Printed: 01/22/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365687	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2022		
NAME OF PROVIDER OR SUPPLIER Arbors at Marietta		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Seventh Street Marietta, OH 45750			
For information on the nursing home's	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 DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)		
F 0684	Provide appropriate treatment and	care according to orders, resident's pre	eferences and goals.		
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS F	HAVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 07316		
Residents Affected - Few	Based on closed medical record review, staff interview, and policy review, the facility failed to ensure a resident received appropriate treatment and care related to tracheostomy and ventilator care. This affected one of three residents reviewed for ventilator care (Resident #107). The facility census was 106.				
	Findings include:				
	Review of the closed medical record for Resident #107 revealed an admitted [DATE] and diagnoses including acute and chronic respiratory failure, morbid obesity, hypertension, seizures, pneumonia, tracheostomy, and ventilator dependent.				
	Nurses notes indicated the resident was admitted on [DATE] around 12:50 P.M.				
	The resident had a physician's order to be on oxygen per tracheostomy mask during the day and be on the ventilator at night only. The resident's vital signs and oxygen saturation were monitored on [DATE] at 1:00 P. M. 3:04 P.M. and 7:30 P.M. with no abnormalities noted.				
	Review of the closed medical record for Resident #107 revealed no evidence of any respiratory assessments between [DATE] from 7:30 P.M. to [DATE] at 9:35 A.M. Review of a nurses note on [DATE] at 9:35 A.M. revealed at 7:30 A.M. the nurse had changed the resident from the ventilator to trach collar per orders. The resident was pleasant and responsive (no respiratory assessment or vital signs documented). At 9:00 A.M., the nurse entered the room and found the resident diaphoretic and pale. Attempted to check oxygen saturation level with no readable level. A code blue was called and CPR was started. 911 was called and the resident was transported to the hospital. The resident was currently still in the hospital as of [DATE].				
	Interview with LPN #150 on [DATE] at 10:50 A.M. revealed around 7:15 A.M., after coming on duty for the day shift, she switched Resident #107 from the ventilator to oxygen per tracheostomy. She stated he did with that and his oxygen saturation levels were ,d+[DATE]% on the tracheostomy. She stated after that, the nursing assistant obtained vital signs which were within normal limits. She stated she then went in to his room and noted he was diaphoretic. She yelled for the unit manager, who came in immediately. They were unable to find a pulse and CPR was initiated. 911 was called and the resident was transferred to the hosp She confirmed there was no documentation of any vital signs or respiratory assessments since the evening before.				
	(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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 365687

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365687	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2022	
NAME OF PROVIDER OR SUPPLIER Arbors at Marietta		STREET ADDRESS, CITY, STATE, Z 400 Seventh Street Marietta, OH 45750		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informat	ion)	
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #107 was admitted. She admission and she completed a re then placed him on the ventilator of assessment with no distress noted stated residents with a tracheoston hours to include breath sounds, pushould include a check of the ventil assessments should be completed ventilator or [NAME] versa. She confered from the conference of the ventilator or [NAME] versa. She confered from the conference of the ventilator or [NAME] versa. She confered from the conference of the ventilator all night. She stated during the night but confirmed them was in the room on [DATE] at around the oxygen by tracheostomy. She shall have documentation symmetry of chest wall expansion, oximetry values, vent settings, oxy tube). Visual checks are done ever ventilation, assess and document to sounds, color and consistency of sittal signs, and ventilator settings are	assessments and vital signs were per	theostomy with oxygen only) upon the no issues noted. She stated she completed another respiratory etween 8:,d+[DATE]:30 P.M. She wassessments completed every four rate. She stated the assessment theostomy. She stated respiratory kygen by tracheostomy to a resemble of the confirmed signs documented the confirmed Resident #107 was not seen the confirmed Resident #107 was not seen the confirmed she downward the resident from the ventilator to she then left the facility after that. In vealed ventilator dependent the cord. Respiratory status means: by the confirmed she was a single of the resident is on mechanical later ate, respiration rate, breath as indicated), oxygen saturation,	

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NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Arbors at Marietta			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0686	Provide appropriate pressure ulcer	care and prevent new ulcers from dev	eloping.
Level of Harm - Actual harm	**NOTE- TERMS IN BRACKETS H	HAVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 07316
Residents Affected - Few	Based on observations, medical record review, staff interview, and policy review, the facility failed to ensure one resident (Resident #94) did not develop an avoidable pressure ulcer that declined from a Stage 2 (partial-thickness loss of skin with exposed dermis, presenting as a shallow open ulcer. The wound bed is viable, pink or red, moist, and may also present as an intact or open/ruptured blister) to Unstageable (full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because the wound bed is obscured by slough or eschar), failed to ensure one resident, (Resident #41)who was admitted with pressure ulcers, did not develop an additional Unstageable pressure ulcer, and failed to ensure one resident (Resident #2) did not develop a Stage 3 (full-thickness loss of skin, in which subcutaneous fat may be visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present) pressure ulcer in the facility. This affected three of three residents reviewed for pressure ulcers (Residents #2, #41, and #94). The facility census was 106. This resulted in actual physical harm for Residents #41 and #94 who developed Unstageable pressure ulcers with necrosis on the heels in the facility.		
	Findings include:		
	Review of the medical record for Resident #94 revealed an admitted [DATE] and diagnoses including traumatic brain injury, cerebral infarction with hemiplegia, and aphasia.		
	A Braden skin risk assessment completed on 11/14/21 indicated the resident was at high risk for the development of pressure ulcers.		
	A Minimum Data Set 3.0 (MDS) assessment completed 11/19/21 indicated the resident had long and short term memory problems, required extensive assistance from two staff with bed mobility, and had no pressure ulcers.		
	Review of physician's orders revealed orders dated 08/17/20 to encourage/assist to float heels in bed as tolerated and encourage/assist to turn and reposition frequently.		
	Review of nurse's notes dated 02/14/22 at 3:35 P.M. revealed Resident #94 was noted to have an area on the right heel that appeared to have been a blister that is now open to a Stage 2. The physician was notified and new treatment orders were obtained to cleanse right heel with wound cleanser and pat dry. Apply Collagen to wound bed, cover with a non-woven gauze, wrap with gauze, and secure with tape every shift.		
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365687	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2022	
NAME OF PROVIDER OR SUPPLIER Arbors at Marietta		STREET ADDRESS, CITY, STATE, ZI 400 Seventh Street Marietta, OH 45750		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by		IENCIES full regulatory or LSC identifying information)		
F 0686 Level of Harm - Actual harm Residents Affected - Few	Review of a Skin and Wound evaluation-house acquired Stage 2 (partial measuring 2.7 centimeters (cm) for evaluation dated 02/24/22 revealed marked not applicable. It stated the (No necrosis was noted). It was no resident had an Unstageable area a physician's order was obtained for Review of the plan of care, initiated right heel on 02/14/22. Intervention remind/assist to turn/reposition free. Observations on 02/28/22 at 9:30 / the mattress. Observations of the rould not keep his heels elevated of and stated they could get some heels observations on 02/28/22 at 2:45 for mattress (no heel elevation devices). Observations on 03/01/22 at 8:30 / right side with his heels resting on his bed. On 03/01/22 at 2:55 P.M. was observed to have a hard soled. Observations on 03/02/22 at 8:40 / the mattress. No air mattress was air mattress was ordered but had nelevator boots for the resident or no Review of the treatment administration that assistance to float heels in bed.	nation dated 02/14/22 revealed Resider thickness skin loss with exposed derming by 2.8 cm wide by 0.1 cm deep. Revited the resident's right heel was 2.2 cm lose wound bed had 80 percent of the would ted to have bloody exudate. On 02/28/3 on the right heel (no measurements or or an air mattress for the bed due to pose to an air mattress for the bed due to pose to an air mattress for the bed due to pose to an air mattress for the bed of the pose to an air mattress for the bed of the pose to an air mattress for the bed of the pose to an air mattress for the bed of the pose to an air mattress for the bed of the pose to an air mattress for the bed on the light heel revealed Resident #94 in bed on the pose to a second pose to a secon	ant #94 was noted to have a new s) pressure ulcer on the right heel view of a Skin and Wound ang by 1.9 cm wide with depth and covered with epithelial tissue. 22 a Skin Assessment indicated the description included). On 02/28/22 or mobility and poor skin integrity. The ressure ulcer development on the els when in bed as tolerated and ested. This right side with his heels touching the middle Unstageable area with so stated, at that time, that the staff for of Nursing was in the room also are heels not elevated off the served to have an air mattress on elchair in the hallway. The resident set resting on the floor. The right side with his heels resting on N #150, at that time, revealed the know if the facility had any heel are no 02/28/22 staff had documented that unently was provided each shift. It	

			NO. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365687	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2022	
NAME OF PROVIDER OR SUPPLIER Arbors at Marietta		STREET ADDRESS, CITY, STATE, ZI 400 Seventh Street Marietta, OH 45750		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0686 Level of Harm - Actual harm Residents Affected - Few	would not keep his heels elevated process of getting him an air mattre. She further stated the resident sho further pressure on the right heel. (developed in the facility on 02/14/2 the wound. She confirmed the skin include any measurements. On 03, worse as it now had necrotic tissue. Review of the facility policy titled P evidence based interventions for phave a pressure injury present. Interprotecting and/or offloading heels); Resident #94 developed an Unstage evidence physician ordered turning. 2. Review of the medical record for stage renal disease, dementia, and 01/28/22 physician's orders were or and reposition as tolerated. On 01/the development of pressure ulcers for any skin breakdown. The first standard with the Director of Nursin Resident #41's skin until 02/03/22. pressure ulcers/wounds. On 02/03/22 a Skin and Wound evanon-blanchable deep red, maroon non-blanchable deep red, maroon, heel that was documented as being with depth marked not applicable. It (tissue which manifests as light pin resident was also noted with a Stagmeasuring 0.6 cm long by 0.9 cm will left ischial tuberosity with wound clause.	ing on 03/02/22 at 9:15 A.M. revealed so until he had a pressure ulcer on his here is for the bed and heel elevator boots uld not be wearing hard soled tennis ston 03/02/22 at 9:45 A.M. she confirmed 2 and had not been measured since it assessment on 02/28/22 indicated an /03/22 at 9:00 A.M. she confirmed the perovention would be implemented for all erventions could include: redistribute provide appropriate pressure redistribute provide appropriate pressure relief to the resident #41 revealed an admitted [D. adult failure to thrive. The resident we btained to encourage to float heels as 28/22 a Braden skin risk assessment in string on 03/02/22 at 10:45 A.M. confirmed She stated staff are to assess resident aluation noted a deep tissue pressure is or purple discoloration, intact skin with purple discoloration due to damage of gresent on admission. The area meast indicated the wound was covered with k with a shiny pearl appearance). No note 2 pressure ulcer present on admissivide by 0.1 cm deep. The resident had eanser, pat dry, apply collagen, cover with the purple discoloration appearance area.	el. She stated they were in the but they were not available yet. Hoes on his right foot as it would put the pressure ulcer on the heel had developed necrotic skin over Unstageable area but did not pressure on the right heel was the ment dated 01/01/21 revealed residents who are at risk or who ressure (such as repositioning, uting support surfaces. The on the right heel without the heels was provided. ATE] with diagnoses including end and out for dialysis twice weekly. On tolerated and encourage to turn indicated the resident was at risk for a skin was assessed on admission at days after admission). The three was no assessment of so skin on admission for any injury (DTPI) (persistent localized area of persistent underlying soft tissue) on the right sured 2.3 cm long by 3.4 cm wide in 100 percent epithelial tissue ecrosis (eschar) was noted. The on on the left ischial tuberosity a treatment ordered to cleanse the with foam dressing daily.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365687	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS CITY STATE 71	D CODE
	ER	STREET ADDRESS, CITY, STATE, ZI 400 Seventh Street	PCODE
Arbors at Marietta		Marietta, OH 45750	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0686	On 02/17/22 Skin and Wound eval	uations noted the right heel to be a dee	p tissue iniury pressure ulcer
Lavel of Harry Actually and	measuring 2.9 cm long by 3.9 cm v	vide with depth marked not applicable.	It indicated the wound was covered
Level of Harm - Actual harm		No necrosis (eschar) was noted. The let g 1.3 cm long by 1.3 cm wide. No deptl	
Residents Affected - Few	a Stage 2 pressure ulcer measuring 1.3 cm long by 1.3 cm wide. No depth documented. On 02/17/22 it was noted the resident had developed a new deep tissue pressure injury on the left heel measuring 2.6 cm long by 2.6 cm wide with depth marked not applicable. It indicated the wound was covered with 100 percent epithelial tissue. No necrosis (eschar) was noted.		
	On 02/17/22 a physician's order war mattress was ordered for the bed.	as written for heel elevator boots to bila	teral heels. On 02/23/22 an air
	Interview with the Director of Nursing on 03/02/22 at 10:45 A.M. confirmed the pressure ulcer on the left heel developed in the facility.		
	On 02/24/22 Skin and Wound evaluations indicated the right heel was a deep tissue pressure ulcer measuring 1.6 cm long by 4.2 cm wide with depth not applicable. It indicated the wound was covered with 100 percent epithelial tissue. No necrosis (eschar) was noted. The left ischial tuberosity was noted to be a Stage 2 pressure ulcer measuring 1.0 cm long by 1.4 cm wide by 0.1 cm deep. The left heel was noted to be a deep tissue pressure injury (in house acquired) measuring 3.1 cm long by 2.6 cm wide with depth not applicable. It indicated the wound was covered with 100 percent epithelial tissue. No necrosis (eschar) was noted.		
	a 0.5 cm long by 2.5 cm wide by 0. The skin around the wound was da	A.M. revealed Resident #41 to be in bed 1 cm deep open area on the left buttoo urk red/purple. There was no dressing o vealed she did not know why the reside	k covered with a piece of collagen. ver the collagen. Interview with the
	Review of the treatment administra morning of 02/27/22.	tion record revealed the dressing was	documented as completed on the
		22 at 8:00 A.M. (the nurse providing ca have a dressing on the pressure ulcer	
		A.M., 10:25 A.M. and 12:35 P.M. reveal resident did not have any heel elevator	
	by 3.1 cm wide Unstageable press	A.M. of Resident #41's heels revealed ure ulcer covered with brown eschar. T lcer covered with dark brown/black esc	he right heel had a 2.5 cm long by
	boots were documented to indicate	tion record for March 2022 revealed the they were worn by the resident for the atment administration record also mon ccur on 03/01/22.	day shift. It was also documented
	(continued on next page)		

STATEMENT OF DERICIENCIES AND PLAN OF CORRECTION (X) PROVIDER/SUPPLIER/CLIA (DEMTIFICATION NUMBER: ABBIGRAT SESSE? STREET ADDRESS, CITY, STATE, ZIP CODE A0077/2022 STREET ADDRESS, CITY, STATE, ZIP CODE A0077/2022 STREET ADDRESS, CITY, STATE, ZIP CODE A00 Severith Street Marrietta. OH 45750 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. [Ext) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Seich deficiency must be proceeded by full regulatory or LSC identifying information) F 0686 Level of Harm - Actual harm Residents Affected - Few Interview with the Director of Nursing on 03/02/22 at 10:00 A.M. and 10:45 A.M. revealed Resident #41 was to have heel elevator books on when in heed. She also confirmed there was no documentation to indicate the state of the sta				NO. 0936-0391
Arbors at Marietta 400 Seventh Stroet Marietta, OH 45750 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. 5UMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Interview with the Director of Nursing on 03/02/22 at 10:00 A.M. and 10:45 A.M. revealed Resident #41 was to have heel elevator bods on when in bed. She also confirmed there was no documentation to indicate the resident Affected - Few Interview with the Director of Nursing on 03/02/22 at 10:00 A.M. and 10:45 A.M. revealed Resident #41 was to have heel elevator bods on when in bed. She also confirmed there was no documentation to indicate the resident Affected - Few Interview with the Director of Nursing on 03/01/22. She confirmed the skin and wound evaluations were inaccurate. She confirmed the resident could not have long percent epithelial skin over the wounds when eschar was present. Resident #41 developed an Unstageable pressure ulcer with necrotic sasue to the left heel in the facility and had worsening of an Unstageable pressure ulcer with necrotic sasue to the left heel in the facility and had worsening of an Unstageable pressure ulcer with necrotic sasue to the left heel in the facility and had worsening of an Unstageable pressure ulcer are readmitted [DATE] with diagnoses including acute and chronic respiratory failure, chronic obstructive pulmonary disease, and malnutition. A Braden pressure ulcer is the medical record for Resident #2 revealed a readmitted [DATE] with diagnoses including acute and chronic respiratory failure, chronic obstructive pulmonary disease, and malnutition. A Braden pressure ulcer is assessment completed on 12/20/21 indicated the resident was high risk for the developed and unsure the resident specified on 12/20/21 indicated the resident was high risk for the morbid pressure ulcers. The resident specified on 12/20/22 indicated the resident had no existing or new skin ar		IDENTIFICATION NUMBER:	A. Building	COMPLETED
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			400 Seventh Street	
Each deficiency must be preceded by full regulatory or LSC identifying information	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
to have heel elevator boots on when in bed. She also confirmed there was no documentation to indicate the resident refused care on 03/01/22. She confirmed the skin and wound evaluations did not indicate the resident refused care on 03/01/22. She confirmed the skin and wound evaluations were inaccurate. She confirmed the resident could not have 100 percent epithelial skin over the wounds when eschar was present. Resident #41 developed an Unstageable pressure ulcer with necrotic tissue to the left heel in the facility and had worsening of an Unstageable pressure ulcer on the right heel without evidence that physician ordered pressure relief was provided. 3. Review of the medical record for Resident #2 revealed a readmitted [DATE] with diagnoses including acute and chronic respiratory failure, chronic obstructive pulmonary disease, and malnutrition. A Braden pressure ulcer risk assessment completed on 12/20/21 indicated the resident was high risk for the development of pressure ulcers. The admission skin assessment documented the resident did not have any pressure ulcers. The resident was receiving hospice services. A MDS assessment completed of 11/21/22 indicated the resident had a brief interview for mental status score of 2; indicating severe cognitive impairment. The resident required extensive assistance from two staff for bed mobility and had no pressure ulcers. A weekly skin assessment on 01/16/22 at 8:03 A.M. documented a new order was obtained for wound care for the midspine. There was no description or measurements of the area. There was no evidence a physician's order was implemented for a treatment to the midspine at that time. A weekly skin assessment on 01/18/22 at 3:36 P.M. documented a new order was obtained to cleanse area on spine and apply hydrocorisone ointment administration record for January 2022 revealed a treatment to the spine was first documented on 01/21/22. (5 days after it was identified). A weekly skin assessment on 02/02/22 at 3:36 P.M. documented a new order was obtained to c	(X4) ID PREFIX TAG			
pressure ulcer but that the facility did not have those records. She confirmed there was no evidence a physician's order was obtained for a treatment to the area until 01/19/22.	Level of Harm - Actual harm	Interview with the Director of Nursing to have heel elevator boots on whe resident refused care on 03/01/22. The resident had any eschar on the heet the skin and wound evaluations we epithelial skin over the wounds where the skin and wound evaluations we epithelial skin over the wounds where the skin and wound evaluations we epithelial skin over the wounds where the skin and wound evaluations we epithelial skin over the wounds where the skin and wound evaluations we epithelial skin over the wounds where the skin and worsening of an Unstageable pressure relief was provided. 3. Review of the medical record for acute and chronic respiratory failure pressure ulcer risk assessment cordevelopment of pressure ulcers. The resident was in A MDS assessment completed 01/of 2, indicating severe cognitive impled mobility and had no pressure ulcer and weekly skin assessment on 01/11/12 A nurses note on 01/16/22 at 8:03 midspine. There was no description order was implemented for a treatment of a weekly skin assessment on 01/13/22 at 3:36 apply hydrocortisone ointment and However, review of the treatment and However, review of the treatment and was first documented on 01/21/22. A weekly skin assessment on 02/02 and skin and wound evaluation on 02 pressure ulcer, in house acquired, indicated the wound was filled with described since noted in the nurses. Interview with the Director of Nursing were inaccurate and the area was interview with the area was interview with the prestor of Nursing were inaccurate and the area was incorrected.	ing on 03/02/22 at 10:00 A.M. and 10:49 an in bed. She also confirmed there was She confirmed the skin and wound evales. She stated the resident had escharter inaccurate. She confirmed the resident excharter was present. It is geable pressure ulcer with necrotic tissure screen and the resident was present. It is geable pressure ulcer with necrotic tissure screen ulcer on the right heel without the resident was present and the resident and the resident of the admission skin assessment docume receiving hospice services. 21/22 indicated the resident had a brief pairment. The resident required extensulcers. 20/22 stated the resident had no existing A.M. documented a new order was obton or measurements of the area. There is nent to the midspine at that time. 8/22 stated the resident had no existing P.M. documented a new order was obton or measurements of the area. There is nent to the midspine at that time. 8/22 stated the resident had no existing P.M. documented a new order was obton or with dressing three times per well diministration record for January 2022 (5 days after it was identified). 3/22 documented the resident had a Stage on the spine measuring 0.2 cm long by 100 percent slough. This was the first is notes on 01/16/22.	5 A.M. revealed Resident #41 was a no documentation to indicate the aluations did not indicate the on her heels prior to 03/02/22 but ent could not have 100 percent use to the left heel in the facility and evidence that physician ordered ATE] with diagnoses including se, and malnutrition. A Braden lent was high risk for the nted the resident did not have any f interview for mental status score ive assistance from two staff for g or new skin areas. ained for wound care for the was no evidence a physician's g or new skin areas. ained to cleanse area on spine and sek. revealed a treatment to the spine existing or new skin areas. 3 (full-thickness skin loss) 10.4 cm wide by <0.1 cm deep. It time the wound was measured or the pressure ulcer assessments g identified on 01/16/22). She
		physician's order was obtained for		as aloro was no originad a

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NAME OF PROVIDER OR SUPPLIER		GENERAL ADDRESS CITY STATE 712 222	
	ER	STREET ADDRESS, CITY, STATE, ZI 400 Seventh Street	PCODE
Arbors at Marietta		Marietta, OH 45750	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0686	1	7/22 documented the resident had no e	•
Level of Harm - Actual harm	I to the second	ation on 02/17/22 stated the resident hat 5 cm wide, with depth as not applicable	9 .
Residents Affected - Few		4/22 stated the resident had an area or 2/24/22 stated the area measured 1.0 o	
	tolerated. Review of the plan of car	led an order 01/19/22 to reposition the re, initiated 10/26/21, revealed an intervition every two hours, more often as ne	vention stating the resident needed
	Observations on 02/28/22 at 2:30 P.M. revealed Resident #2 to have a 1.0 cm in diameter moist wound with a white center on the mid back. The skin around the wound was reddened. The wound was near a protrusion of the spine.		
	Observations on 03/01/22 at 8:15 A.M., 10:32 A.M. and 12:30 P.M. revealed Resident #2 to be in bed in the same position with a pillow under her left side, tilting the resident slightly to the right. The resident was observed to have a regular pressure reducing mattress on the bed.		
	Review of the treatment administration record for 03/01/22 revealed it was documented the resident was repositioned every two hours at 8:00 A.M., 10:00 A.M., and 12:00 P.M. There was no evidence of any refusals to turn/reposition.		
	03/01/22 at 8:00 A.M., 10:00 A.M. a repositioned rotating from the back	an #152 (who signed off the treatment a and 12:00 P.M.) on 03/01/22 at 3:45 P. to left side to right side every two hour on what the nursing assistants told her. y two hours.	M. revealed the resident should be s. She stated she did not verify the
	for Resident #2) revealed they show the resident will pull the pillow out a	Assistant (STNA) #153 on 03/01/22 at we a pillow under the resident but do whand return to laying on her back. (Althounder her left side from 8:15 A.M. to 12:3	hat the resident wants. She stated ugh the resident was observed in
	licensed nurses will conduct a full b	ressure Injury Prevention and Manager pody skin assessment on all residents u led pressure injury. Findings will be doc	ipon admission/re-admission,
		ng on 03/02/22 at 9:00 A.M. revealed the sident's bed. She stated when the Stag added to the bed.	
	This deficiency substantiated Maste	er Complaint Number OH00130269.	