 had moderate cognitive impairment and required maximum staff assistance for toilet hygiene and transfers, was dependent upon staff for bathing, and moderate staff assistance for bed mobility. Review of the MDS revealed Resident #11 was frequently incontinent of bladder and bowel.</p> <p>Observation on 04/23/24 at 1:20 P.M. revealed State tested Nursing Assistant (STNA) #154 transferred Resident #11 into the bathroom via wheelchair and assisted Resident #11 to a standing position next to the toilet with Resident #11 holding onto the grab bar by the toilet. STNA #154 washed her hands and then applied gloves. STNA #154 proceeded to remove Resident #11's urine saturated adult brief and disposed of it in the trash near the toilet. Resident #11 sat on the toilet and attempted to void with no results. STNA #154 assisted Resident #11 to a standing position with Resident #11 facing the wall and holding onto the grab bar near the toilet. STNA #154 stood behind Resident #11 and cleansed Resident #11 two times from front to back using two cleansing wipes. STNA #154 then assisted Resident #11 with applying new adult brief and back into the wheelchair. STNA #154 unlocked the wheelchair brakes and moved the wheelchair out into Resident #11's room. STNA #154 removed her gloves and washed her hands.</p> <p>Interview on 04/23/24 at 1:30 P.M. with STNA #154 confirmed she did not thoroughly cleanse Resident #11's perineal area after Resident #11 was incontinent of bladder. STNA #154 also confirmed she did not remove her gloves or perform hand hygiene prior to assisting Resident #11 back into her wheelchair, unlocking the brakes, and moving Resident #11 out of the bathroom.</p> <p>Review of the facility policy titled, Perineal Care for Incontinence, revised 11/09/17, stated incontinence care was to be done to ensure that urine and feces do not remain on incontinent residents' skin for long periods of time. The policy stated staff are to pay particular attention to infection prevention and control techniques when performing peri care.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152774.</p>		