

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32799</p> <p>Based on observation, record review and interview the facility failed to ensure residents were provided appropriate positioning and table height during meals. This affected one resident (Resident #32) of two residents reviewed for nutrition.</p> <p>Findings include:</p> <p>Review of Resident #32's medical record revealed an admitted [DATE] with diagnoses including major depression, schizophrenia, chronic obstructive pulmonary disease (COPD), and dysphagia (difficulty swallowing).</p> <p>Review of the care plan for at risk for decline in activity of daily living (ADL) function related to poor wheel chair positioning for nutritional intake dated 01/17/19 revealed interventions including bed side table to be used for dining room to enhance dietary intake, table positioned for ease of access to dining utensils added 04/10/19.</p> <p>Review of the Quarterly Minimum Data Set (MDS) 3.0 dated 04/09/19 revealed the resident had severe cognitive impairment and required limited assistance of one staff member with bed mobility, transfers, locomotion on and off the unit and toilet use. The resident required extensive assistance of one staff member with personal hygiene and dressing. Lastly, the resident required supervision and set-up with eating.</p> <p>Review of the physician orders revealed a bedside table to be used in the dining room positioned for access to dining utensils dated 04/18/19.</p> <p>Review of the Occupational Therapy (OT) treatment encounter dated 04/19/19 revealed the resident was too short for the tables in the dining room and a bedside table was included in the resident's plan of care for self-feeding at all meals. Further review of the notes dated 04/22/19 revealed the resident was self feeding with good postural positioning, using tray table for decreased height of food for resident to better manage. The resident displayed decreased spillage and decreased leaning to the left side.</p> <p>On 05/07/19 at 7:50 A.M. Resident #32 was observed eating breakfast in the dining room seated near a standard height table. The resident was eating off of an overbed table, leaning to her left side in her wheel chair.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 366130
		If continuation sheet Page 1 of 69

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/09/19 at 7:53 A.M. Resident #32 was seated in her wheel chair eating breakfast in the dining room. The resident was observed leaning to her left side and had dropped some of her hot cereal onto the floor. The resident was eating from the overbed table.</p> <p>On 05/09/19 at 8:29 A.M. interview with State tested Nursing Assistant (STNA) #80 verified the overbed table did not provide the resident with better positioning during the meal and the resident continued to lean to her left side and spill food during the meal. Further interview revealed the resident does not like the table and was upset when given the table for dining.</p> <p>On 05/09/19 at 9:27 A.M. interview with OT #100 revealed the resident was ordered the overbed table because the dining room table height was too high and the resident was leaning to the left side during meals. OT #100 stated she did not ask if the table height could be lowered but recommended the overbed table so the resident could reach her food and utensils and remain midline during meals. OT #100 stated no one reported to her the resident was still leaning and still had spillage during meals. Lastly, the OT stated if the dining table could be lowered, this would have been appropriate for the resident and the overbed table would not be needed.</p> <p>On 05/09/19 at 4:30 P.M. interview with the Director of Nursing verified the resident was eating on the overbed table without the dining room table height being adjusted. The DON was unsure if the table height could be adjusted but the facility would further evaluate options to determine what would be best for the resident leaning during meals, having food spillage and proper table height without the resident having to use the overbed table.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28704</p> <p>Based on observation, medical record review, policy review and interview, the facility failed to notify the physician of weight changes as ordered. This affected one (Resident #22) of five residents reviewed for unnecessary medications. The facility census was 46.</p> <p>Findings include:</p> <p>Review of the policy: Weight revised January 2019 revealed weights were to be completed on all residents based on clinical judgment and/or physician order. All weights obtained were to be documented in the electronic medial record upon completion.</p> <p>Medical record review revealed Resident #22 was admitted on [DATE] with diagnoses including congestive heart failure and alkalosis (electrolyte imbalance).</p> <p>Review of the monthly Physician Orders dated 03/01/19 revealed to monitor weight daily and notify the physician of a two pound (#) weight gain in one day or a five pounds weight gain in one week.</p> <p>Review of the significant change in status Minimum Data Set 3.0 assessment dated [DATE] revealed the resident received diuretics daily.</p> <p>Review of Resident #22's weights revealed the following:</p> <p>On 02/02/19, a weight of 136# and on 02/03/19, a weight of 141#.</p> <p>On 02/14/19, a weight of 134.5# and on 02/15/19, a weight of 137#.</p> <p>On 03/24/19, a weight of 133.7# and on 03/25/19, a weight of 132.8#.</p> <p>On 03/26/19, a weight of 134# and on 03/27/19, a weight of 136#.</p> <p>Review of the medical record revealed no documented evidence weights were completed as follows:</p> <p>In February 2019, no weight was documented as being completed on 02/04/19, 02/07/19, 02/11/19 through 02/13/19, 02/16/19, 02/17/19, 02/21/19 through 02/23/19 or 02/25/19 through 02/28/19.</p> <p>In March 2019, no weight was documented as being completed on 03/01/19 through 03/04/19, 03/06/19, 03/07/19, 03/10/19, 03/14/19, 03/17/19, 03/23/19, 03/28/19, 03/30/19 or 03/31/19.</p> <p>On 05/13/19 at 7:54 A.M., observation revealed Resident #22 was sitting at his bedside eating breakfast.</p> <p>On 05/13/19 at 12:43 P.M., interview with the Director of Nursing (DON) verified weight gains were not reported to the physician as ordered. The DON also stated she could not determine if the resident had any other weight gains because weights were missing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/13/19 at 1:15 P.M., interview with the DON stated it was her expectation that physician orders were to be followed including notification orders.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28704</p> <p>Based on medical record review and interview, the facility failed to ensure comprehensive assessments were submitted as required. This affected one (Resident #1) of one residents reviewed for resident assessments.</p> <p>Findings include:</p> <p>Closed medical record review revealed Resident #1 was admitted on [DATE] with diagnoses including chronic embolism and thrombosis of left lower extremity.</p> <p>Review of the Progress Note dated 12/20/18 revealed Resident #1 was discharged home with home health services.</p> <p>Review of the discharge return not anticipated Minimum Data Set 3.0 (MDS) assessment dated [DATE] revealed the assessment was completed but had not been submitted.</p> <p>On 05/09/19 at 1:11 P.M., interview with Licensed Practical Nurse #42 verified Resident #1's MDS had been completed but not submitted.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28704</p> <p>Based on medical record review and interview, the facility failed to ensure comprehensive assessments were accurate for activities of daily living. This affected one (Resident #9) of 21 residents reviewed for assessments.</p> <p>Findings include:</p> <p>Medical record review revealed Resident #9 was admitted on [DATE] with diagnoses including functional quadriplegia and cerebral infarction.</p> <p>Review of the 5-day Minimum Data Set 3.0 (MDS) assessment dated [DATE] revealed Resident #9 required extensive assist with personal hygiene and dressing.</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed the resident was dependent on staff for personal hygiene and dressing.</p> <p>Review of the OT (occupational therapy) Discharge Summary dates of service 01/28/19 through 02/07/19 revealed the resident was dependent on staff for ADL's including personal hygiene and dressing.</p> <p>On 05/13/19 at 9:00 A.M., interview with Licensed Practical Nurse #42 verified the resident's 5-day MDS assessment was inaccurate for the amount of assistance required for personal hygiene and dressing because the resident was a quadriplegic.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28704</p> <p>Based on medical record review and interview, the facility failed to ensure care plans were accurate and revised. This affected one (Resident #38) of three resident reviewed for bowel and bladder incontinence.</p> <p>Findings include:</p> <p>Medical record review revealed Resident #38 was admitted on [DATE] and readmitted on [DATE] with diagnoses including cellulitis and lymphedema.</p> <p>Review of the discharge return anticipated Minimum Data Set 3.0 assessment dated [DATE] revealed Resident #38 required assistance with toilet use and was always continent of urine and bowel.</p> <p>Review of the CHS Admission Packet - V 7 dated 05/01/19 revealed Resident #38 was continent urine and bowel.</p> <p>Review of the care plan: Alteration in Elimination revised on 04/23/19 revealed the resident was frequently incontinent of bowel and bladder.</p> <p>On 05/08/19 at 4:15 P.M., interview with Licensed Practical Nurse #42 verified Resident #38's incontinence care plan was not revised upon readmission to reflect the resident was continent of urine.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32801</p> <p>Based on record review, staff interview, and policy review the facility failed to ensure residents received recapitulation of stay, medication reconciliation, and/or care needs upon discharge back into the community. This affected three residents (Resident #45, #95, and #295) of three residents reviewed for discharge.</p> <p>Findings included:</p> <p>1. Closed record review revealed Resident #95 was admitted the facility on 06/13/18 with diagnoses including paralytic ileus, hypertension, severe intellectual disabilities, cerebral palsy, colostomy, gastrotomy, need for assistance with personal care, convulsions, functional quadriplegia, contractures of the right hand, left hand, right lower leg, left lower leg, and left wrist, depression, disease of the anus and rectum, and acute and chronic respiratory failure with hypoxia. The resident had a tracheostomy, enteral feeding tube, and colostomy. The resident was discharged home on 01/22/19. Resident #95's discharge minimum data set (MDS) dated [DATE] indicated the resident had severe cognition impairment.</p> <p>Review of Resident #95's order dated 01/22/19 revealed to discharge home with home health, skilled nursing diagnoses cerebral palsy, colostomy, and gastrotomy.</p> <p>Review of Resident #95's discharge plan dated 06/13/18, which was not in the resident's electronic or paper medical record revealed the resident was expected to be discharged on [DATE] with hired paid help and the primary caregiver was son/daughter. Visiting nurse, aides, homemaker, and meal by the local board of developmental disabilities (DD). The resident was dependent on all activities of daily living (ADL). His special diet was tube feed. There was no evidence of type of tube or administration instructions. The equipment needs, special needs elimination, medication sections were blank. There was no evidence for instruction on the colostomy care. The DD board had already set up follow up appointments. The other comment section revealed the resident was admitted to the facility on [DATE] for medical reason and had improved health wise. He would return home with 24/7 care through the DD. His primary care follow-up and all equipment needed would be arranged by the case worker at DD. The section that the resident/family had received and understood the discharge plan was blank. The section was checked the resident received a copy, however a copy in the chart was not checked. There was no evidence of recapitulation of stay to include diagnoses, the resident's abnormal labs testing and x-rays results.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #95's electronic discharge review revealed the discharge instruction sheet was completed and provided to the resident/family. Review of the medication section revealed not all medications were listed and it indicated to see attached sheet, however there was no evidence of the attached sheet in the paper or electronic medical record. The community physician number was blank. The reason for stay only indicated gastrointestinal bleed. The resident was dependent for all care. The diet was nothing by mouth and indicated the resident had a tube feed. There was no evidence of type of tube feed, administration instructions, or care of the tube feed (flushes). The assistant device and equipment section were blank. The home health section indicated DD scheduled to visit on 01/22/19. The resident needed a new bed; however, it did not include the name of the company or contact information. Special treatment included colostomy changes as needed, however did not include details on the type of equipment or procedure instructions. Special instructions included to notify the physician if fever greater than 100, abdominal pain, blood in the stool or bloody emesis, chest pain, shortness of breath, or if the enteral feeding tube comes out.</p> <p>Review of Resident #95's discharge planning care plan initiated 07/16/18 and revised 01/25/19 revealed the resident was discharge planning related to long term placement. Continuing adjustment/acceptance. The resident's goals included the resident would verbalize need an acceptance of placement and would be discharged after the completions of therapies. The care plan was not individualized.</p> <p>Further review of Resident #95's care plans revealed care plans were initiated for:</p> <p>-Potential for alteration in nutrition and hydration related to nothing by mouth (NPO) and received total nutrition/hydration via enteral nutrition was initiated on 11/18/18. The resident was noted to have significant weight loss due to loose stool and emesis on 12/12/18 and gain on 01/17/19. The resident intervention included to assess for aspiration, assess for tube feed tolerance, check for residuals, elevate head of bed, flush as ordered, oral care, tube feed as ordered, and labs as ordered.</p> <p>-Alteration of elimination related to colostomy and frequently incontinent of bladder initiated on 08/29/18 and revised on 11/19/18 revealed goals would be the resident would have a bowel movement everyone to three days, clean, dry, and odor free, and have adequate bowel function per colostomy. The intervention included to asses for abdominal distention, change appliance as ordered, change colostomy bag every three days and as needed, cleanse stoma with soap and water, provide incontinence care as needed and provide colostomy care as needed.</p> <p>Interview on 05/09/19 at 12:56 P.M., with Social Service Designee (SSD) #61 verified the paper discharge plan was not in the resident paper medical record, however she kept a copy in her office.</p> <p>Interview on 05/09/19 at 2:36 P.M. and 05/13/19 at 8:03 A.M., with the Director of Nursing (DON) verified the discharge summary did not include a complete recapitulation of the resident's stay including list of diagnosis, lab, and x-ray testing he had done while being a resident at the facility, and a complete medication list was not noted in the resident's discharge records. The DON verified the discharge plan or summary did not include instruction on the tube feeding or colostomy care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 05/13/19 at 10:07 A.M., with local DD #500 case worker revealed he did not make the follow up appointment per the resident's discharge records. The resident's provider agency made the appointment with primary care physician. He reported he does not arrange for equipment per the resident's discharge orders. The DD #500 reported the only time he assists with equipment if was denied by Medicaid and his organization paid for the equipment. The resident did not have any equipment denied by Medicaid. The DD case worker reported he did request from the facility a physical therapy evaluation for modification (widening the hallways and bathroom modification) and it was never done by the facility prior to the resident's discharge. He also had to complete an incident report due to the resident had returned home without four medication (Amlodipine (blood pressure medication), Pantoprazole (reflux medication), Guaifenesin (congestion), and Multi Vitamin) which one was a blood pressure medication. He attempted to call the facility's physician and the facility, however no one returned his call or answered the phone. The resident was without the four medications from 01/22/19 until he was seen by his primary physician on 01/25/19. The resident tube feed and supplies and colostomy supplies were not ordered. The facility sent a few of the supplies with the resident, however he ran out of tube feeding before the new tube feed arrived. The tube feed must be approved by Medicaid and it's not an easy process and take time. The facility did give the resident one more week's worth until his arrived. The resident was also ordered a bed upon discharge and still has not received the bed at this time.</p> <p>2. Closed record review revealed Resident #45 was admitted to the facility on [DATE] with the diagnoses including lobar pneumonia, need assistance with personal care, muscle weakness, difficulty walking, age-related osteoporosis, obstructive sleep apnea, hypertension, nicotine dependence, gastro-esophageal reflux, osteoarthritis, and chronic obstructive pulmonary disease.</p> <p>Review of Resident #45's nursing notes revealed the resident arrived at the facility at 8:00 P.M., on 02/06/19 via wheelchair transported by the son. She was alert and oriented times three. Hospital discharge orders were reviewed with the physician and the physician wanted all orders continued per the hospital discharge instructions. On 02/08/19 the family spoke to social service on 02/07/19 and wanted to leave the facility because they were unaware the resident would have a roommate and they were not pleased about sharing a bathroom. The resident wanted to go home with her son. Physical therapy did an evaluation to see if discharge was feasible or not. Therapy felt the resident was safe to return home with her son but needed to continue therapy with home health. At 10:30 A.M. on 02/08/19 the resident was discharged home with her son. Discharge instruction and medication review was reviewed with resident and son. Home health would be set up.</p> <p>Review of Resident #45's paper and electronic medical record revealed no evidence of a discharge summary including the resident's individualized care instructions, recapitulation of resident's stay (diagnoses, course of illness, treatment, and/or therapy, pertinent lab, radiology, consultation results), final summary of resident's status, and/or reconciliation of medications prior to discharge. The medical records did not contain documentation that written discharge instructions were given to the resident or the resident representative.</p> <p>Review of Resident #45's plan of care revealed on 02/08/19 (day of discharge) the discharge planning care plan was initiated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 05/09/19 at 2:30 P.M., with the Director of Nursing (DON) verified there was no evidence of written discharge summary that included the resident's care instructions, recapitulation of stay, final summary of the resident's status, or reconciliation of medication noted in the resident's paper and electronic medical record. The DON reported the nurses were to complete an electronic discharge review that included the discharge instruction sheet was completed and provided to the resident/family, list of medication, list of medication changes, discharge instruction (admission diagnosis, facility physician's number, community physician number, activities you may perform/restrictions, diet, assistance/devices, arrangements for home health/durable medical equipment arrangements, any special treatments or procedures).</p> <p>3. Closed record review revealed Resident #295 was admitted to the facility on [DATE] with diagnosis including difficulty walking, need for assistance with personal care, muscle weakness, chronic or unspecified duodenal ulcer with hemorrhage, repeated falls, syncope and collapse, acute kidney failure, iron deficiency anemia, alcohol abuse, chronic obstructive pulmonary disease, esophagitis, contusion of front wall of thorax, dehydration, orthostatic hypotension, nicotine dependence, hypertension, and multiple fractures of the ribs. The resident was discharge home on 05/04/19 with orders for home health service for physical and occupational therapy's and skilled nursing.</p> <p>Review of Resident #295's orders dated 04/24/19 indicated the resident was to use incentive spirometer every two hours while awake and oxygen at two liters per nasal cannula to maintain oxygen above two liters.</p> <p>Review of Resident #295 paper discharge plan undated revealed the resident was expected to be discharged on [DATE]. He would be living alone, and daughter/son would be the primary care givers. The resident would have home health for visiting nurse and therapy. The resident would need help with shopping and cooking upon discharge. His son would be buying a cane. The diet, elimination, and medication section were left blank. The resident had an appointment with his primary care physician scheduled on 05/09/19 and number was provided. The other comment included the resident was admitted on [DATE] from the hospital. The resident participated in therapy to regain strength. He would go to his own house on 05/04/19. An appointment was marked with his primary care physician. The case worker through the insurance would follow up with the resident upon discharge. Home health would be set up for more therapy and health checks. There was no evidence regarding continued use of oxygen or incentive spirometer upon discharge.</p> <p>Review of Resident #295's electronic discharge summary dated 05/06/19 revealed discharge instruction sheet was completed and provided to the resident/family. There was a list of medication with instructions. The only diagnoses listed was fracture and weakness. The resident was on a regular diet. The assistance and devices section were blank and did not indicate the resident needed a cane. The follow up appointment was blank. The home health company was marked, however the date of the first scheduled visit was blank. The instruction was reviewed with the resident. There was no evidence regarding continued use oxygen or incentive spirometer upon discharge.</p> <p>Review of Resident #295's labs dated 04/26/19 and 05/02/19 revealed the resident had abnormal blood counts, glucose level, sodium, calcium, albumin, protein, vitamin D, and kidney functions.</p> <p>Further review of Resident #295's record revealed there was no evidence of complete recapitulation of the resident's stay including lab results and complete diagnoses.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Review of Resident #295's discharge care plans initiated on 04/26/19 and revised on 05/09/19. The goals and intervention were revised after discharge date of [DATE] on 05/09/19.</p> <p>Interview on 05/09/19 at 2:36 P.M. and 05/13/19 at 8:03 A.M., with the DON verified the discharge summary did not include a complete recapitulation of the resident's stay including list of diagnoses and lab and testing. The DON confirmed the oxygen or incentive spirometer was not addressed on the discharge instruction.</p> <p>Review of facility policy titled Discharge Planning, dated 09/15, revealed the facility would complete continuity of care when a resident had an anticipated discharge. Social service department/designee would initiate discharge upon admission and reviewed quarterly. Communicate with the family regarding what, if any, referrals to agencies are needed. Contact agencies of resident's choice. Complete the discharge summary. The charge nurse would obtain orders from the attending physician for discharge, medications, follow-up appointments and any other special care needs. The SSD would order equipment as needed and arrange home health services as needed. Nursing would ensure equipment needs, medication and resident/family education are coordinated and documented prior to discharge. Complete the discharge summary, review with resident or family member.</p> <p>This deficiency substantiates Complaint Number OH00102660.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32799</p> <p>Based on observation, record review, interview and policy review the facility failed to ensure dependent residents were assisted with oral care, showers, shaving, incontinence care and transfers as needed. This affected seven (#9, #12, #14, #24, #40, #32 and #35) of seven residents reviewed for activities of daily living.</p> <p>Findings include:</p> <p>1. Review of Resident #35's medical record revealed an admitted [DATE] with diagnoses including hypoxic ischemic encephalopathy (brain damage as a result of a lack of oxygen), tracheostomy (an opening through the neck and into the windpipe to provide an airway), functional quadriplegia and chronic respiratory failure.</p> <p>Review of the physician orders revealed a hooyer lift (assistive device that allows residents to be transferred using electrical or hydraulic power) and two staff assistance with transfers.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed the resident had severe cognitive impairment and was dependent of two staff with bed mobility, transfers, dressing and personal hygiene. The resident was dependent of two staff with bathing.</p> <p>Review of the un-dated shower schedule revealed the resident was to be showered on night shift (9:00 P.M. -5:00 A.M.) Wednesday and Saturday.</p> <p>Review of the shower documentation revealed the resident received a shower on 04/04/19, 04/10/19, 04/22/19 and 04/25/19.</p> <p>Review of the skin monitoring: comprehensive Nursing assistant shower sheet review revealed the resident was showered on 04/03/19, 04/10/19 and 05/08/19.</p> <p>On 05/06/19 at 7:15 P.M. a gospel music group was observed singing in the facility dining room.</p> <p>On 05/06/19 at 7:50 P.M. Resident #35 was observed lying in bed. When spoken to, the resident did not make eye contact. The resident's hair was oily and not combed.</p> <p>On 05/06/19 at 7:50 P.M. interview with Licensed Practical Nurse (LPN) #28 verified the resident did not attend the gospel music activity provided in the dining room this evening but the resident would have enjoyed the activity. Further interview revealed the resident required the use of a hooyer lift and there was not enough staff to assist the resident into her chair.</p> <p>On 05/07/19 at 9:30 A.M. the resident was observed lying in bed. The resident's hair was oily and uncombed.</p> <p>On 05/07/19 at 2:45 P.M. the resident remained in bed and her hair was oily and uncombed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/08/19 at 10:45 A.M. interview with LPN #28 verified the resident did not receive showers twice per week and her hair was oily.</p> <p>On 05/08/19 at 7:11 P.M. interview with State tested Nursing Assistant (STNA) #77 verified Resident #35 did not attend the activity on 05/06/19 due to being dependent on staff for transfers and there was not enough staff to assist the resident into her chair for the activity. The STNA verified the resident enjoyed musical activities especially church related activities. Further interview revealed she could not recall the last time the resident had been up in her chair and the resident should be up at least two hours per day.</p> <p>On 05/08/19 at 8:29 A.M. interview with STNA #80 verified the resident had not been up in her chair for quite some time and had not been up since the survey began on 05/06/19. STNA #80 stated all residents are to be out of bed daily and Resident #35 should be up in her chair approximately two hours per day. STNA #80 verified the resident did not receive her showers as scheduled and the resident needed to be showered.</p> <p>On 05/09/19 at 5:30 P.M. interview with Activity Director #9 verified the resident had not been in her chair this week and the resident was dependent of staff and the hoyer lift to get into her chair.</p> <p>On 05/13/19 at 1:00 P.M. interview with the Director of Nursing verified the resident did not have showers as scheduled and was dependent of staff to provide her showers.</p> <p>2. Review of Resident #32's medical record revealed an admitted [DATE] with diagnoses including major depression, schizophrenia, acute kidney failure and chronic obstructive pulmonary disorder (COPD).</p> <p>Review of the Quarterly MDS 3.0 dated 04/09/19 revealed the resident had severe cognitive impairment and required limited assistance of one staff member with bed mobility, transfers, locomotion on and off the unit and toilet use. The resident required extensive assistance with dressing and personal hygiene. Lastly, the resident required one person physical assistance with bathing.</p> <p>Review of the un-dated shower schedule revealed Resident #32 was to be showered on afternoon shift (1:00 P.M. to 9:00 P.M.) on Tuesday and Friday.</p> <p>Review of the skin monitoring: comprehensive nursing assistant shower review sheets from 04/09/19 to 05/12/19 revealed the resident received showers on 04/09/19, 04/12/19 and 05/12/19.</p> <p>Review of the documentation survey report for April, 2019 revealed the resident did not receive showers.</p> <p>On 05/07/19 at 7:50 P.M. the resident was observed eating breakfast in the dining room. The resident's hair was uncombed and oily. On 05/08/19 at 9:30 A.M. and 2:30 P.M. observations of Resident #32 revealed the resident's hair remained uncombed and oily.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/08/19 at 7:11 P.M. interview with State tested Nursing Assistant (STNA) #77 verified residents do not always receive showers on afternoon shift due to a lack of staff. Further interview verified showers are documented on the paper skin sheets or in the computer system. Lastly, STNA #77 verified residents are to be showered twice a week unless they request more showers.</p> <p>On 05/09/19 at 8:27 P.M. interview with State tested Nursing Assistant (STNA) #80 verified the resident needed a shower due to her hair being oily. Further interview revealed the resident will complain if not given a shower for several days and will ask for a shower. STNA #80 stated the resident had come to her crying before because she did not have a shower and the resident wanted a shower.</p> <p>On 05/13/19 at 1:00 P.M. interview with the Director of Nursing verified the resident did not receive showers twice a week as scheduled.</p> <p>28704</p> <p>3. Medical record review revealed Resident #9 was admitted on [DATE] with diagnoses including acute transverse myelitis in demyelinating disease of the central nervous system and quadriplegia.</p> <p>Review of the care plan: At Risk for Oral/Dental Health Problems dated 08/01/17 revealed to provide mouth care as per ADL (activities of daily living) personal hygiene.</p> <p>Review of the care plan: At Risk for Decline ADL Function revised 01/28/19 revealed the resident was to be up in the dining room for all meals for oropharyngeal dysphagia (swallowing problems).</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed Resident #9 was cognitively intact for daily decision-making, and was dependent on staff for ADL's including eating, transfers and personal hygiene.</p> <p>Review of the monthly Documentation Survey Report v2 (DSR) dated Apr-19 and May-19 revealed Resident #9 was to be up in a chair for all meals in the dining room, personal hygiene was to be completed every shift and the resident's teeth were to be brushed after meals and prior to bed.</p> <p>Further review of the DSR's revealed the following:</p> <p>During April, 2019, there was no evidence Resident #9 was up in the dining room for meals on 20 of 90 opportunities, no evidence personal hygiene was received on 32 of 90 opportunities and no evidence the resident's teeth were brushed on 35 of 90 opportunities.</p> <p>During May, 2019, there was no evidence Resident #9 was up in the dining room for meals on 10 of 27 opportunities, no evidence personal hygiene was received on 18 of 27 opportunities, and no evidence the resident's teeth were brushed on 18 of 27 opportunities.</p> <p>On 05/06/19 at 9:06 P.M., Resident #9 was observed with facial hair and his teeth had a white thick coating along the gum line.</p> <p>On 05/07/19 at 8:52 A.M., observation revealed the resident with facial hair and his mouth had a thick, white/gray coating between his teeth and along the gumline.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/07/19 at 8:58 A.M., interview with Resident #9 stated he asks staff to get him up in his chair and to take him to the dining room for lunch and dinner but this doesn't happen if there isn't enough staff. Resident #9 also stated he does not get shaved every other day like he wants and doesn't get his teeth brushed because there is not enough staff. Resident #9 stated when he doesn't get shaved his beard gets rough and pulls because it dulls the razor.</p> <p>On 05/09/19 at 8:23 A.M., interview with STNA # 80 verified Resident #9 does not receive mouth care twice a day or shaved every other day.</p> <p>On 05/09/19 between 8:45 A.M., and 9:05 A.M., observation of Resident #9 revealed thickening facial hair, a white thick build-up on his teeth and foul breath. Interview with STNA #84 at the time of the observation verified the resident's teeth needed brushed and he had not been shaved for at least a week. STNA #84 verified staff was not always able to get him up for meals and take him to the dining room because of the lack of staffing.</p> <p>On 05/13/19 at 7:50 A.M., observation of main dining room revealed Resident #9 was not in the dining room for breakfast.</p> <p>4. Medical record review revealed Resident #24 was admitted on [DATE] with diagnoses including Alzheimer's disease, dementia, prostate cancer and schizoaffective disorder.</p> <p>Review of the care plan: At Risk for Decline in ADL (activity of daily living) Function dated 04/08/15 revealed interventions including a hooyer lift for all transfers with assist of two staff, preventative skin care as needed (PRN) and to monitor for any skin breakdown. Peri-care was to be provided with each incontinence episode PRN.</p> <p>Review of the care plan: Alteration in Elimination: Incontinent of Bowel and Bladder revised 11/18/16 revealed the goal was to be clean, dry and odor free. Interventions included to provide incontinence care on a routine basis and PRN.</p> <p>Review of the care plan: At Risk for Impaired Skin Integrity related to limited mobility and incontinence dated 09/24/18 revealed the resident had a history of altered skin integrity on the buttock. Interventions included peri-care after each incontinence episode, turn and reposition as tolerated every two hours and PRN, and inspect skin during routine daily care.</p> <p>Review of the quarterly Minimum Data Set 3.0 (MDS) assessment dated [DATE] revealed the resident was severely impaired for daily decision-making, was dependent on staff for bed mobility, transfers and toilet use, and was always incontinent of urine and bowel.</p> <p>Review of the Task List dated 05/13/19 revealed Resident #24 had a medium bowel movement (BM) at 12:57 P.M. and was incontinent of urine at 1:06 P.M. These entries were documented by State tested Nursing Assistant (STNA) #46.</p> <p>On 05/13/19, Resident #24 had been seen sitting in a specialized chair in the dining room for breakfast and in the lobby with other residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/13/19 at 2:50 P.M., observation of incontinence care revealed STNA #65 and STNA #80 gathered needed supplies and entered Resident #24's room. The resident was laying in bed on his left side covered with a blanket. STNA #65 and #80 washed their hands at the sink, applied gloves, and informed the resident of what they were going to do. The bed was raised, the blanket removed revealing the resident's clothing and linens were soaked with urine. The incontinence product was removed revealing the resident had been incontinent of urine and he had a large, loose BM. The top portion of the resident's buttocks and his coccyx was observed to have dried BM that was adhered to the resident's skin. A strong urine and fecal odor was noted and the resident's groin, scrotum and buttocks were bright red. STNA #65 and #80 used soap and water to soak the dried BM off the resident's skin and once the resident's skin was clean a Stage II pressure ulcer (partial thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed without slough) was observed on the coccyx. Interview with STNA #65 and #80 at the time of the observation stated the resident had been sitting in his specialized wheelchair since 5:00 A.M., and the resident had not been toileted or laid down throughout the shift. STNA #65 and STNA #80 stated the STNA responsible for his care had left for the day and stated she did not ask for anyone to help or assist her with the hooyer lift transfer or incontinence care. STNA #65 verified the resident's BM was contained in the incontinent product, dried and stuck to his skin and stated there was no way he had been changed at 1:06 P.M.; otherwise, it would not have been dried. STNA #65 and #80 stated the resident should be laid down after meals and checked for incontinence at least every two hours.</p> <p>On 05/13/19 at 3:04 P.M., interview with the Director of Nursing (DON) verified bowel incontinence would have had to have been there for a long time for it to dry and adhere to the skin. The DON verified the resident was at risk for skin breakdown, was left incontinent, was possibly up in his chair all day, and a new pressure ulcer had resulted. The DON stated it was her expectation that residents were to be toileted at least every two hours if they were dependent on staff for care.</p> <p>On 05/13/19 at 3:05 P.M., interview with STNA #65 and #80 verified Resident #24 had not had been changed since 5:00 A.M., denied assisting STNA #46 with care and stated the resident required the use of hooyer lift and two staff with transfers. STNA #65 further stated STNA #46 did not ask for any help.</p> <p>5. Medical record review revealed Resident #40 was admitted on [DATE] with diagnoses including Alzheimer's disease with late onset and adjustment disorder with mixed anxiety and depressed mood.</p> <p>Review of the care plan: At Risk for Infection related to a history of urinary tract infections (UTI) dated 08/24/18 revealed interventions including to monitor for signs and symptoms of a UTI including foul smelling urine.</p> <p>Review of the care plan: Alteration in elimination: always incontinent of bowel and bladder dated 11/16/18 revealed the goal was for the resident to be clean, dry and odor free. Interventions included to monitor for skin redness, irritation and provide incontinence care PRN.</p> <p>Review of the annual MDS assessment dated [DATE] revealed Resident #40 was severely impaired for daily decision-making, required extensive assist with toilet use and was always incontinent of urine.</p> <p>Review of the Task List dated 05/13/19 revealed Resident #40 was incontinent of urine at 1:05 P.M</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/13/19 between 2:37 P.M. and 3:00 P.M., observation of incontinence care revealed STNA #65 and STNA #80 gathered needed supplies and entered Resident #40's room. The resident was laying in bed on her back covered with a blanket. STNA #65 and #80 washed their hands at the sink, applied gloves, and informed the resident of what they were going to do. The bed was raised and the blanket was removed revealing the resident's clothing and linens were soaked with urine. The incontinence product was removed and the cotton filling was gathered throughout due to the amount of urine in the incontinence product. As STNA #80 placed the incontinence product in the plastic bag a thump noise was heard and an indentation was observed in the bag due to the weight of the incontinence product. A strong, foul urine odor was noted and the resident's groin and inner thighs were bright red. The resident was shaking her fists and stated it hurt as STNA #80 was washing the resident's groin, rectum and inner thighs. STNA #80 completed incontinence care, applied peri-guard skin protectant barrier to the resident's groin and inner thighs, placed a new incontinence product on the resident, pulled the residents blankets up to her chest and then removed her gloves.</p> <p>On 05/13/19 at 2:48 P.M., interview with STNA #80 verified the above observation and stated the resident's skin was bright red from the incontinence product being too small and being saturated with urine. STNA #65 and #80 stated Resident #40 had been up in her wheelchair since around 5:00 A.M. without being toileted, changed or laid down. STNA #65 stated the resident will urinate on the toilet if staff takes her and she can be continent of urine when prompted.</p> <p>Review of the Skin Assessment Weekly/Return/ER/LOA assessment dated [DATE] at 4:22 P.M., revealed the residents skin was intact and the residents groin and buttocks were red.</p> <p>On 05/13/19 at 4:55 P.M., interview with the DON verified Resident #24 and #40 were not provided timely incontinence care and residents should be toileted at least every two hours and prompted to void on the toilet if the resident was able. The DON also stated at this time there was no evidence of toileting schedules to alert staff of when residents needed to be toileted to restore or maintain bladder function.</p> <p>Review of the undated policy: Perineal Care revealed the purpose was to provide cleanliness and comfort to the resident, to prevent infections and skin irritation and to observe the resident's skin condition.</p> <p>28923</p> <p>6. A review of Resident #12's medical record revealed the resident was admitted to the facility on [DATE]. Her diagnoses included a stroke, dysphagia (difficulty swallowing) following a stroke, gastrostomy status (placement of a feeding tube through the abdominal wall into the stomach), muscle wasting and atrophy, and muscle weakness.</p> <p>A review of Resident #12's active physician's orders revealed the resident was on a nothing by mouth (NPO) diet. The order had been in place since 04/29/19. She had an order to receive an enteral feeding (nutritional supplement given via the gastrostomy tube) of Fibersource HN at 70 milliliters an hour for 17 hours to be infused from 6:00 A.M. until 11:00 P.M. daily. Her orders indicated the resident was under the care and services of hospice. She also had an order to receive Biotine Dry Mouth liquid one teaspoon by mouth twice a day as a mouth moisturizer. The resident's mouth was to be painted with a swab for dryness.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident #12's quarterly Minimum Data Set (MDS) assessment, an assessment tool used by the facility to identify a resident's level of care for reimbursement purposes, dated 02/19/19 revealed the resident's cognition was severely impaired. She was not known to display any behaviors or reject care. She required extensive assist of one for personal hygiene.</p> <p>A review of Resident #12's care plans revealed she had a care plan in place for the potential for an alteration of nutrition. The care plan was last revised on 04/19/19 and the interventions included the need to provide oral care as needed. Her care plan for the potential for dental problems revised on 03/01/19 revealed the resident was NPO. The interventions included the need to provide mouth care as per the activities of daily living (adl) personal hygiene. Her hospice care plan revised 03/01/19 also included the need to provide oral hygiene frequently as one of the interventions.</p> <p>On 05/07/19 at 8:38 A.M. and again on 05/08/19 at 8:00 A.M., observations of Resident #12 noted her to be lying in bed with the head of her bed up. Her eyes were closed and her mouth was open. On both occasions, she was noted to have evidence of poor mouth care being provided. On 05/07/19, the resident had a clump of dried mucus on her right upper lip. On 05/08/19, the resident had several thick crusty clumps of dried mucus attached to the inside of her upper and lower lips. The observation on 05/08/19 at 8:00 A.M. was verified by Registered Nurse (RN) #45.</p> <p>On 05/08/19 at 8:02 A.M., an interview with RN #45 revealed Resident #12 was dependent on staff for personal care. She confirmed the resident was NPO and did not receive any food or fluids by mouth. She stated the only water the resident received was provided through her feeding tube. She reported the nursing assistants should be providing the resident with frequent mouth care as needed. She confirmed the resident was in need of having mouth care provided and she would educate the nursing assistants on the need to provide good mouth care for the resident.</p> <p>On 05/08/19 at 8:52 A.M., an interview with Licensed Practical Nurse (LPN) #28 revealed she had noted that morning that mouth care was not being provided by the nursing assistants to the residents who were NPO. She had noted the residents that had a tracheostomy did not receive mouth care by the nursing assistant on duty. She believed the lack of oral (mouth) care was due to insufficient staffing. She stated the nursing assistants were too busy to complete tasks like that and the nursing assistant assigned to her hall had only worked a couple nights at that point and was still learning the residents and getting her routine down. She too stated she provided education to the nursing assistants on the need to provide good oral care.</p> <p>41271</p> <p>7. Review of Resident #14's medical record revealed an admitted [DATE] with diagnoses of malignant neoplasm of the brain stem, tracheotomy status, muscle wasting and muscle weakness, and intellectual disabilities.</p> <p>Review of Resident #14's quarterly Minimum Data Set (MDS) dated [DATE], revealed the resident was total dependent on staff for all care including bathing, grooming, oral hygiene, and dressing. Resident #14 was non-verbal and unable to express needs.</p> <p>Review of the facility's daily shower sheet revealed Resident #14 was to receive a shower on Tuesdays and Friday nights.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Review of Resident #14's shower log revealed between 04/09/19 and 05/08/19, Resident #14 had received two showers, 25 bed baths, and 19 not applicable.</p> <p>Observation on 05/07/19 at 9:26 A.M. of Resident #14 revealed resident's hair appeared greasy and unkempt, lips appear dry and cracked, and dark colored facial hair on resident's chin was noted.</p> <p>Observation on 05/08/19 at 12:00 P.M. and 05/09/19 at 9:30 A.M. Resident #14's hair appeared greasy and unkempt, lips dry and cracked, and there was dark colored facial hair on resident's chin.</p> <p>Interview on 05/07/19 at 9:36 A.M. with State tested Nursing Assistant (STNA) #80 revealed this facility is short staffed almost all of the time and residents are not receiving proper showers, especially on night shift.</p> <p>STNA #80 also revealed when a resident gets a bed bath, they do not get their hair washed nor do they get shaved. If a resident is noted to be Not Applicable this means there was not enough staff to do a bed bath or shower.</p> <p>Interview on 05/07/19 at 10:48 A.M. with Licensed Practical Nurse (LPN) #28 confirmed the resident had not gotten out of bed and received a shower in over a week. LPN #28 revealed showers are not getting done as scheduled due to not having enough staff.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32799</p> <p>Based on observation, record review, activity schedule review and interview the facility failed to ensure dependent residents attended group activities as preferred. This affected two residents (Resident #14 and #35) of two residents reviewed for activities.</p> <p>Findings include:</p> <p>1. Review of Resident #35's medical record revealed an admitted [DATE] with diagnoses including hypoxic ischemic encephalopathy (brain damage as a result of a lack of oxygen), tracheostomy (an opening through the neck and into the windpipe to provide an airway), functional quadriplegia and chronic respiratory failure.</p> <p>Review of the physician orders revealed a hooyer lift (assistive device that allows residents to be transferred using electrical or hydraulic power) and two staff assistance with transfers.</p> <p>Review of the activity logs revealed church activities on:</p> <p>03/10/19 bible study</p> <p>03/21/19 bible study</p> <p>04/07/19 church service</p> <p>04/18/19 bible study</p> <p>04/21/19 church service</p> <p>05/12/19 church</p> <p>There were no musical activities documented for the month of May, 2019.</p> <p>Review of the Activity Schedules for March, April and May, 2019 revealed a weekly Sunday church session and a weekly music activity.</p> <p>Review of the Activity Participation Review dated 04/11/19 revealed the resident would attend activities as able; one to one provided. The resident liked gospel music, bible reading and visits.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed the resident had severe cognitive impairment and was dependent of two staff with bed mobility, transfers, dressing and personal hygiene. The resident was dependent of two staff with bathing.</p> <p>On 05/06/19 at 7:15 P.M. a gospel music group was observed singing in the facility dining room.</p> <p>On 05/06/19 at 7:50 P.M. Resident #35 was observed lying in bed. When spoken to, the resident did not make eye contact.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/06/19 at 7:50 P.M. interview with Licensed Practical Nurse (LPN) #28 verified the resident did not attend the gospel music activity provided in the dining room this evening but the resident would have enjoyed the activity. Further interview revealed the resident required the use of a hooyer lift and there was not enough staff to assist the resident into her chair.</p> <p>On 05/07/19 at 9:30 A.M. the resident was observed lying in bed. At 2:45 P.M. the resident remained in bed. On 05/08/19 at 10:00 A.M. the resident was observed lying in bed.</p> <p>On 05/08/19 at 7:11 P.M. interview with State tested Nursing Assistant (STNA) #77 verified Resident #35 did not attend the activity on 05/06/19 due to being dependent on staff for transfers and there was not enough staff to assist the resident into her chair for the activity. The STNA verified the resident enjoyed musical activities especially church related activities. Further interview revealed she could not recall the last time the resident had been up in her chair and the resident should be up at least two hours per day.</p> <p>On 05/08/19 at 8:29 A.M. interview with STNA #80 verified the resident had not been up in her chair for quite some time and had not been up since the survey began on 05/06/19. STNA #80 stated all residents are to be out of bed daily and Resident #35 should be up in her chair approximately two hours per day. Lastly, the resident could not attend activities if the resident is not in her chair.</p> <p>On 05/13/19 at 1:03 P.M. interview with Activity Director #9 verified the resident does not attend church services weekly as she prefers due to not being up in the chair during the activities. Also verified no documentation the resident attended music group activities which the resident does like to listen to music.</p> <p>41271</p> <p>2. Review of Resident #14's medical record revealed an admitted [DATE] with diagnoses of malignant neoplasm of the brain stem, tracheotomy status, muscle wasting and muscle weakness, and intellectual disabilities.</p> <p>Review of Resident #14's activity assessment dated for 02/19/19 revealed the resident is involved in activities when out of bed and one on one care is provided. Resident #14 likes blue and enjoys stuffed animals, dolls, and having her nails painted blue. Resident #14 also enjoys watching the television, balloon toss, and social visits. Resident #14 is alert to self, and does not communicate verbally, resident will whisper her name at times and uses hand gestures. Resident #14 is mobile via geri chair (a reclining chair on wheels) with assistance. Resident #14 enjoys going to the lounge and watching other residents or family members coming and going in the facility.</p> <p>Review of Resident #14's Occupational Therapy discharge summary dated for 02/15/19, revealed a recommendation for staff to continue with follow through in getting Resident #14 up daily in a custom tilt in space chair, for increased quality of life.</p> <p>Review of Resident #14's activity attendance record for May, 2019 revealed Resident #14 had 11 independent activity that occurred in her room while resident was in bed, two one on one visits, four observation groups, and eight times resident was not available for groups.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 05/06/19 at 8:10 P.M., on 05/07/19 at 9:26 A.M., 11:19 A.M., 3:00 P.M., and 4:30 P.M. and again on 05/08/19 at 8:02 A.M., 3:10 P.M., and 5:05 P.M. of Resident #14 revealed resident laying in her bed resting quietly with eyes open. No television was noted to be on, nor was there music noted to be playing.</p> <p>Interview on 05/06/19 at 8:30 P.M. with Licensed Practical Nurse (LPN) #28 revealed Resident #14 had not been up out of bed for a long time. LPN #28 revealed this lack of activity for Resident #14 was due to not enough staff to properly care for the residents. LPN #28 revealed there was a gospel group playing at the facility that night and Resident #14 would have enjoyed attending this activity but there was not enough staff to get her out of bed to attend the activity.</p> <p>Interview on 05/08/19 at 9:36 A.M. with State tested Nursing Assistant (STNA) #80 confirmed Resident #14 is to be gotten out of bed but was not due to not having enough staff to get her up.</p> <p>Interview on 05/10/19 at 4:30 P.M. with Activity Director #9 confirmed Resident #14 had not been able to attend group activities or enjoy residents and family at the facility due to lack of staff and the inability of this lack of staff to get Resident #14 out of bed for activities. Activity Director #9 confirmed the times Resident #14 had the four observation groups occurred was when the Daily Chronicle, facility information sheet that is passed out to residents and placed on their bedside tables for them to read.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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** 28704</p> <p>Based on observation, medical record review, policy review and interview, the facility failed to ensure residents were weighed as ordered and hypotensive residents were assessed. This affected two (Resident #12 and #22) of five residents reviewed for unnecessary medications.</p> <p>Findings include:</p> <p>1. Medical record review revealed Resident #22 was admitted on [DATE] with diagnoses including congestive heart failure and alkalosis (electrolyte imbalance).</p> <p>Review of the monthly Physician Orders dated February and March, 2019 revealed to monitor the resident's weight daily and notify the physician of a two pound (#) weight gain in one day or a five pound weight gain in one week.</p> <p>Review of Resident #22's weights revealed the following:</p> <p>On 02/02/19, a weight of 136# and on 02/03/19, a weight of 141#.</p> <p>On 02/14/19, a weight of 134.5# and on 02/15/19, a weight of 137#.</p> <p>On 03/24/19, a weight of 133.7# and on 03/25/19, a weight of 132.8#.</p> <p>On 03/26/19, a weight of 134# and on 03/27/19, a weight of 136#.</p> <p>Review of the significant change in status Minimum Data Set 3.0 (MDS) assessment dated [DATE] revealed the resident received diuretics daily.</p> <p>Review of the medical record revealed the following:</p> <p>In February, 2019, no weight was documented as being completed on 02/04/19, 02/07/19, 02/11/19 through 02/13/19, 02/17/19, 02/21/19 through 02/23/19 or 02/25/19 through 02/28/19.</p> <p>In March, 2019, no weight was documented as being completed on 03/01/19 through 03/04/19, 03/06/19, 03/07/19, 03/10/19, 03/14/19, 03/17/19, 03/23/19, 03/28/19, 03/30/19 or 03/31/19.</p> <p>On 05/13/19 at 7:54 A.M., observation revealed Resident #22 was sitting at his bedside eating his breakfast.</p> <p>On 05/13/19 at 12:43 P.M., interview with the Director of Nursing (DON) verified weights were not obtained as ordered and known weight gains had not been reported to the physician.</p> <p>On 05/13/19 at 1:15 P.M., interview with the DON stated it was her expectation that physician orders were to be followed including notification orders.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 policy: Weight revised January 2019 revealed weights were to be completed on all residents based on clinical judgment and/or physician order. All weights obtained were to be documented in the electronic medial record upon completion.</p> <p>32799</p> <p>2. Review of Resident #12's medical record revealed an admitted [DATE] with diagnoses including dependence on supplemental oxygen, postural hypotension (low blood pressure with position changes), atrial fibrillation and congestive heart failure.</p> <p>Review of the plan of care for history of hypotension related to potential factors including exertion, antianxiety medication use and diagnosis of anemia initiated 06/29/16 and revised 03/25/19 revealed interventions including monitor/document/report to the physician any signs or symptoms of causative factors: dehydration, allergic reactions, postural or postprandial (after meals) hypotension, septicemia (infection in the blood), blood loss; monitor/document/report to the physician as needed signs and symptoms of hypotension: dizziness, fainting, syncope, blurred vision, lack of concentration, nausea, fatigue, cold, clammy, pale skin; vital signs as ordered/per facility protocol.</p> <p>Review of the plan of care for alteration on cardiac function related to congestive failure, dyspnea on exertion, periods of SOB and palpitations, unstable Blood pressure and atrial fibrillation initiated 12/20/18 and revised on 03/25/19 revealed interventions including monitor vitals and report abnormalities to the physician.</p> <p>Review of the physician orders revealed medications including Midodrine (used to prevent low blood pressure with position changes) 10 milligrams (mg) three times a day for hypotension dated 02/10/19.</p> <p>Review of the vital sign monitoring revealed the following blood pressure results using the facility automatic vital sign machine:</p> <p>On 5/08/19 at 2:32 A.M. 64/38 millimeters per mercury (mmHg) with normal range 120/60 mmHg;</p> <p>On 05/08/19 at 1:40 P.M. 49/32 mmHg;</p> <p>Further review of the medical record revealed no assessment of the resident with the blood pressure reading.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 dated 02/19/19 revealed the resident had moderate cognitive impairment and required extensive assistance of one staff member with bed mobility, transfers, mobility on the unit and off, dressing, toilet use and personal hygiene.</p> <p>On 05/08/19 at 11:00 A.M. the Director of Nursing was notified of the abnormal blood pressure reading documented in the medical record. An interview with the DON at the time of the notification revealed the blood pressure (BP) was abnormally low and an assessment was not in the medical record. Further interview revealed an assessment should have been completed and documented in the medical record.</p> <p>On 05/08/19 at 3:28 P.M. Registered Nurse #110 completed a manual blood pressure assessment and received the results of 130/50 mmHg.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Review of the nurse progress note dated 05/08/19 at 3:29 P.M. revealed the director of nursing reported to RN #110 that the state tested nursing assistant had recorded a blood pressure of 64/38. When the nurse assessed the resident no abnormal findings were discovered. Per the vital sign machine, the resident's blood pressure was 49/32 mmHg lying and 56/30 mmHg sitting. The resident was noted to have a constant tremor which was normal for the resident. The nurse listened to the residents cardiac and respiratory sounds with no abnormal findings. The resident's blood pressure was reassessed with a manual sphygmomanometer (blood pressure cuff) while in a seated position and the blood pressure reading was 130/50 mmHg. A call was placed to the residents physician and no new orders were received.</p> <p>On 05/08/19 at 3:30 P.M. interview with the DON revealed an assessment had been completed and no abnormal findings were identified. The DON was unable to determine who obtained the abnormal blood pressure results and unable to determine if it was a reporting of abnormal findings issue with the STNA or a failure to complete an assessment of the resident by the nurse. The DON stated the abnormal vital signs could have been a big issue for the resident and should have been closely monitored when documented.</p> <p>Review of the charting and documentation policy, not dated, revealed all services provided to the resident, or any changes in the resident's medical or mental conditions, shall be documented in the resident's medical record. All incidents, accidents or changes in the resident's medical condition must be recorded.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28704</p> <p>Based on observation, medical record review and interview, the facility failed to ensure residents were provided care to prevent the development of pressure ulcers. This affected one (Resident #24) of two residents observed for incontinence care.</p> <p>Findings include:</p> <p>Medical record review revealed Resident #24 was admitted on [DATE] with diagnoses including Alzheimer's disease and schizoaffective disorder.</p> <p>Review of the care plan: At Risk for Impaired Skin Integrity related to limited mobility and incontinence dated 09/24/18 revealed the resident had a history of altered skin integrity on the buttock. Interventions included peri-care after each incontinence episode, turn and reposition as tolerated every two hours and PRN, and inspect skin during routine daily care.</p> <p>Review of the quarterly Minimum Data Set 3.0 (MDS) assessment dated [DATE] revealed the resident was severely impaired for daily decision-making, was dependent on staff for bed mobility, transfers and toilet use, and was always incontinent of urine and bowel.</p> <p>Review of the Skin Assessment Weekly/Return/ER/LOA dated 04/20/19 revealed the resident had no pressure or non-pressure areas. No other skin assessments had been completed for the resident between 04/20/19 and 05/13/19.</p> <p>Review of the Progress Notes dated 05/03/19 through 05/13/19 revealed no evidence of a pressure ulcer.</p> <p>Review of the Task List: Toilet Use and Bowel Movements dated 05/13/19 revealed the resident had a bowel movement at 12:57 P.M. and used the toilet at 1:06 P.M.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/13/19 at 2:50 P.M., observation of incontinence care revealed STNA #65 and STNA #80 gathered needed supplies and entered Resident #24's room. The resident was laying in bed on his left side covered with a blanket. STNA #65 and #80 washed their hands at the sink, applied gloves, and informed the resident of what they were going to do. The bed was raised, the blanket removed revealing the resident's clothing and linens were soaked with urine. The incontinence product was removed revealing the resident had been incontinent of urine and he had a large, loose bowel movement (BM). The top portion of the resident's buttocks and his coccyx was observed to have dried BM that was adhered to the resident's skin. A strong, urine and fecal odor was noted and the resident's groin, scrotum and buttocks were bright red. STNA #65 and #80 used soap and water to soak the dried BM off the resident's skin and once the resident's skin was clean a Stage II pressure ulcer (partial thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed without slough) was observed on the coccyx. Interview with STNA #65 and #80 at the time of the observation stated the resident had been sitting in his specialized wheelchair since 5:00 A.M., and the resident had not been toileted or laid down throughout the shift. STNA #65 and STNA #80 stated the STNA responsible for his care had left for the day and stated she did not ask for anyone to help or assist her with the hooyer lift transfer or incontinence care. STNA #65 verified the resident's BM was contained in the incontinent product, dried and stuck to his skin and stated there was no way he had been changed at 1:06 P. M.; otherwise, it would not have been dried. STNA #65 and #80 stated the resident should be laid down after meals and checked for incontinence at least every two hours.</p> <p>On 05/13/19 at 3:04 P.M., interview with the Director of Nursing (DON) verified bowel incontinence would have had to have been there for a long time for it to dry and adhere to the skin. The DON verified the resident was at risk for skin breakdown, was left incontinent, was possibly up in his chair all day, and a new pressure ulcer had resulted. The DON stated it was her expectation that residents were to be toileted at least every two hours if they were dependent on staff for care.</p> <p>On 05/13/19 at 3:05 P.M., interview with STNA #65 and #80 verified Resident #24 had not had been changed since 5:00 A.M., denied assisting STNA #46 with care and stated the resident required the use of hooyer lift and two staff with transfers. STNA #65 further stated STNA #46 did not ask for any help.</p> <p>Review of the Skin Grid Pressure 3.0 - V 2 assessment dated [DATE] at 4:49 P.M., revealed a new facility acquired Stage II pressure ulcer to Resident #24's coccyx measuring 1.0 centimeters (cm) in length by 0.4 cm in width by 0.1 cm in depth. There was no documentation in the record of what caused the pressure ulcer.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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** 32799</p> <p>Based on observation, record review and interview the facility failed to ensure residents received the prescribed liquid consistency. This affected one resident (Resident #30) of one residents reviewed for accidents.</p> <p>Findings include:</p> <p>Review of Resident #30's medical record revealed an admitted [DATE] with diagnoses including dementia without behavioral disturbance and altered mental status. The diagnosis of oropharyngeal phase dysphagia (difficulty swallowing) was added on 06/19/18.</p> <p>Review of the potential for/alteration in nutrition and hydration related to diagnosis of dementia/dysphagia, the need for a mechanical diet initiated 08/25/16 and revised on 04/05/19 with interventions including provide diet as ordered, thickened liquids as ordered</p> <p>Review of the Alteration in cognitive function related to altered perception/awareness of surroundings, anxiety, dementia, depression, experiences short term and long term memory deficits initiated 11/18/16 and revised 04/05/19 revealed interventions including assist with decision making problems and repeat directions as needed.</p> <p>Review of the physician orders revealed a carbohydrate consistent mechanical soft diet with honey thickened liquids dated 02/17/19.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed the resident had severe cognitive impairment and required extensive assistance of two staff members with transfers, locomotion on and off the unit and required limited assistance of one with eating.</p> <p>Review of the progress notes dated 05/02/19 at 5:55 P.M. revealed Registered Dietitian #300 documented the resident was known by staff to drink from the water fountain in spite of orders for thickened liquids. The resident was able to move throughout the facility and drink from the fountain without assistance. Staff redirect the resident as needed and the resident is reminded to only consume honey thickened liquids when observed by staff to be noncompliant with orders.</p> <p>Review of the plan of care revealed no plan related to the resident's noncompliance with his diet and fluids.</p> <p>Review of the Speech therapy notes dated 02/17/19 revealed the resident was consistently coughing on nectar thickened liquids and the therapist recommended modification to honey thickened liquids. The resident was discharged from therapy on 02/17/19.</p> <p>On 05/09/19 at 8:00 A.M. the resident was observed in the dining room drinking thickened liquids with breakfast.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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>On 05/09/19 at 8:18 A.M. the resident was observed at the water fountain located across from his room. The resident was rapidly drinking water from the water fountain.</p> <p>On 05/09/19 at 8:20 A.M. Hospitality Aide #13, also a housekeeper, was walking in the hallway and was able to see Resident #30 drinking from the water fountain. HA #13 did not intervene and identified the resident as Resident #30 when asked the resident's name and continued to walk past the resident.</p> <p>On 05/09/19 at 8:21 A.M. Resident #30 continued to drink from the water fountain. Interview with State tested Nursing Assistant #30 verified the resident was to only drink thickened liquids and should not be drinking from the water fountain. STNA #30 stated the resident often drank from the water fountain.</p> <p>On 05/09/19 at 11:00 A.M. interview with the Director of Nursing verified the resident did not have a care plan related to his noncompliance with his fluids and verified the resident was on honey thickened liquids due to his risk of aspiration (fluids going into his lungs). Further interview verified the resident had cognitive deficits and educating the resident about not drinking from the water fountain was not an appropriate intervention to prevent the resident from drinking from the water fountain.</p> <p>On 05/09/19 at 308 P.M. interview with Speech Therapist #350 revealed the resident was discharged from speech therapy in February of 2019 and had been seen for swallowing and a possible diet upgrade however, the resident was inconsistent with his safe swallowing strategies and was unable to have a diet modification. Further interview revealed the resident was at risk for aspiration or respiratory infections related to his cognition and inability to understand directions for safe swallowing provided.</p> <p>On 05/09/19 at 3:30 P.M. interview with the DON revealed the facility shut off the water to the water fountain to ensure the resident's safety.</p> <p>On 05/09/19 at 3:30 PM interview with the DON verified the water fountain was shut off due to the close proximity to the resident's room.</p> <p>On 05/13/19 at 2:30 P.M. interview with STNA #30 revealed the resident was able to drink from the water fountain due to a lack of supervision.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32799</p> <p>Based on observation, record review, menu review and interview the facility failed to ensure residents received adequate nutrition to prevent weight loss. This affected one resident (Resident #32) of two residents reviewed for nutrition.</p> <p>Findings include:</p> <p>Review of Resident #32's medical record revealed an admitted [DATE] with diagnoses including major depression, schizophrenia, chronic obstructive pulmonary disorder and dysphagia (difficulty swallowing).</p> <p>Review of the potential for alteration in nutrition and hydration related to mechanically altered diet, with COPD needs are higher than standards; a significant weight loss identified on 03/14/19, 04/18/19 with a therapeutic diet for weight gain and at risk for malnutrition initiated 10/12/17 and revised on 04/18/19 with interventions including provide diet as ordered dated 10/12/17.</p> <p>Review of the physician orders revealed a regular pureed diet with nectar thickened liquids and one and a half portions of the entree/meat dated 03/15/19 and a frozen nutritional supplement in the evening dated 03/15/19. Further review revealed the resident required weekly weights.</p> <p>Review of the resident's weights revealed the following:</p> <p>On 03/08/19- 138 pounds</p> <p>On 03/11/19- 130 pounds</p> <p>On 03/29/19- 125 pounds</p> <p>On 04/26/19- 130 pounds</p> <p>On 05/07/19- 126 pounds</p> <p>On 05/08/19- 125 pounds.</p> <p>Review of the Quarterly Minimum Data Set 3.0 dated 04/09/19 revealed the resident had severe cognitive impairment and required supervision and set up with eating. The resident was also identified as a significant weight loss and was not on a prescribed weight loss program.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the nutritional assessment dated [DATE] revealed the resident was on a mechanically altered diet and received a no added salt, puree with large portions of the meat/entree. The resident's meal intake was in the range of 51-100%. The resident's nutritional needs were increased due to a diagnosis of COPD and needs are higher and the resident is at risk for malnutrition. The resident experienced a significant weight loss with current body weight 131 pounds with a comparison weight of 138 pounds on 03/08/19 indicating the resident had a significant weight loss in one month of 6.4%. A frozen nutritional supplement was added in addition to meals with an acceptance of 100% per review of the medication administration record. The resident's body mass index was stable and most meal intakes were 76-100%. No changes were recommended due to the resident's stable weight.</p> <p>Review of the resident's meal intakes from 04/10/19 to 05/09/19 revealed the resident took 51-75% of meals 6 times, 0-25% once, refused twice, was unavailable once, ate 26-50% twice and consumed 76-100% all other meals provided.</p> <p>Review of the puree breakfast meal on 05/07/19 revealed hot cereal, eggs, pureed cinnamon streusel coffee cake, sausage patty and banana. Review of the breakfast menu on 05/09/19 revealed hot cereal, scrambled eggs (pureed), sausage patty and pureed whole wheat toast.</p> <p>On 05/07/19 at 7:50 A.M. Resident #32 was observed seated in her wheel chair in the dining room. The resident received hot cereal for breakfast. At 8:00 A.M. the resident was observed to leave the dining room. The resident had not been offered any other foods to eat and staff did not encourage the resident to stay for the rest of her meal.</p> <p>On 05/09/19 at 7:53 A.M. the resident was observed seated in the dining room. The resident received hot cereal, thickened chocolate milk and juice. At 8:00 A.M. Resident #32 was observed to leave the dining room. State tested Nursing Assistant (STNA) #80, while seated and assisting another resident with his meal, reminded the resident she had additional food coming but the resident continued to exit the dining room.</p> <p>On 05/09/19 at 8:29 A.M. interview with STNA #80 revealed the resident only received hot cereals for breakfast on 05/07/19 and 05/09/19. Further interview revealed the resident never receives her entire breakfast meal but if presented the entire meal at once, the resident would consume more. STNA #80 stated the resident's meal intakes are documented according to what the resident eats and not a percentage of the meal as written on the menu. Further interview revealed she would document breakfast from this morning as 100% since the resident ate the hot cereal and left the room. STNA #80 stated Resident #32 is cognitively impaired.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 05/09/19 at 9:52 A.M. interview with Registered Dietitian (RD) #105 and Registered Dietary Technician (RDT) #600 revealed the resident had nutritional interventions in place including extra protein/portions at all meals and these were recommended due to the resident's significant weight loss. Further review revealed resident meal intakes are based on the meal as written on the menu and the percentage consumed is documented according to the amount of food the resident took. Further interview verified inaccurate meal intake documentation would also affect the resident's calorie needs calculation since the amount consumed did not reflect the actual amount of the meal the resident would eat. On 05/09/19 at 3:03 P.M. an additional interview with RD #105 verified the resident experienced a five pound weight loss from 04/26/19 to 05/08/19 when the resident's weight went from 130 pounds to 125 pounds. The RD #105 verified the weight loss was 3.1% in two weeks and a five percent weight loss in one month is a significant weight loss. The RD #105 verified the resident was to receive one and a half portions of meat/entree each meal and verified this was a physician ordered nutritional intervention. The RD #105 verified nutritional interventions are implemented to prevent further weight loss and the resident had been identified as a significant weight loss of 6.4% from 03/08/19 at 138 pounds to 04/12/19 at 130 pounds. The RD #105 verified the resident lost further weight after not receiving her diet per physician orders.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32799</p> <p>Based on observation, record review, interview and policy review the facility failed to ensure humidified oxygen was provided to residents with tracheostomies and failed to ensure oxygen was provided as ordered. This affected three residents (Resident #14, #35 and #38) of four residents reviewed for respiratory care.</p> <p>Findings include:</p> <p>1. Review of Resident #35's medical record revealed an admitted [DATE] with diagnoses including hypoxic ischemic encephalopathy (brain damage resulting from a lack of oxygen), tracheostomy (an opening in the windpipe to serve as an airway), dependence on supplemental oxygen, functional quadriplegia and chronic respiratory failure.</p> <p>Review of the physician orders revealed oxygen at eight liters per minute via tracheostomy with humidification dated 01/04/18.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed the resident had severe cognitive impairment and was dependent of two staff with activities of daily living.</p> <p>On 05/06/19 at 7:50 P.M. the resident was observed lying in bed with her trach mask laying on her upper chest and not covering her tracheostomy site. The oxygen was being delivered at eight liters per minutes but was not humidified due to the humidification bottle being empty. At 8:15 P.M. the resident was observed lying in bed with her oxygen not humidified and the trach mask not covering her tracheostomy.</p> <p>On 05/06/19 at 8:15 P.M. interview with Licensed Practical Nurse (LPN) #28 verified the resident's oxygen was not covering her tracheostomy and the humidification bottle was empty.</p> <p>On 05/08/19 at 2:45 P.M. the resident was observed lying in bed with oxygen being delivered at eight liters per minute via trach mask. The humidification was not being provided due to the condenser being turned off. At 6:45 P.M. the resident continued to not receive humidified oxygen.</p> <p>On 05/08/19 at 6:45 P.M. interview with the Director of Nursing verified the oxygen was not humidified as ordered.</p> <p>41271</p> <p>2. Review of Resident #14's medical record revealed an admitted [DATE] with diagnoses of malignant neoplasm of the brain stem, tracheotomy (trach) status, intellectual disabilities, pneumonia, acute bronchitis, asthma with acute exacerbation, chronic respiratory failure with hypoxia, and acute and chronic respiratory failure with hypoxia or hypercapnia.</p> <p>Review of Resident #14's most recent Minimum Data Set (MDS) revealed the resident was totally dependent of staff for all care including application of oxygen mask and oxygen humidification. Resident #14 was noted to have bilateral impairment to upper and lower extremities.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #14's physician orders dated for 02/02/19, revealed an order to ensure condensation bag/tubing was not touching the ground every shift. An additional order for continuous oxygen at 6 liters per minute (lpm) via trach collar with original start date of 02/03/19 was noted, on 05/08/19 revision of this order was for continuous oxygen at 6 lpm via trach collar with humidification at all times.</p> <p>Review of facility's policy, Oxygen Administration, no date, revealed the use of humidification is not required as long as the flow rate is less than 4 lpm.</p> <p>Observation on 05/06/19 at 8:10 P.M. of Resident #14 revealed resident laying supine in bed, trach oxygen mask was not in proper position and humidifier container was noted to be empty. The condensation bag was half full of liquid and laying on the floor.</p> <p>Observation on 05/07/19 at 11:19 A.M., 3:23 P.M., and 4:31 P.M. of Resident #14 revealed her oxygen mask was not in proper position, and the humidifier container was empty.</p> <p>Observation on 05/09/19 at 3:30 P.M. of Resident #14 revealed her oxygen mask was on and in proper position and the humidifier was full of water, but the humidification machine was not turned on. Additional observation of this again at 5:00 P.M. revealed the humidification machine was still not running.</p> <p>Interview on 05/06/19 at 8:30 P.M. with Licensed Practical Nurse (LPN) #28 confirmed Resident #14's oxygen mask was not covering her trach, the humidification container was empty, and the condensation bag was half full of liquid and laying on the floor.</p> <p>Interview on 05/08/19 at 12:00 P.M. with the Director of Nursing (DON) confirmed Resident #14 did not originally have an order for humidified oxygen but the humidifier was in place. The DON also confirmed this order should have been in place due to Resident #14's oxygen rate greater than 4 lpm.</p> <p>28704</p> <p>3. Medical record review revealed Resident #38 was admitted on [DATE] with diagnoses including chronic obstructive pulmonary disease, other forms of dyspnea, and a cardiac murmur.</p> <p>Review of the care plan: Alteration in Cardiac Function and Alteration in Oxygen Exchange/perfusion COPD dated 04/08/19 revealed to administer oxygen as ordered.</p> <p>Review of the Physician Orders dated 05/01/19 revealed Resident #38 was to wear oxygen PRN (as needed) at 2 liters per min (L/min) to maintain oxygen saturation greater than 92%.</p> <p>Observations of Resident #38 included the following:</p> <p>On 05/07/19 at 8:38 A.M., observed in a wheelchair receiving oxygen via NC with the flow rate set to 4 L/min. The oxygen tubing was not dated.</p> <p>On 05/07/19 at 2:28 P.M., observed in a recliner chair in his room receiving oxygen via NC at a flow rate of 4 L/min. The oxygen tubing was not dated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/08/19 at 7:45 A.M., observed in his room receiving oxygen via NC at a flow rate of 4 L/min.</p> <p>On 05/08/19 at 9:25 A.M., observed in the therapy room receiving oxygen via NC at a flow rate of 4 L/min via a portable oxygen tank.</p> <p>On 05/08/19 at 11:08 A.M., interview with Licensed Practical Nurse #28 stated she was Resident #38's nurse and he receives oxygen at a flow rate between 2 L/min to 4 L/min.</p> <p>On 05/08/19 at 11:19 A.M., observation and interview with Registered Nurse #78 verified Resident #38's oxygen concentrator flow rate was observed between 3.5 L/min and 4 L/min and not as ordered.</p> <p>Review of the undated policy: Oxygen Administration via Nasal Cannula (NC) revealed a physician order was required prior to the administration of oxygen via NC. The orders for oxygen via NC was to include liter flow and or concentration. Procedure included to verify the physician order, connect cannula to oxygen source and set prescribed flow rate. the cannula and humidifier was to be labeled with date and liter flow.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32799</p> <p>Based on observation, record review, and interview the facility failed to ensure adequate staffing levels to meet resident needs. This affected four residents (Resident #9, #14, #32 and #35) of five residents reviewed for activities of daily living and two residents (Resident #14 and #35) of two residents reviewed for activities and had the potential to affect all residents in the facility and specifically affected Residents #15 and #145.</p> <p>Findings include:</p> <p>1. On 05/06/19 at 6:10 P.M. initial tour of the facility upon entrance for the annual and complaint surveys revealed the facility had two nurses, Licensed Practical Nurse (LPN) #20 and #28 and one state tested nursing assistant (STNA) #77, one non-state tested nursing assistant (NA) #88 and a hospitality aide (HA) #41. By 8:30 P.M. HA #13, STNA #80 and Activity Director (AD) #9 were in the facility assisting on the units.</p> <p>On 05/07/19 at 9:03 A.M. interview with HA #13 revealed he was called in to work on 05/06/19 around 8:00 P. M. and it was only the second time he had worked as the hospitality aide. HA #13 verified he was not scheduled for the shift but was contacted after the survey team entered the building for the survey. HA #13 stated he could pass snacks, pass ice and answer call lights but could not provide resident care.</p> <p>On 05/07/19 at 9:15 A.M. interview with STNA #80 verified she was not scheduled to work afternoon shift on 05/06/19 but was called in to assist with resident care after the survey team entered the facility for the survey. Further interview verified one STNA and one NA were providing care to 46 residents in the facility.</p> <p>Confidential staff interviews during the survey revealed resident care needs were unable to be met due to lack of staff with the care needs including supervision, showers, shaving, oral care and transfers. Staff also verified residents were not afforded the opportunity to go to activities if they required the use of a hoier lift and two staff member due to a lack of staff and the inability to provide the residents with assistance.</p> <p>During the survey interviews with five residents revealed the facility did not have enough staff to meet the needs of the residents' needs including call light response time and toileting needs.</p> <p>2. Review of Resident #35's medical record revealed an admitted [DATE] with diagnoses including hypoxic ischemic encephalopathy (brain damage as a result of a lack of oxygen), tracheostomy (an opening through the neck and into the windpipe to provide an airway), functional quadriplegia and chronic respiratory failure.</p> <p>Review of the physician orders revealed a hoier lift (assistive device that allows residents to be transferred using electrical or hydraulic power) and two staff assistance with transfers.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed the resident had severe cognitive impairment and was dependent of two staff with bed mobility, transfers, dressing and personal hygiene. The resident was dependent of two staff with bathing.</p> <p>Review of the un-dated shower schedule revealed the resident was to be showered on night shift (9:00 P.M. -5:00 A.M.) Wednesday and Saturday.</p> <p>Review of the shower documentation revealed the resident received a shower on 04/04/19, 04/10/19, 04/22/19 and 04/25/19.</p> <p>Review of the skin monitoring: comprehensive Nursing assistant shower sheet review revealed the resident was showered on 04/03/19, 04/10/19 and 05/08/19.</p> <p>On 05/06/19 at 7:15 P.M. a gospel music group was observed singing in the facility dining room.</p> <p>On 05/06/19 at 7:50 P.M. Resident #35 was observed lying in bed. When spoken to, the resident did not make eye contact. The resident's hair was oily and not combed.</p> <p>On 05/06/19 at 7:50 P.M. interview with Licensed Practical Nurse (LPN) #28 verified the resident did not attend the gospel music activity provided in the dining room this evening but the resident would have enjoyed the activity. Further interview revealed the resident required the use of a hooyer lift and there was not enough staff to assist the resident into her chair.</p> <p>On 05/07/19 at 9:30 A.M. the resident was observed lying in bed. The resident's hair was oily and uncombed.</p> <p>On 05/07/19 at 2:45 P.M. the resident remained in bed and her hair was oily and uncombed.</p> <p>On 05/08/19 at 10:45 A.M. interview with LPN #28 verified the resident did not receive showers twice per week and her hair was oily.</p> <p>On 05/08/19 at 7:11 P.M. interview with State tested Nursing Assistant (STNA) #77 verified Resident #35 did not attend the activity on 05/06/19 due to being dependent on staff for transfers and there was not enough staff to assist the resident into her chair for the activity. The STNA verified the resident enjoyed musical activities especially church related activities. Further interview revealed she could not recall the last time the resident had been up in her chair and the resident should be up at least two hours per day.</p> <p>On 05/08/19 at 8:29 A.M. interview with STNA #80 verified the resident had not been up in her chair for quite some time and had not been up since the survey began on 05/06/19. STNA #80 stated all residents are to be out of bed daily and Resident #35 should be up in her chair approximately two hours per day. STNA #80 verified the resident did not receive her showers as scheduled and the resident needed to be showered.</p> <p>On 05/09/19 at 5:30 P.M. interview with Activity Director #9 verified the resident had not been in her chair this week and the resident was dependent of staff and the hooyer lift to get into her chair.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 05/13/19 at 1:00 P.M. interview with the Director of Nursing verified the resident did not have showers as scheduled and was dependent of staff to provide her showers.</p> <p>3. Review of Resident #32's medical record revealed an admitted [DATE] with diagnoses including major depression, schizophrenia, acute kidney failure and chronic obstructive pulmonary disorder (COPD).</p> <p>Review of the Quarterly MDS 3.0 dated 04/09/19 revealed the resident had severe cognitive impairment and required limited assistance of one staff member with bed mobility, transfers, locomotion on and off the unit and toilet use. The resident required extensive assistance with dressing and personal hygiene. Lastly, the resident required one person physical assistance with bathing.</p> <p>Review of the un-dated shower schedule revealed Resident #32 was to be showered on afternoon shift (1:00 P.M. to 9:00 P.M.) on Tuesday and Friday.</p> <p>Review of the skin monitoring: comprehensive nursing assistant shower review sheets from 04/09/19 to 05/12/19 revealed the resident received showers on 04/09/19, 04/12/19 and 05/12/19.</p> <p>Review of the documentation survey report for April 2019 revealed the resident did not receive showers.</p> <p>On 05/07/19 at 7:50 P.M. the resident was observed eating breakfast in the dining room. The resident's hair was uncombed and oily. On 05/08/19 at 9:30 A.M. and 2:30 P.M. observations of Resident #32 revealed the resident's hair remained uncombed and oily.</p> <p>On 05/08/19 at 7:11 P.M. interview with State tested Nursing Assistant (STNA) #77 verified residents do not always receive showers on afternoon shift due to a lack of staff. Further interview verified showers are documented on the paper skin sheets or in the computer system. Lastly, STNA #77 verified residents are to be showered twice a week unless they request more showers.</p> <p>On 05/09/19 at 8:27 P.M. interview with State tested Nursing Assistant (STNA) #80 verified the resident needed a shower due to her hair being oily. Further interview revealed the resident will complain if not given a shower for several days and will ask for a shower. STNA #80 stated the resident had come to her crying before because she did not have a shower and the resident wanted a shower.</p> <p>On 05/13/19 at 1:00 P.M. interview with the Director of Nursing verified the resident did not receive showers twice a week as scheduled.</p> <p>4. Review of the staff schedule revealed one STNA and one NA were providing care to 46 residents on 05/06/19.</p> <p>On 05/13/19 at 4:00 P.M. the staff schedule was reconciled with the Administrator for afternoon shift for 05/06/19. Interview with the Administrator verified only one STNA and one NA were providing care to the 46 residents in the facility. The Administrator also verified one hospitality aide was working but was unable to provide resident care. The Administrator verified one HA, one STNA and the AD were called in to assist after the survey team entered the facility. Further interview revealed the Administrator felt the resident's care needs were met and staffing needs were satisfied with agency staff and staff brought in from their sister facilities.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>28704</p> <p>5(a). On 05/06/19 between 8:01 P.M. and 8:26 P.M., a confidential staff interview revealed she wanted to be sure to let the survey team know that this amount of staff that was currently in the facility was not normally working at this time of the evening. The staff member stated care was not being provided including residents not getting activities, shaved or showered, meals were not charted and residents were not being fed in the evenings.</p> <p>5 (b). On 05/08/19 at 2:41 P.M., interview with Resident Council President (Resident #15) stated call lights were not being answered timely and there was not enough staff in the dining room due to staffing concerns. Resident #15 stated the residents were trying not to complain about staffing during the meetings because residents were afraid if they complained too much, the facility will close.</p> <p>5 (c). On 05/09/19 at 9:13 A.M., interview with Resident #145 stated there was only one nurse last evening and not enough staff to provide adequate care to residents.</p> <p>5 (d). Medical record review revealed Resident #9 was admitted on [DATE] with diagnoses including acute transverse myelitis in demyelinating disease of the central nervous system and quadriplegia.</p> <p>Review of the monthly Documentation Survey Report v2 (DSR) dated Apr-19 and May-19 revealed Resident #9 was to be up in a chair in the dining room for all meals, personal hygiene was to be completed every shift and the resident's teeth brushed after meals and prior to bed.</p> <p>Further review of the DSR's revealed the following:</p> <p>During April, 2019, there was no evidence Resident #9 was up in the dining room for meals on 20 of 90 opportunities, no evidence personal hygiene was received on 32 of 90 opportunities and no evidence the resident's teeth were brushed on 35 of 90 opportunities.</p> <p>Dated May, 2019, there was no evidence Resident #9 was up in the dining room for meals on 10 of 27 opportunities, no evidence personal hygiene was received on 18 of 27 opportunities, and no evidence the resident's teeth were brushed on 18 of 27 opportunities.</p> <p>On 05/07/19 at 8:58 A.M., interview with Resident #9 stated he asks staff to get him up in his chair and to take him to the dining room for lunch and dinner but this doesn't happen if there isn't enough staff. Resident #9 also stated he does not get shaved every other day like he wants and doesn't get his teeth brushed because there is not enough staff. Resident #9 stated when he doesn't get shaved his beard gets rough and pulls because it dulls the razor.</p> <p>On 05/09/19 at 8:23 A.M., interview with STNA # 80 stated Resident #9 does not receive mouth care twice a day or shaved every other day.</p> <p>On 05/09/19 between 8:45 A.M., and 9:05 A.M., observation of Resident #9 revealed thickening facial hair, a white thick build-up on his teeth and foul breath. Interview with STNA #84 at the time of the observation verified the resident's teeth needed brushed and he had not been shaved for at least a week. STNA #84 verified staff was not always able to get him up for meals and take him to the dining room because of the lack of staffing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>41271</p> <p>6a. Review of Resident #14's medical record revealed an admitted [DATE] with diagnoses of malignant neoplasm of the brain stem, tracheotomy status, muscle wasting and muscle weakness, and intellectual disabilities.</p> <p>Review of Resident #14's activity assessment dated for 02/19/19 revealed resident is involved in activities when out of bed and one on one care are provided. Resident #14 likes blue and enjoys stuffed animals, dolls, and having her nails painted blue. Resident #14 also enjoys watching the television, balloon toss, and social visits. Resident #14 is alert to self, and does not communicate verbally, resident will whisper her name at times and uses hand gestures. Resident #14 is mobile via geri chair (a reclining chair on wheels) with assistance. Resident #14 enjoys going to the lounge and watching other residents or family members coming and going in the facility.</p> <p>Review of Resident #14's Occupational Therapy discharge summary dated for 02/15/19, revealed a recommendation for staff to continue with follow through in getting Resident #14 up daily in a custom tilt in space chair, for increased quality of life.</p> <p>Review of Resident #14's activity attendance record for May, 2019 revealed Resident #14 had 11 independent activity that occurred in her room while resident was in bed, two one on one visits, four observation groups, and eight times resident was not available for groups.</p> <p>Observation on 05/06/19 at 8:10 P.M., on 05/07/19 at 9:26 A.M., 11:19 A.M., 3:00 P.M., and 4:30 P.M. and again on 05/08/19 at 8:02 A.M., 3:10 P.M., and 5:05 P.M. of Resident #14 revealed resident laying in her bed resting quietly with eyes open. No television was noted to be on, nor was there music noted to be playing.</p> <p>Interview on 05/06/19 at 8:30 P.M. with Licensed Practical Nurse (LPN) #28 revealed Resident #14 had not been up out of bed for a long time. LPN #28 revealed this lack of activity for Resident #14 was due to not enough staff to properly care for the residents. LPN #28 revealed there was a gospel group playing at the facility that night and Resident #14 would have enjoyed attending this activity but there was not enough staff to get her out of bed to attend the activity.</p> <p>Interview on 05/08/19 at 9:36 A.M. with State tested Nursing Assistant (STNA) #80 confirmed Resident #14 was to be gotten and was not due to not having enough staff to get her up.</p> <p>Interview on 05/10/19 at 4:30 P.M. with Activity Director #9 confirmed Resident #14 had not been able to attend group activities or enjoy residents and family at the facility due to lack of staff and the inability of this lack of staff to get Resident #14 out of bed for activities. Activity Director #9 confirmed the times Resident #14 had the four observation groups, were when the Daily Chronicle, facility information sheet that is passed out to residents and placed on their bedside tables for them to read, occurred.</p> <p>6 (b). Review of Resident #14's medical record revealed an admitted [DATE] with diagnoses of malignant neoplasm of the brain stem, tracheotomy status, muscle wasting and muscle weakness, and intellectual disabilities.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of Resident #14's Minimum Data Set (MDS) revealed resident was total dependent on staff for all care including bathing, grooming, oral hygiene, and dressing. Resident #14 was non-verbal and unable to express needs.</p> <p>Review of facility's daily shower sheet revealed Resident #14 was to receive a shower on Tuesdays and Friday nights.</p> <p>Review of Resident #14's shower log revealed between 04/09/19 and 05/08/19, Resident #14 had received two showers, 25 bed baths, and 19 not applicable.</p> <p>Observation on 05/07/19 at 9:26 A.M. of Resident #14 revealed resident's hair appear greasy and unkempt, lips appear dry and cracked, and dark colored facial hair on resident's chin was noted.</p> <p>Observation on 05/08/19 at 12:00 P.M. and 05/09/19 at 9:30 A.M. Resident #14's hair appeared greasy and unkempt, lips dry and cracked, and there was dark colored facial hair on resident's chin.</p> <p>Interview on 05/07/19 at 9:36 A.M. with State tested Nursing Assistant (STNA) #80 revealed this facility is short staffed almost all of the time and residents are not receiving proper showers, especially on night shift.</p> <p>STNA #80 also revealed when a resident gets a bed bath, they do not get their hair washed nor do they get shaved. If a resident is noted to be Not Applicable this means there was not enough staff to do a bed bath or shower.</p> <p>Interview on 05/07/19 at 10:48 A.M. with Licensed Practical Nurse (LPN) #28 confirmed the resident had not gotten out of bed and received a shower in over a week. LPN #28 revealed showers are not getting done as scheduled due to not having enough staff.</p> <p>This deficiency substantiates Master Complaint Number OH00104019 and Complaint Number OH00104012.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>32799</p> <p>Based on schedule review, time punch review and interview the facility failed to ensure a registered nurse was available seven days a week, eight consecutive hours per day. This had the potential to affect all 46 residents residing in the facility.</p> <p>Findings include:</p> <p>Review of the nursing schedule revealed a registered nurse (RN) was not scheduled for 05/04/19 and 05/05/19.</p> <p>Review of the scheduled employee time punches revealed no RN coverage for 05/04/19 and 05/05/19.</p> <p>On 05/13/19 at 4:46 P.M. interview with the Administrator verified the facility did not have a registered nurse for eight hours on 05/04/19 and 05/05/19. The Administrator stated the RN was the scheduled nurse for the assisted living and was providing care to the residents on the assisted living and not scheduled eight hours in the nursing home.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>41271</p> <p>Based on observation, staff interview, and policy review, the facility failed to ensure the controlled medication count was correct along with proper controlled drug receipt/disposition form was provided for controlled medication. This facility also failed to ensure control medication count was completed at shift change. This affected one (Resident #9) of the 17 residents reviewed who received controlled medication.</p> <p>Findings include:</p> <p>1. Observation on 05/10/19 at 3:05 P.M. of Hall A's medication cart revealed a card of controlled medication in the lock box with 25 tablets of Oxycodone-Acetaminophen 7.5-325 milligrams (mg) belonging to Resident #9.</p> <p>Review of the Controlled Drug Receipt/Record/Disposition Form revealed the card in the lock box should have contained 26 tablets.</p> <p>At the time of the observation, interview with Licensed Practical Nurse (LPN) #14 revealed one tablet of Oxycodone-Acetaminophen 7.5-325 mg had been administered but was not signed out on the log.</p> <p>2. Observation on 05/10/19 at 3:07 P.M. of Hall A's medication cart revealed a bottle of Ativan 0.5 mg containing five tablets. The label on the bottle revealed there should be six tablets in the bottle.</p> <p>Review of the controlled substance sign out book revealed no controlled drug receipt/record/disposition form for this medication.</p> <p>Interview with LPN #14 on 05/10/19 at 3:07 P.M. confirmed the Ativan 0.5 mg did not have a receipt/record/disposition form because one was not made for it yet and the missing tablet was administered to a resident and not signed out.</p> <p>Review of the Controlled Medication Storage policy dated 07/2016 revealed a controlled medication accountability record is prepared when receiving inventory of a scheduled medication.</p> <p>3. Observation on 05/10/19 at 3:15 P.M. of the facility's refrigerated control box located in the medication storage room, revealed a box with two drawers. In the top drawer, there were four bottles of oral Ativan 2 mg/ml and in the second drawer were two vials of injectable Ativan 2 mg/ml.</p> <p>Interview with LPN #14 on 05/10/19 at 3:17 P.M. confirmed the count at shift change of the controlled refrigerator items had not been done and that she had never done it before.</p> <p>Interview with LPN #17 on 05/10/19 at 3:20 P.M. revealed the sheet was signed at shift change but LPN #17 was not able to provide an accurate number count on the bottles of oral Ativan. LPN #17 confirmed the count of the controlled medication was not completed at shift change.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's-controlled medication storage policy dated 07/2016 revealed at each shift change, or when keys are transferred, a physical inventory of all scheduled, including refrigerated items, is conducted by two licensed nurses. Review of the facility's Controlled Drugs Disposition and Audit Record revealed the refrigerator should contain two bottles of injectable Ativan and two bottles of oral Ativan.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41271</p> <p>Based on observation, interview, resident record review, and AutoShield Safety Pen Needle instruction for use pamphlet review, this facility failed to ensure medication administered had less than a 5% error rate. Twenty-six medications were administered with four errors resulting in an error rate of 15.4 %. This affected two residents (Resident #145, and Resident #19) of the four residents reviewed for medication administration.</p> <p>Findings include:</p> <p>1. Review of Resident #145's medical record revealed an admitted [DATE] with diagnoses of type two diabetes mellitus with hyperglycemia (high blood sugar), acquired absence of the right foot, and peripheral vascular disease.</p> <p>Review of Resident #145's physician's orders revealed an order for Lantus SoloStar Solution Pen-Injector 100 Units/ML. The order was to inject 32 units subcutaneously, two times a day related to type two diabetes mellitus with hyperglycemia.</p> <p>Observation on 05/10/19 at 8:32 A.M. revealed Licensed Practical Nurse (LPN) #17 retrieved Resident #145's Lantus SoloStar Solution Pen and placed a BD AutoShield safety pen needle onto the insulin pen. LPN #17 proceeded to turn the dosage dial to 32 units as ordered. LPN #17 administered the 32 units of Lantus insulin.</p> <p>Review of the AutoShield Safety Pen Needle instruction for use pamphlet date 06/2014 revealed under section 1.3 that after the pen needle is attached to the insulin pen, dial up 2 units, point the pen up and press the thumb button. If liquid does not appear at the needle tip, then repeat this step and if liquid does not appear for a second time then change the needle.</p> <p>Interview on 05/10/19 at 2:30 P.M. with LPN #17 confirmed the pen needle was not primed with 2 units prior to administering the ordered 32 units of Lantus insulin to Resident #145. The failure to correctly prime the pen resulted in the resident not receiving the correct dosage of insulin.</p> <p>2. Review of Resident #19's medical record revealed an admitted [DATE] with diagnoses of type two diabetes mellitus with hyperglycemia (high blood sugar).</p> <p>Review of Resident #19's physician orders revealed an order for Levemir FlexTouch Solution Pen-injector 100 units/ml and to inject 20 units subcutaneously two times a day in the A.M. and in the P.M. An order for NovoLog Solution 100 unit/ml (Insulin Aspart) to inject 6 units subcutaneously with meals for diabetes was also noted.</p> <p>Observation on 05/10/19 at 9:30 A.M. revealed Licensed Practical Nurse (LPN) #14 retrieved Resident #19's Levemir insulin pen along with the NovoLog insulin pen. LPN #14 placed a BD AutoShield safety pen needle onto both insulin pens. LPN #14 dialed the Levemir insulin pen to 20 units and then dialed the NovoLog insulin pen to 6 units. LPN #14 administered both insulins to Resident #19.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the AutoShield Safety Pen Needle instruction for use pamphlet date 06/2014 revealed under section 1.3 that after the pen needle is attached to dial up 2 units, point the pen up and press the thumb button. If liquid does not appear at the needle tip to repeat this step and if liquid does not appear for a second time then to change the needle.</p> <p>Interview on 05/10/19 at 9:45 A.M. with Dietary Manager #105 confirmed breakfast was served at 7:15 A.M. to Resident #19.</p> <p>Interview on 05/10/19 at 2:30 P.M. with LPN #14 confirmed the NovoLog insulin had been administered two hours after Resident #19 had her meal and the pen needles place on the NovoLog and Levemir pens had not been primed with the required two units. The failure to prime the insulin pens correctly resulted in the resident not receiving the correct dosages of insulin as ordered.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>32799</p> <p>Based on observation, taste test, and interview the facility failed to ensure pureed meat was at the appropriate consistency for meal service. This affected eight residents (Resident #6, #10, #18, #24, #25 #29, #31, #32) of eight residents identified by the facility to receive a pureed diet.</p> <p>Findings include:</p> <p>On 05/08/19 at 11:00 A.M. Cook #31 was observed to place three pounds of roast beef into the food processor. Cook #31 stated she was looking for a smooth texture upon completion of the puree process. Cook #31 was observed to turn on the processor to begin the process.</p> <p>At 11:03 A.M. Cook #31 removed the processor lid and stirred the mixture with a spatula. Cook #31 informed Registered Dietician (RD) #105 she was completed with the process and both agreed the mixture looked to be smooth.</p> <p>At 11:04 A.M. the surveyor requested to taste the puree roast beef. The mixture did not have a smooth texture and threads of the roast beef remained.</p> <p>At 11:04 A.M. RD #105 also tasted the mixture and verified the roast beef was not ready to be placed on the steam table for lunch. The RD #105 stated the roast beef would require additional time on the processor.</p> <p>Resident #6, #10, #18, #24, #25 #29, #31, #32 were identified by the facility to receive a pureed diet.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28704</p> <p>Based on observation, meal card review, medical record review and interview, the facility failed to ensure residents received therapeutic diet portions as ordered. This affected one (Resident #32) of two residents reviewed who received pureed meals during kitchen meal service.</p> <p>Findings include:</p> <p>Medical record review revealed Resident #32 was admitted on [DATE] with diagnoses including heart failure, unspecified psychosis and major depressive disorder.</p> <p>Review of the Physician Orders dated 03/15/19 revealed Resident #32 was ordered to receive a pureed diet (mechanically altered texture) with one and a half portion servings of the entree and/or meat at each meal.</p> <p>On 05/09/19 at 11:59 A.M., observation of the kitchen trayline revealed Resident #32's meal card indicated the resident was to receive a pureed diet with double protein portions at lunch. Dietary Manager #37 was observed to put one #6 scoop (equivalent to 0.67 cup) of pureed cheese lasagna, one #8 scoop (equivalent to 0.5 cup) pureed cauliflower and one #6 scoop of pureed bread into a three divided colored plate. The plate was then covered and placed on the tray rack to be delivered to the dining room. At the time of the observation, the surveyor notified Registered Dietitian (RD) #105 of the observation, RD #105 reviewed the meal card and verified the resident did not receive the ordered amount of pureed cheese lasagna for the lunch meal. Dietary Manager #37 verified she did not give the appropriate serving size and stated she thought the resident was only to get double portions of the protein/meat at the breakfast meal.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28704</p> <p>Based on observation, medical record review and interview, the facility failed to ensure residents received adaptive equipment as ordered. This affected one (Resident #32) of two residents served a mechanically altered diet observed during kitchen meal service.</p> <p>Findings include:</p> <p>Medical record review revealed Resident #32 was admitted on [DATE] with diagnoses including heart failure, unspecified psychosis and major depressive disorder.</p> <p>Review of the Physician Orders dated 03/15/19 revealed Resident #32's adaptive equipment included a a two handled spouted cup.</p> <p>On 05/09/19 at 12:09 P.M., observation of the main dining room revealed Resident #32 was sitting at an overbed table with two, spouted cups with no handles. At the time of the observation, interview with Diet Tech #600 verified the resident was not using the correct adaptive equipment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28704</p> <p>Based on observation, policy review, training review and interview, the facility failed to ensure food was stored, served and prepared under sanitary conditions. This had the potential to affect four residents (Resident #6, #10, #18 and #32) who received a pureed diet and all residents who received food from the kitchen except for Resident #12, #14 and #35 who do not receive food or fluids by mouth.</p> <p>Findings include:</p> <p>1. On 05/06/19 at 6:30 P.M., observation of the kitchen revealed Dietary Aide (DA) #18 and DA #29 were putting away clean dishes including metal serving pans. The metal serving pans were stacked together on stainless steel shelves under the food prep table. Water was observed between one 2 gallon pan, two 4 gallon pans, three 2 quart pans, two 1 quart pans and four 4 quart metal serving pans. The industrial mounted can opener attached to the end of a food prep table revealed metal shavings under the triangular point of the opener. When the shank was pulled out of the mounted base, a dried white liquid substance was observed on the inner casing and dried black/brown food was observed on the adjustable bars/shaft of the can opener. On 05/06/19 at 6:36 P.M., DA #29 verified the above observations.</p> <p>2. On 05/06/19 at 7:44 P.M., observation of the dry stock room revealed stacks of boxes containing food items sitting on the floor. DA #29 stated the food truck delivered the food items earlier today and there has not been time to put the food items away. DA #29 verified the following food items were stacked on the floor including: a case of potato chips, maraschino cherries, pancake syrup, orange beverage mix, cut sweet potatoes, apple pie filling, white cake mix, tapioca pudding, mini marshmallows, bags of rice, pears, ketchup, tomato soup, crushed pineapple, green beans, various types of dry cereal, barbeque sauce, cranberry juice, spaghetti sauce, diced tomato, decaf coffee, tea bags, quick oats, golden potatoes, [NAME] apples, sugar, bananas, and tomato juice. Interview with Dietary Manager #37 stated the dry stock food was delivered on 05/06/19 at 11:00 A.M. and staff had left without putting it away.</p> <p>3. On 05/07/19 at 8:02 A.M., observation of the main dining room revealed DA #31 was wearing a pair of gloves while pushing a three shelved cart containing drinks and covered bowls. DA #31 was observed going table-to-table, removing foil covers from plastic bowls, and grasping the inner lip of the bowl with her gloved hand to set the bowl on the table in front of the residents. DA #31 was observed touching the cart, doors, residents and other items in the dining room without changing her gloves or washing her hands. DA #31 verified the above at the time of the observation.</p> <p>Review of the ServSafe training dated September 2012 revealed fingers were not to be placed on the inside of drink/food dishes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the Food Service Training revised August, 2013 revealed gloves became contaminated when you touched handles, carts and other surfaces. Can opener was to be cleaned after each use, metal shavings can become foreign objects and contaminate food. The blade was to be changed regularly to avoid build up of metal shavings. Stock should not be stored directly on the floor. Things such as milk crates were to be used to elevate cases of food if the stock was unable to be put away timely.</p> <p>Review of the undated policy: Dry Storage and Supplies undated revealed all non-perishable foods were to be stored in a manner that optimized food safety and quality. The product was to be stored on storeroom shelving which was no less than six inches from the floor and 18 inches from the ceiling.</p> <p>Review of the policy: Storage of Dishes undated revealed dishes were to be appropriately stored to prevent contamination and breakage. Dishes will be stored in manner to prevent contamination. Dishes will be air dried before storage.</p> <p>32799</p> <p>4. On 05/08/19 at 11:00 A.M. Cook #31 was observed to apply clean gloves to begin to puree three pounds of roast beef for the lunch meal. The cook was observed to touch the food processor with both hands during the process. At 11:05 A.M. the Cook verified the puree roast beef was ready for meal service and removed the blade from the center of the food processor. Cook #31 was then observed to take her gloved left hand and scrape the blades of the processor clean and then drop the meat mixture, removed with her hand, into the food processor container for use. Cook #31 then picked up the processor container and added the pureed meat to a second container of pureed meat.</p> <p>On 05/08/19 at 11:06 A.M. interview with Cook #31 verified she used her gloved hand to clean the pureed meat from the processor blade and then dropped the food back into the pureed meat mixture.</p> <p>On 05/08/19 at 11:06 A.M. interview with RD #105 verified the roast beef would need to be redone since Cook #31 contaminated the meat using her gloved hand to scrape the processor blades and then dropped the scraped meat into the processor container for use.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0838 Level of Harm - Potential for minimal harm Residents Affected - Many	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32799</p> <p>Based on review of the facility assessment and interview the facility failed to ensure the facility assessment addressed the number of staff required to provide care to the residents. This had the potential to affect all 46 residents in the facility.</p> <p>Findings include:</p> <p>Review of the Facility assessment dated ,d+[DATE] revealed no assessment of the number of staff required per shift to meet the needs of the residents.</p> <p>On 05/13/19 at 4:46 P.M. interview with the Administrator verified the Facility Assessment did not indicate the number of staff required to meet the needs of the residents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28704</p> <p>Based on observation, medical record review and interview, the facility failed to ensure accurate documentation of resident assessments, antibiotic use and meal percentage. This affected one (Resident #38) of three residents reviewed for respiratory care and one (Resident #32) of two residents reviewed for nutrition.</p> <p>Findings include:</p> <p>1. Medical record review revealed Resident #38 was admitted on [DATE] with diagnoses including a right below the knee amputation. The resident was readmitted on [DATE] with diagnoses including chronic obstructive pulmonary disease, cellulitis and lymphedema.</p> <p>Review of the care plans: At Risk for Falls and At Risk for Decline ADL Function dated 04/08/19 revealed the resident had an amputation of the right lower extremity.</p> <p>Review of the Hospital History and Physical dated 04/25/19 revealed resident diagnosed with lower left extremity cellulitis in the setting of lymphedema. At the time of discharge, the resident was ordered Bactrim DS to continue treatment for left lower extremity cellulitis.</p> <p>Review of the Skilled Evaluations V4.0 revealed the following:</p> <p>Dated 04/21/19 and 04/22/19, revealed the resident had a 2+ right pedal pulse (pulse on the top of the foot).</p> <p>Dated 05/02/19 at 6:37 P.M. and 05/03/19 at 11:49 P.M., revealed the resident had no edema.</p> <p>Dated 05/04/19 at 2:05 P.M., revealed the resident continued antibiotics for cellulitis of the left lower extremity.</p> <p>Dated 05/06/19 at 11:44 P.M. and 05/07/19 at 2:05 P.M., revealed Resident #38 had no edema.</p> <p>Dated 05/08/19 at 6:56 P.M., revealed the resident right foot and ankle had 3+ pitting edema extending throughout the foot and slightly above the ankle.</p> <p>Review of the Medication Administration Record dated May, 2019 revealed Resident #38 was administered Bactrim DS Tablet 800-160 milligrams twice a day for a urinary tract infection (UTI) between 05/02/19 and 05/08/19.</p> <p>Review of the record revealed no evidence the resident had a diagnosed UTI between 05/01/19 and 05/08/19.</p> <p>On 05/07/19 at 7:08 A.M., observation revealed Resident #38's left foot was resting on a towel on the floor. The resident's left foot was red with 4+ edema. The resident was observed to have a right below the knee amputation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/08/19 at 3:36 P.M., interview with Licensed Practical Nurse (LPN) #42 verified the above inaccuracies regarding Resident #38's right lower leg pulses, diagnosis of UTI and edema.</p> <p>On 05/13/19 at 8:57 A.M., interview with LPN #42 verified Resident #38 had a right lower leg amputation and any documentation of a right pedal pulse would be inaccurate.</p> <p>32799</p> <p>2. Review of Resident #32's medical record revealed an admitted [DATE] with diagnoses including major depression, schizophrenia, chronic obstructive pulmonary disorder and dysphagia (difficulty swallowing).</p> <p>Review of the physician orders revealed a regular pureed diet with nectar thickened liquids and one and a half portions of the entree/meat dated 03/15/19 and a frozen nutritional supplement in the evening dated 03/15/19. Further review revealed the resident required weekly weights.</p> <p>Review of the Quarterly Minimum Data Set 3.0 dated 04/09/19 revealed the resident had severe cognitive impairment and required supervision and set up with eating. The resident was also identified as a significant weight loss and was not on a prescribed weight loss program.</p> <p>Review of the resident's meal intakes from 04/10/19 to 05/09/19 revealed the resident took 51-75% of meals 6 times, 0-25% once, refused twice, was unavailable once, ate 26-50% twice and consumed 76-100% all other meals provided. Review of the meal intake for breakfast dated 05/07/19 revealed the resident ate 76-100% of her meal.</p> <p>Review of the puree breakfast meal on 05/07/19 revealed hot cereal, eggs, pureed cinnamon streusel coffee cake, sausage patty and banana. Review of the breakfast menu on 05/09/19 revealed hot cereal, scrambled eggs (pureed), sausage patty and pureed whole wheat toast.</p> <p>On 05/07/19 at 7:50 A.M. Resident #32 was observed seated in her wheel chair in the dining room. The resident received hot cereal for breakfast. At 8:00 A.M. the resident was observed to leave the dining room. The resident had not been offered any other foods to eat and staff did not encourage the resident to staff for the rest of her meal.</p> <p>On 05/09/19 at 7:53 A.M. the resident was observed seated in the dining room. The resident received hot cereal, thickened chocolate milk and juice. At 8:00 A.M. Resident #32 was observed to leave the dining room. State tested Nursing Assistant #80, while seated and assisting another resident with his meal, reminded the resident she had additional food coming but the resident continued to exit the dining room.</p> <p>On 05/09/19 at 8:29 A.M. interview with STNA #80 revealed the resident only received hot cereals for breakfast on 05/07/19 and 05/09/19. Further interview revealed the resident never receives her entire breakfast meal. STNA #80 stated the resident's meal intakes are documented according to what the resident eats and not a percentage of the meal as written on the menu. Further interview revealed she would document breakfast from this morning as 100% since the resident ate the hot cereal and left the room and verified the resident's meal intake for 05/07/19 was incorrect since she only ate her hot cereal.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/09/19 at 9:52 A.M. interview with Registered Dietitian #105 and Registered Dietary Technician #600 revealed intakes are based on the meal as written on the menu and the percentage consumed is documented according to the amount of food the resident took. Further interview verified inaccurate meal intake documentation would also affect the resident's calorie needs calculation since the amount consumed did not reflect the actual amount of the meal the resident would eat.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32799</p> <p>Based on observation, record review, interview and policy review the facility failed to ensure a comprehensive infection control and antibiotic stewardship program, failed to ensure infection control guidelines were followed regarding a dressing change, incontinence care, tracheostomy care, care of an indwelling catheter, and implementation of isolation precautions. This affected one resident (Resident #36) of one resident reviewed for pressure ulcers, one resident (Resident #35) of three residents reviewed for catheter care; and specifically affected Residents #40, #6, #25, #41, and #12.</p> <p>Findings include:</p> <p>1. Review of Resident #35's medical record revealed an admitted [DATE] with diagnoses including hypoxic ischemic encephalopathy (brain damage from a lack of oxygen), tracheostomy (an opening in the windpipe to create an airway), dependence on supplemental oxygen, functional quadriplegia and chronic respiratory failure.</p> <p>Review of the physician orders revealed tracheostomy care every shift using a #4 Shiley (inner cannula) dated 01/04/18.</p> <p>On 05/10/19 at 2:38 P.M. Licensed Practical Nurse (LPN) #17 was observed to wash his hands and apply clean, nonsterile gloves to perform tracheostomy care to Resident #35. LPN #17 placed the pulse oximeter to the resident's hand and obtained a reading of 96-97% (normal is 96-100%), touching the vital sign machine and the resident to complete the task. The monitor remained on the resident. LPN #17 was then observed to apply an isolation gown and mask. LPN #17 then stated his left hand was considered his dirty hand and his right hand his clean hand. LPN #17 was then observed to remove the inner cannula from the resident's tracheostomy and dispose of the inner cannula in the trash can next to the bed. LPN #17 then inserted a new, sterile inner cannula into the resident's tracheostomy. LPN #17 then removed his gloves and washed his hands. LPN #17 then applied new, clean gloves and opened a sterile trach kit. LPN #17 removed the sterile barrier from the kit and placed the barrier on the resident's over bed table. LPN #17 then emptied the contents of the kit onto the barrier. The LPN opened the bottle of sterile water from the kit and placed part of the water into the sterile cardboard container provided. LPN #17 then removed the soiled drain sponge from the resident's tracheostomy site and, using two toothettes (single use sponge swabs attached to a stick) cleaned the resident's tracheostomy plate and applied a new drain sponge to the site. The process was completed at 2:48 P.M.</p> <p>On 05/10/19 at 3:41 P.M. interview with LPN #17 revealed the procedure did not need to be completed as a sterile procedure and he did not use sterile gloves. LPN #17 verified he should have washed his hands and changed his gloves after touching the vital sign machine and touching the resident before starting the tracheostomy care.</p> <p>On 05/10/19 at 5:50 P.M. interview with the Director of Nursing verified the procedure for changing a tracheostomy catheter is to be a sterile procedure and the facility policy should be followed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the undated policy titled tracheostomy care revealed tracheostomy care should be completed each shift and as needed to minimize the risk of infection. Equipment needed would be a sterile trach kit, sterile water, hydrogen peroxide, sterile suction catheter and bedside suction and sterile gloves. The nurse will perform the following steps when performing trach care:</p> <p>universal considerations</p> <p>obtain trach care kit</p> <p>suction patient if needed</p> <p>open trach care kit</p> <p>depending on the type of inner cannula:</p> <p>obtain proper size disposable inner cannula and open package</p> <p>Remove oxygen source or disconnect from ventilator</p> <p>Unlock, remove, and discard disposable inner cannula, replace inner cannula with sterile disposable inner cannula</p> <p>Replace appropriate oxygen source or if on ventilator, attach to circuit.</p> <p>2. Review of Resident #36's medical record revealed an admitted [DATE] with diagnoses including diabetes, macular degeneration, muscle weakness and senile degeneration of the brain.</p> <p>Review of the physician orders revealed to clean the skin tear to the right forearm with normal saline, apply triple antibiotic ointment then cover with telfa and tubigrip. Change every three days and as needed written 05/07/19. Cleanse the area to the coccyx with normal saline and pat dry, cover with border foam dressing and change every three days and as needed until resolved written 4/30/19. Cleanse the area to left gluteus (buttock) with normal saline, pat dry and cover with border foam dressing. Change every three days and as needed until resolved written 4/30/19. Cleanse the area to the right gluteus with normal saline, pat dry and cover with border foam dressing and change every three days and as needed until resolved dated 05/01/19.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 05/08/19 at 1:44 P.M. Resident #36 was observed lying in bed on his left side. Registered Nurse (RN) #21 asked the resident if she could change his dressings to his right forearm, coccyx and buttocks. The resident stated yes. RN #21 washed her hands and applied gloves to remove the dressing to the resident's right forearm. Once removed, the RN removed her gloves, measured the area, applied clean gloves, cleansed the wound, removed her gloves, applied clean gloves, measured the skin tear to the resident's right hand and removed her gloves. RN #21 then applied new, clean gloves and attempted to apply the triple antibiotic ointment (TABO) to the skin tear using cotton tipped applicators. RN #21 then changed her gloves and applied a telfa (non-stick) dressing to the wound. RN #21 then removed her gloves. RN #2, not wearing gloves and touching the underside of the gauze to be placed over the healing skin tear to the resident's right hand with the edge of her right thumb, placed the adhesive gauze dressing to the skin tear. At 2:08 P.M. RN #21 applied clean gloves and placed a cotton tubigrip (a cotton sleeve) over the resident's right hand and telfa dressing. Wearing the same gloves, RN #21 removed the pressure relieving boot and sock from Resident #36's right foot. RN #21 removed the glove from her left hand and applied a new glove. At 2:13 P.M. RN #21 was observed to apply skin prep to Resident #36's right heel. At 2:15 P.M. RN #21 applied new gloves and fanned the right heel with her left hand to dry the skin prep. At 2:20 P.M., wearing the same gloves, RN #21 and RN #78 assisted Resident #36 to change positions for the dressing changes to his buttocks and coccyx. At 2:25 P.M. RN #21 removed her gloves and applied a new pair of gloves., cleansing the areas to the buttocks and coccyx. RN #21 then removed her gloves and measured the areas to the buttocks and coccyx and was not wearing gloves. At 2:28 P.M. RN #21 was observed to apply clean gloves and apply the dressings to the resident's buttocks and coccyx. At 2:29 P.M. RN #21 changed her gloves and assisted the resident with pulling up his pants and adjusting the bed height. At 2:35 P.M. RN #21 washed her hands and stated she had completed the dressing changes.</p> <p>On 05/08/19 at 4:30 P.M. interview with RN #21 verified she frequently changed her gloves during the observed dressing changes but did not complete hand hygiene between glove changes per the policy. RN #21 also verified she measured the wounds while not wearing gloves but stated she did not touch the wounds with her bare hands. Lastly, RN #21 verified she touched the underside of the adhesive gauze dressing with her ungloved right thumb before placing the dressing over the resident's healing skin tear to his right hand.</p> <p>Review of the clean dressing technique policy and procedure dated 05/16 revealed to wash hands and apply clean gloves, remove the old dressing and discard, wash hands and apply clean gloves, clean the wound with the solution ordered, observe the wound for size, color, appearance and amount of drainage. This is the best time to measure the area before any medication is applied. Remove gloves, wash hands and apply clean gloves. Apply any medication as ordered and dress the wound. Discard soiled materials in plastic bag. Remove gloves and wash hands.</p> <p>41271</p> <p>3. Review of facility's comprehensive infection control program for January 2019, February 2019, March 2019, and April 2019, revealed the facility did not complete the infection log correctly. Information missing from the log included resident signs and symptoms at time of infection, culture date and lab results were not included as well. The facility did not take the correct steps to identify the presence of infection in residents with upper respiratory infections such as X-ray testing. Laboratory results for each resident identifying the specific organism and its sensitivity or resistive to antibiotics was not included. The facility also failed to follow up on each incident of infection to see if the antibiotic was appropriate for that infection.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 05/13/19 at 3:59 P.M. with the Director of Nursing (DON) confirmed the comprehensive infection control program was incomplete and missing valuable information. The DON confirmed the facility's infection tracking program was not completed accurately.</p> <p>28704</p> <p>4. On 05/13/19 between 2:37 P.M. and 3:00 P.M., observation of incontinence care revealed STNA #65 and STNA #80 gathered needed supplies and entered Resident #40's room. The resident was laying in bed on her back covered with a blanket. STNA #65 and #80 washed their hands at the sink, applied gloves, and informed the resident of what they were going to do. The bed was raised and the blanket was removed revealing the resident's clothing and linens were soaked with urine. The incontinence product was removed and the cotton filling was gathered throughout due to the amount of urine in the incontinence product. As STNA #80 placed the incontinence product in the plastic bag a thump noise was heard and an indentation was observed in the bag due to the weight of the incontinence product. A strong, foul urine odor was noted and the resident's groin and inner thighs were bright red. The resident was shaking her fists and stated it hurt as STNA #80 was washing the resident's groin, rectum and inner thighs. STNA #80 completed incontinence care, applied peri-guard skin protectant barrier to the resident's groin and inner thighs, placed a new incontinence product on the resident, pulled the residents blankets up to her chest and then removed her gloves.</p> <p>On 05/13/19 at 2:48 P.M., interview with STNA #80 verified the above observation and verified she did not change her gloves or wash her hands.</p> <p>On 05/13/19 at 4:29 P.M., interview with the DON stated the facility did not have a policy regarding donning on/off gloves.</p> <p>Review of the undated policy: Perineal Care revealed the purpose was to provide cleanliness and comfort to the resident, to prevent infections and skin irritation and to observe the resident's skin condition. After resident was washed and dried, gloves were to be removed and discarded into designated container, hands washed and dried thoroughly, reposition the bed covers, place the call light within reach and wash and dry hands.</p> <p>28923</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>5. On 05/07/19 at 3:40 P.M., an observation of Resident #6 noted him to be up in his electric wheelchair propelling himself through the dining room. His indwelling urinary catheter bag was dragging on the floor behind him. The drain plug was out and was also noted to be in contact with the floor. The indwelling urinary catheter's collection bag was not secured to the electric wheelchair to keep it up and off the floor and was not stored in a cover bag. He was running over the indwelling urinary catheter's collection bag with the wheels of his electric wheelchair. State tested Nursing Assistant (STNA) #52 was passing through the dining room and witnessed Resident #6 running over his indwelling urinary catheter's collection bag. She instructed the resident to move his chair up so she could pull the bag out from under his wheel. She did not don gloves when handling his catheter bag. She placed the drain plug back into the port it was to be secured in without disinfecting the plug first with an alcohol wipe or another disinfectant. While she was intervening with Resident #6, Resident #25 walked into the dining room and was coughing up a large amount of phlegm. Without washing her hands after she was observed handling Resident #6's indwelling urinary catheter, she handed Resident #25 some napkins to spit in. After Resident #25 expectorated her phlegm into the napkin, STNA #52 took the soiled napkin in her ungloved hand and threw it away into a trash can. She then proceeded to go to the kitchen to obtain a glass of water for Resident #25 and touched the door knob on the kitchen door with the same hand she held the soiled napkin in without washing her hands. Findings were confirmed with STNA #52.</p> <p>On 05/07/19 at 3:50 P.M., an interview with STNA #52 confirmed she handled Resident #6's catheter bag without wearing gloves and returned the drain plug to the indwelling urinary catheter's collection bag into the port without disinfecting it first. She also confirmed she intervened to assist Resident #25 after she had noted her to be coughing up her phlegm in the dining room without washing her hands between residents. She acknowledged she should have washed her hands between resident contacts and should have donned gloves before taking Resident #25's soiled napkins in her hand to dispose of it. She also acknowledged she should have washed her hands after disposing of the soiled napkins used by Resident #25 before she touched the door knob to enter the kitchen to get the resident a glass of water. She stated she normally worked the assisted living unit and was only scheduled on the long term care side to help out. She reported she panicked when Resident #25 was coughing and did not think until after the fact she should have had gloves on when handling the catheter bag and the soiled napkins. She also stated she should have washed her hands between residents and before she went to enter the facility's kitchen to prevent the potential spread of infection.</p> <p>A review of the facility's policy on Indwelling Urinary Catheter Care revised May 2018 revealed gloves were to be worn when providing catheter care. Hands were to be washed before continuing to the next task/ area.</p> <p>A review of the facility's policy on hand washing revised March 2019 revealed staff were to wash hands before and after each resident contact. They were also instructed to wash them after contact with any body fluids or handling any contaminated items.</p> <p>6. A review of Resident #12's medical record revealed she was admitted to the facility on [DATE]. Her diagnoses included chronic cystitis (inflammation of the bladder usually caused by a bacterial infection).</p> <p>A review of Resident #12's physician's orders revealed a urine culture was ordered. The order was given on 01/13/19.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of Resident #12's urine culture results revealed the urine specimen was obtained on 01/14/19. The results were positive and showed the organism Escherichia Coli was present. It also showed the presence of extended spectrum beta lactamases (ESBL), which is a MDRO.</p> <p>A physician order dated 01/17/19 revealed Resident #12 was placed on Augmentin 875- 125 milligrams by mouth twice a day for seven days for E. Coli in the urine. There was no indication in the physician's orders of the resident being placed on contact isolation precautions for ESBL in the urine.</p> <p>A review of Resident #12's nurses' progress notes revealed no evidence of the resident being on contact isolation precautions when she was treated for ESBL in her urine. Nurses notes were reviewed from 01/17/19 through 01/24/19, when the resident was being treated with the Augmentin.</p> <p>A review of the facility's infection control log for January 2019 revealed Resident #12 was added to the infection control log when she was noted to have a urinary tract infection. The log indicated a culture had been done and was positive for E. Coli. It did not identify the resident as having ESBL in her urine. The log had a column to indicate whether or not the resident was placed on isolation precautions. The log was marked to reflect no isolation precautions had been implemented.</p> <p>A review of the facility's infection control policy on infection control- isolation dated 11/26/16 revealed the infections identified as requiring contact isolation did not include ESBL. It included other examples of MDRO such as Methicillin Resistant Staphylococcus Aureus (MRSA), Vancomycin Resistant Staphylococcus Aureus (VRSA), Vancomycin Resistant Enterococcus (VRE), and other contagious infections such as Clostridium difficile (an intestinal infection that causes bloody diarrhea and scabies).</p> <p>On 05/08/19 at 2:05 P.M., an interview with the Director of Nursing (DON) confirmed the Resident #12 had ESBL in her urine as noted with a U/A completed 01/14/19. She verified the resident was treated with Augmentin for a UTI between 01/17/19 and 01/24/19. She wasn't able to find any evidence of the resident being placed on contact isolation for her ESBL infection.</p> <p>On 05/08/19 at 2:30 P.M., a follow up interview with the DON revealed it had been her experience that a resident, who had ESBL in her urine and was incontinent of urine, was to be placed on contact isolation precautions. She acknowledged their isolation policy did not specify ESBL when it discussed the other MDRO's that required contact isolation precautions. She also acknowledged the infection control log did not identify the resident as having ESBL and did not indicate she was placed on contact isolation as she should have been.</p> <p>7. A review of Resident #41's medical record revealed she was admitted to the facility on [DATE]. Her diagnoses included a partial traumatic amputation of the left forearm just below the elbow.</p> <p>A review of Resident #41's physician progress note dated 04/02/19 revealed the resident had a pinpoint wound to the left upper arm stump with purulent drainage. The note indicated the resident was having continual drainage from the left arm stump and an appointment had been made at the wound center.</p> <p>A review of Resident #41's wound clinic visit note dated 04/17/19 revealed the resident was seen on that date for a wound to the left amputation site. A swab culture was obtained during that visit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of Resident #41's wound culture report dated 04/17/19 revealed the culture was positive for Methicillin Resistant Staphylococcus Aureus (MRSA). The report indicated the bacterial isolate on the resident was multi-resistant. Contact isolation protocol should be used for that resident.</p> <p>A review of Resident #41's physician orders revealed an order dated 04/19/19 that initiated the use of Clindamycin HCL 300 milligrams (mg) four times a day for two weeks. The antibiotic was ordered for the treatment of a wound infection. There was no documented evidence of the resident being placed on contact isolation after the MRSA infection was identified in the left arm stump wound and the resident had been started on the antibiotic.</p> <p>A review of Resident #41's nurses' progress notes from 04/17/19 through 05/03/19 revealed no evidence of the resident being placed on contact isolation after she was identified as having a positive wound culture for MRSA. None of the progress notes mentioned the use of contact isolation precautions during the time she received the antibiotic that was ordered for two weeks.</p> <p>A review of the facility's infection control log for April, 2019 confirmed Resident #41 was identified as having a skin infection that was positive for MRSA. The infection control log included a column to identify whether or not the resident was placed on isolation. The facility indicated the resident had not been placed on isolation for her infection despite it being positive for MRSA. Findings were verified by the Director of Nursing (DON).</p> <p>A review of the facility's policy on infection control- isolation dated 11/26/16 revealed the purpose of the policy was to prevent the spread of infection within that facility through the use of isolation precautions. Transmission based precautions would be employed for known or suspected infections for which the route of transmission/ prevention was known. Contact precautions were to be followed for MDRO such as MRSA, VRSA, VRE and other infectious diseases such as C- Diff and scabies. The isolation precautions could be instituted by a physician, infection preventionist, the DON, the Assistant Director of Nursing (ADON) or by a nursing supervisor.</p> <p>On 05/08/19 at 5:30 P.M., an interview with the DON revealed she was not able to find any documented evidence of Resident #41 being placed on contact isolation when she was known to have a MRSA infection in a wound and was treated with an antibiotic. She was not sure why the resident was not placed on contact isolation and indicated she was not the acting DON at that time. She confirmed it was her understanding that a resident with MRSA in a wound would require contact isolation precautions. She stated you would have to ask the prior DON as to why the resident was not placed on contact isolation as per their policy.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32799</p> <p>Based on record review, interview and policy review the facility failed to ensure antibiotic stewardship protocol was implemented for residents receiving antibiotics. This affected four residents (Resident #11, #14, #44 and #198) of four residents reviewed for antibiotic stewardship.</p> <p>Findings include:</p> <p>1. Review of Resident #44's medical record revealed an admitted [DATE] with diagnoses including difficulty walking, major depression and urinary tract infection.</p> <p>Review of the physician orders revealed Keflex (antibiotic) 250 milligrams four times a day for 10 days for treatment of a urinary tract infection dated 04/19/19.</p> <p>Review of the Medication Administration Record for April 2019 revealed the resident received the medication from 04/19/19 through 04/26/19.</p> <p>Review of the urinalysis dated 04/16/16 revealed the resident did not have a urinary tract infection and no urine culture was completed.</p> <p>Review of the April 2019 Infection Control Log revealed the resident was admitted to the facility on [DATE] from the hospital with orders to treat a chronic UTI with Keflex.</p> <p>On 05/13/19 at 2:27 P.M. interview with the Director of Nursing verified the resident did not have a urinary tract infection and should not have been treated with Keflex on admission to the facility.</p> <p>Review of the Antibiotic Stewardship Policy dated 11/16 and revised 01/19 revealed the program was used to ensure antibiotics are only used when truly needed and utilizing the correct antibiotic for each infection.</p> <p>41271</p> <p>2. Review of Resident #11's medical record revealed an admitted [DATE] with diagnoses of need for assistance with personal care, and presence of urogenital implant.</p> <p>Review of Resident #11's comprehensive Minimum Data Set (MDS) dated for 02/21/19 revealed Resident #11 required extensive assistance for toilet use and personal hygiene. Resident #11 was dependent on staff for bathing. Resident #11 was occasionally incontinent and did not have a toileting program in place.</p> <p>Review of Resident #11's physician orders revealed an order for Rocephin 1 GM injected intramuscularly at bedtime every seven days until 04/11/19 for a diagnosis of a urinary tract infection. This order was discontinued on 04/07/19. A new order for Tetracycline HCL capsule 250 mg was to be taken by mouth four times a day for seven days until 04/12/19. The facility was to use Docyclyline 100 mg until the Tetracycline was received from the pharmacy.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of Resident #11's urinalysis and culture and sensitivity (C&S) dated for 04/05/19 at 4:30 P.M. revealed the urine was positive for Escherichia Coli ESBL (E coli). This organism is receptive to the originally ordered Rocephin, and the newly ordered Tetracycline and Doxycycline was not noted on the C&S.</p> <p>Review of the facility's Antibiotic Stewardship program revealed this facility did not have one in place.</p> <p>Interview on 05/13/19 at 2:36 P.M. with the Director of Nursing (DON) confirmed the prescribed antibiotic ordered for Resident #11 was not appropriate and should not have be given. The DON also confirmed the facility did not have a Antibiotic Stewardship program in place.</p> <p>3. Review of Resident #198's medical record revealed an admitted [DATE] with diagnoses of encephalopathy, and indwelling catheter.</p> <p>Review of Resident #198's MDS dated for 02/26/19 at 10:10 A.M. revealed resident required extensive two person staff assist for toilet use, personal hygiene, and bathing.</p> <p>Review of Resident #198's physician orders revealed orders for Ciprofloxacin 500 mg twice a day for seven days with a start date of 01/17/19 and a completed date of 01/25/19 for a urinary tract infection (UTI). Also noted was an order to obtain a complete blood count (CBC), comprehensive metabolic panel (CMP) and a urinalysis and send the urine for a C&S if indicated dated for 01/15/19.</p> <p>Review of Resident #198's lab results revealed a CMP dated for 01/16/19 with a BUN (blood urea nitrogen) of 31 with normal range of 7-25 and a BUN/Creatinine Ratio of 31 with normal range of 6-25. No urinalysis or C&S was noted for this date.</p> <p>Interview on 05/13/19 at 3:00 P.M. with the DON revealed there was no record of a urinalysis or C&S completed for Resident #198 on 01/15/19 or 01/16/19. The DON also confirmed the medication Ciprofloxacin should have not been prescribed or completed with out these lab test results.</p> <p>4. Review of Resident #14's medical record revealed an admitted [DATE] with diagnoses of malignant neoplasm of brain stem, muscle wasting and atrophy of bilateral upper and lower extremities and incontinence of urine and bowel.</p> <p>Review of Resident #14's quarterly MDS dated [DATE] revealed resident was total depend on two person staff assist for all care and activities of daily living.</p> <p>Review of Resident #14's physician order revealed an order for Invanz solution 1 GM to be given intravenously in the afternoon for five days for a UTI. Order date was for 01/15/19 and completion date was 01/20/19. Another order was noted with the same start date and completion date, Doxycycline 100 mg tablets, two times a day for five days for a UTI.</p> <p>Review of Resident #14's urinalysis and C&S dated for 1/23/19 revealed resident was positive for Pseudomonas Aeruginosa in her urine. Review of the C&S revealed that medication ordered for the UTI was not appropriate for this organism, nor was this medication noted on the C&S.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Interview on 05/13/19 at 3:45 P.M. with DON revealed the prescribed medication for Resident #14's UTI was not appropriate and should have been discontinued.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>28923</p> <p>Based on observation and staff interview, the facility failed to ensure the physical environment was maintained in a safe, clean and sanitary manner. This affected nine (Resident #3, #9, #12, #13, #19, #29, #34, #36 and #41) of 16 residents reviewed.</p> <p>Findings include:</p> <p>1. On 05/07/19 at 8:36 A.M., an observation of Resident #12's room revealed she had a patched area on her wall behind the stationary chair that was at the foot of her bed. The patched area had not been painted yet and did not match the color of the rest of the wall. The bathroom had multiple areas that had been patched or things removed leaving an unpainted surface that did not match the color of the rest of the bathroom wall. The enteral feeding pole had enteral feeding drip lines running down the pole and on the base of the pole.</p> <p>On 05/13/19 at 10:40 A.M., a follow up observation of Resident #12's room revealed the walls in the living area and in the bathroom remained in disrepair. Her enteral feeding pole was still dirty with the enteral feeding drip lines on the pole and on the base of the pole. Findings were verified by Maintenance Employee #40.</p> <p>2. On 05/07/19 at 9:20 A.M., an observation of Resident #3's room revealed walls that had been patched and had not been painted. Gouge marks remained in the wall behind the resident's head of his bed. The bathroom also had patched areas that still needed to be sanded and painted. There was a rectangular shaped area that was white in color not matching the rest of the wall color where something had been removed. Two screw holes had been patched in that rectangular shaped area.</p> <p>On 05/13/19 at 10:42 A.M., a follow up observation of Resident #3's room revealed the walls were still in disrepair. Findings were verified by Maintenance Employee #40.</p> <p>On 05/13/19 at 10:43 A.M., an interview with Maintenance Employee #40 revealed he did not do the patch work in that room and was not sure when it was done. He had started to do some of the rooms in the past two weeks but that was not one of the ones he had done. He was not sure what the rectangular shaped area was that was on the bathroom wall next to the toilet. He thought it was too long to be from a toilet paper holder that was previously hanging but it was in that general area. He indicated the area needed to be painted over so it matched the rest of the color on the wall.</p> <p>3. On 05/07/19 at 9:03 A.M., an observation of Resident #34's bathroom revealed there were areas where the wall had been patched next to the mirror that had not been painted yet. There was a rectangular shaped area near the toilet paper holder that had something removed leaving a white area not matching the color on the rest of the wall.</p> <p>On 05/13/19 at 10:48 A.M., a follow up observation of Resident #34's room revealed the walls remained in disrepair and had not been painted after the wall had been patched. Maintenance Employee #40 reported the area to the left of the mirror was where they had the old soap dispenser mounted that had been removed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. On 05/07/19 at 9:49 A.M., an observation of Resident #41's room revealed there were patches on the wall that had not been painted. Some of the patched areas had cracks in it and was still in need of being repaired. The cracked areas were in the bathroom net to the mirror.</p> <p>On 05/13/19 at 10:43 A.M., a follow up observation of Resident #41's room revealed the bathroom wall remained unfinished and in need of being painted. Findings were verified by Maintenance Employee #40.</p> <p>5. On 05/07/19 at 9:58 A.M., an observation of Resident #19's room revealed there was a wall behind her bed and the wall in bathroom that had multiple scraped/ gouged areas. Her toilet was covered with feces.</p> <p>On 05/13/19 at 10:26 A.M., a follow up observation of Resident #19's room noted her walls to remain in disrepair. The toilet remained dirty with feces splattered on the toilet seat. Findings were verified by Maintenance Employee #40.</p> <p>6. On 05/06/19 at 07:26 P.M., an observation of Resident #29's room revealed there was a black, tarry substance on her floor tiles. The black, tarry substance was in the cracks in different areas of the floor.</p> <p>On 05/13/19 at 10:28 A.M., a follow up observation of Resident #29's room revealed the black, tarry substance remained on the tiled floor. Findings were verified by Maintenance Employee #40.</p> <p>On 05/13/19 at 10:50 A.M., an interview with Maintenance Employee #40 revealed the black, tarry substance on the resident's floor was the adhesive used to secure the tiles in place that was working its way back up. He agreed the adhesive would need to be scraped off the floor with a putty knife to get it off.</p> <p>7. On 05/07/19 at 9:02 A.M., an observation of Resident #9's room revealed the wall behind his bed was scratched. His floor was noted to have the black, tarry substance on the tiles that was at the head of his bed near the bed's wheels.</p> <p>On 05/13/19 at 10:31 A.M., a follow up observation of Resident #9's room revealed the wall behind his bed remained in disrepair. The black, tarry substance was still present on the floor. Findings were verified by Maintenance Employee #40.</p> <p>8. On 05/06/19 at 9:51 P.M., an observation of Resident #13's room revealed the drywall had been patched behind the resident's bed.</p> <p>On 05/13/19 at 10:55 A.M., a follow up observation of Resident #13's room revealed the resident's wall was still in poor repair. Findings were verified by Maintenance Employee #40, who stated that was one of the room's he repaired about a week or a week and a half ago. He stated he had not made it back around to sand or paint the wall.</p> <p>9. On 05/07/19 at 10:28 A.M., an observation of Resident #36's room revealed there was a rubber baseboard along the wall in the bathroom behind the toilet that was pulled away from the wall. There was no transition strip in the doorway between the tile floor in the resident's room and the carpet in the hall.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER Riverside Landing Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 856 South Riverside Drive McConnelsville, OH 43756	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/13/19 at 10:56 A.M., a follow up observation of Resident #36's room revealed the rubber baseboard was still in disrepair. The transition strip between the tile floor in the resident's room and the carpet in the hall was still missing. Findings were verified by Maintenance Employee #40.</p> <p>On 05/13/19 at 10:57 A.M., an interview with Maintenance Employee #40 revealed he had not been informed of the rubber baseboard in the resident's bathroom pulling away from the wall nor was he aware the transition strip between the tile floor in the room and the carpet in the hall was missing. He stated the staff were expected to submit a work order in the TELS system when needed repairs were noted by the staff. He denied receiving any work orders for any of the concerns identified as part of the environment review. He had been trying to get around to all of the residents' rooms to make any necessary repairs but had only been at the facility for about a month now. He had started to repair the walls for about two weeks now but had not made it through all of them yet. He was working with a paint supplier to match up the colors on the walls he had to repair. He had not gotten any paint yet but planned to touch the areas on the wall up after they had been patched.</p>		