| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 365704 | A. Building<br>B. Wing | 07/19/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Advanced Healthcare Center | 955 Garden Lake Pkwy<br>Toledo, OH 43614 |

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|---|---|
| F 0561<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42491<br><br>Based on medical record review, observation, family interview, staff interviews, and review of facility policy, the facility failed to ensure showers were provided per the bathing preference of one (Resident #13) of four residents reviewed for showers. The facility census was 57.<br><br>Findings include:<br><br>Medical record review for Resident #13 revealed an admitted [DATE]. Diagnoses included, chronic respiratory failure, high blood pressure, congestive heart failure, anemia, morbid obesity, and type II diabetes.<br><br>Review of Resident #13's Minimum Data Set (MDS) assessment, dated 04/25/22, revealed the resident was moderately cognitively impaired. No behaviors were documented, including rejection of care. The resident was dependent upon staff for Activities of Daily Living (ADLs), including maintaining hygiene, and required help of one staff with bathing.<br><br>Review of Resident #13's care plan, initiated 04/22/22, revealed the resident required assistance of one staff for bathing and maintaining hygiene.<br><br>Review of the shower schedule revealed Resident #13 was scheduled to receive showers on Tuesdays and Fridays during first shift.<br><br>Review of Resident #13's bathing record from the last 30 days revealed the resident received bed baths on 06/21/22, 06/28/22, 07/05/22, and 07/12/22.<br><br>Interview on 07/12/22 at 9:23 A.M. with Resident #13's family revealed the resident was not receiving showers. Instead the facility staff were only providing bed baths due to not having a shower chair to accommodate the resident's large size.<br><br>Interview on 07/14/22 at 8:09 A.M., State tested Nurse Aide (STNA) #324 verified Resident #13 would take showers when offered. STNA #324 verified the facility had a shower chair to accommodate Resident #13. The equipment was safe to use and rated to handle his weight.<br><br>Observation on 07/14/22 at 3:30 P.M. revealed two shower chairs in the shower room. The blue chair was weight rated for 600 pounds (lbs.) and a green chair weight rated for 900 lbs.<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0561<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Interview on 07/14/22 at 3:53 P.M., Director of Plant Maintenance #346 verified there were two chairs available for resident showers. The blue chair was rated for 600 lbs. and the green chair was rated for 900 lbs.<br><br>Review of facility policy titled Personal Bathing and Shower, last reviewed 02/16/22, revealed bathing preferences should be care planned, including type and schedule. The facility would support and accommodate the resident's preferences to the extent possible.<br><br>This deficiency substantiates Complaint Number OH00133613. |

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| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42491<br><br>Based on medical record review, observation, family interview, staff interviews, and review of facility policy, the facility failed to ensure a dependent resident received showers as scheduled. This affected one (Resident #13) of four residents reviewed for showers. The facility census was 57.<br><br>Findings include:<br><br>Medical record review for Resident #13 revealed an admitted [DATE]. Diagnoses included, chronic respiratory failure, high blood pressure, congestive heart failure, anemia, morbid obesity, and type II diabetes.<br><br>Review of Resident #13's Minimum Data Set (MDS) assessment, dated 04/25/22, revealed the resident was moderately cognitively impaired. No behaviors were documented, including rejection of care. The resident was totally dependent upon staff for Activities of Daily Living (ADLs), including maintaining hygiene, and required help of one staff with bathing.<br><br>Review of Resident #13's care plan, initiated 04/22/22, revealed the resident required assistance of one staff for bathing and maintaining hygiene. The care plan did not address if the resident refused care, including refusals of showers.<br><br>Review of the shower schedule revealed Resident #13 was scheduled to receive showers on Tuesdays and Fridays during first shift.<br><br>Review of Resident #13's bathing record from the last 30 days revealed the resident received bed baths on 06/21/22, 06/28/22, 07/05/22, and 07/12/22. There was no further documentation of the resident receiving a bath or shower on additional dates.<br><br>Review of Resident #13's progress notes for the last 30 days revealed no documentation showing showers were completed as scheduled or the resident refusing showers.<br><br>Family interview on 07/12/22 at 9:23 A.M. revealed Resident #13's family reported the resident was not receiving scheduled showers.<br><br>Interview on 07/14/22 at 8:09 A.M., State tested Nurse Aide (STNA) #324 verified Resident #13 was compliant with care and would take showers when she offered.<br><br>Observation on 07/14/22 at 12:50 P.M. revealed Resident #13 was sleeping. His hair appeared to be wet and shiny with an appearance consistent of grease. The resident had short stubble facial hair.<br><br>(continued on next page) |

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| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Interview on 07/14/22 at 12:51 P.M., STNA #324 verified Resident #13 needed assistance with bathing. STNA #324 verified Resident #13 was scheduled to receive showers on Tuesdays and Fridays during day shift. STNA #324 verified she worked this past Tuesday, 07/12/22, and did not provide a shower to the resident. STNA #324 reported she wiped the resident down daily to ensure he was clean. STNA #324 reported all showers were documented in the electronic medical record or on a paper shower sheet. STNA #324 provided a binder with shower sheets. Review of paper shower sheets revealed there were no showers sheets completed for Resident #13. STNA #324 verified all showers, including refusals, should be documented in the electronic medical record. STNA #324 further verified Resident #13 had bed baths documented on 06/21/22, 06/28/22, 07/05/22, and 07/12/22, and there were no other showers/baths documented for the last 30 days. STNA #324 indicated if showers/baths were not documented in the electronic medical record they were not completed.<br><br>Review of facility policy titled Personal Bathing and Shower, last reviewed on 02/16/22, revealed bathing preferences should be care planned, including type and schedule. The facility would support and accommodate the resident's preferences to the extent possible.<br><br>This deficiency substantiates Complaint Number OH00133613. |

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| F 0686<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Provide appropriate pressure ulcer care and prevent new ulcers from developing.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15816<br><br>Based on observation, medical record review, staff interview, and review of facility policy, the facility failed to ensure recommended interventions were implemented to prevent skin breakdown. Actual harm occurred when Resident #49 was discovered with an in-house acquired deep tissue injury to the right heel. This affected one (#49) of three residents reviewed for skin breakdown in a facility census of 57.<br><br>Findings include:<br><br>Medical record review revealed Resident #49 admitted to the facility on [DATE]. Diagnoses included Alzheimer's disease, dementia, chronic kidney disease stage IV, and insomnia.<br><br>Review of the Minimum Data Set assessment dated [DATE], revealed the resident had severe cognitive impairment. Resident #49 required extensive assistance of two staff for bed mobility and was dependent upon staff for the completion of activities of daily living. The resident was incontinent of bowel and bladder and was at risk for pressure ulcer development, with three stage II pressure ulcers present on admission.<br><br>Further review of the medical record revealed on 06/20/22 the resident was assessed to be at high risk for skin breakdown. On 06/20/22, the physician ordered the resident to be placed on a pressure reducing/relieving mattress.<br><br>Review of the care plan dated 06/21/22 revealed Resident #49 was at risk for skin breakdown down due to chronic kidney disease, limited mobility, and bedfast. Resident #49 had stage II pressure ulcers to the right buttock, right gluteal fold, and sacrum. The goal indicated Resident #49 would have no further skin breakdown. Interventions included, administer medications as ordered, monitor for side effects and effectiveness, administer treatments as ordered by medical provider, apply barrier creams post incontinent episodes, complete skin at risk assessment upon admission/readmission, quarterly, and as needed, complete weekly skin checks, ensure residents are turned and repositioned, and provide peri-care as needed to avoid skin breakdown due to incontinence.<br><br>Further review of the medical record revealed no wound descriptions or measurements were completed for the resident until 06/22/22 (two days after admission), when the resident was evaluated by Wound Certified Nurse Practitioner (NP) #01. Wounds were described as follows: stage II pressure ulcer to the right buttock measured 0.46 centimeters (cm) long by (x) 0.62 cm wide x 0.10 cm deep, stage II pressure ulcer to the right buttock fold measured 1.40 cm long x 0.97 cm wide x 0.10 cm deep, and stage II pressure ulcer to the sacrum measured 0.61 cm long x 0.58 cm wide x 0.10 cm deep. Wound Certified NP #01 recommended the following interventions: pressure reduction/offloading to include ensure compliance with turning, elevate legs regularly, wedge/foam cushion for offloading, and mattress overlay. There was no documentation of any wounds to the resident's feet/heels.<br><br>On 06/27/22, the resident was reassessed to be at low risk for skin breakdown. On 07/04/22, the resident was reassessed to be at high risk for skin breakdown. No additional pressure relieving interventions were implemented.<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Review of Wound Certified NP #01 documentation revealed measurements and evaluation of the three wounds to the right buttock fold, right buttock, and sacrum, were completed on 07/01/22 and 07/06/22. Wound Certified NP #01 continued to recommend pressure reduction/offloading to include ensure compliance with turning, elevate legs regularly, wedge/foam cushion for offloading, and mattress overlay. There was no documentation contained in the medical record indicating the interventions were implemented as requested by Wound Certified NP #01.<br><br>Observation on 07/11/22 at 11:38 A.M. noted Resident #49 in bed with a standard facility pressure relief mattress (not an overlay as recommended). The resident was positioned on her back with both heels resting on the surface of the mattress and a pillow at the foot of the bed.<br><br>Observation on 07/12/22 at 11:49 A.M. revealed Resident #49 was positioned on her back, in bed with heels resting on the surface of the mattress with no pressure relief to her feet or legs, nor were the resident's legs elevated. At 1:25 P.M. the resident remained positioned on her back with heels resting on the mattress and legs not elevated.<br><br>Observation on 07/12/22 at 2:14 P.M. of State tested Nurse Aide (STNA) #308 and Licensed Practical Nurse (LPN) #334 providing incontinence care to Resident #49 revealed the resident was incontinent of a moderate amount of urine. STNA #308 completed incontinence care and LPN #334 indicated the three pressure ulcers appeared to be healed. Following incontinence care, Surveyor requested LPN #334 remove the resident's socks. Observation of the right heel revealed a deep tissue injury. The wound measured 3.0 cm long x 2.0 cm wide with an unstageable depth. Wound characteristics were with distinct edges, pink and reddened wound bed. Staff were unaware the heel wound existed prior to this observation.<br><br>Interview on 07/12/22 2:28 P.M. LPN #334 verified no overlay mattress was in place and the resident's heels were not consistently elevated.<br><br>Interview 07/12/22 at 2:40 P.M. the Director of Nursing (DON) verified Resident #49 was assessed at low risk for skin breakdown on 06/27/22, despite having skin breakdown upon admission. Additionally, the DON verified no initial wound measurements were obtained and no additional interventions were implemented, other than the mattress, which was provided by hospice on admission.<br><br>Observation 0n 07/13/22 at 12:20 P.M. with Wound Certified NP #01 and LPN #334 present revealed the resident's wounds to the sacrum, right buttock, and right buttock fold were healed. Wound Certified NP #01 noted the right heel wound and obtained measurements of 2.10 cm x 2.11 with no depth. Wound Certified NP #01 described the wound as a pressure ulcer/suspected deep tissue injury. Interview with Wound Certified NP #01 at the time of observation, confirmed she was not informed of ordered interventions not being implemented, this included an overlay type pressure/air mattress, heel elevation, and positioning wedge/cushion.<br><br>Review of the facility's skin care and wound management policy, effective 07/01/16, revealed staff were to verify appropriate pressure redistribution devices/support surfaces were in place as indicated. Staff were to monitor residents' skin in contact with adaptive equipment for areas of pressure. Implementation of prevention strategies to decrease the potential for developing pressure ulcers. In addition, complete an admission observation tool to identify areas of skin impairment and pre-existing signs.<br><br>(continued on next page) |

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| F 0686<br>Level of Harm - Actual harm<br>Residents Affected - Few | This deficiency substantiates Complaint Number OH00133613. |