STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366175	A. Building B. Wing	04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carecore at the Meadows	11760 Pellston Court Cincinnati, OH 45240

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 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39703 Based on record review, staff interview, review of facility policy, and review of guidance from the National Pressure Injury Advisory Panel (NPIAP), the facility failed to initiate prompt and timely treatment for a resident with pressure ulcers (a pressure ulcer is a localized injury of the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction). This resulted in actual harm when Resident #71 was admitted with two stage II pressure ulcers (Stage II pressure ulcers are shallow with a reddish base. Adipose (fat) and deeper tissues are not visible, granulation tissue, slough and eschar are not present. Intact or partially ruptured blisters that are a result of pressure can also be considered stage II pressure ulcers) and the facility failed to initiate treatments, resulting in the wound significantly increasing in size. When the wound doctor assessed the wound four days after admission, the wound was assessed as an unstageable pressure ulcer (full thickness tissue loss in which actual depth of the ulcer is completely obscured by slough (yellow, tan, gray, green, or brown) and/or eschar (tan, brown, or black) in the wound bed). This affected one Resident (#71) out of three residents reviewed for pressure ulcers. The census was 68. Findings include: Review of the medical record for Resident #71 revealed an admitted [DATE] with a diagnosis of atherosclerotic heart disease. Resident #71 discharged from the facility on 01/31/22. Review of the Minimum Data Set (MDS) for Resident #71 dated 01/26/22, revealed the resident was cognitively impaired, required extensive assistance of two staff with activities of daily living (ADLs), and was coded as being at risk for the development of pressure ulcers and had two unhealed stage II pressure ulcers which were present upon admission to the facility. Review of the hospital continuity of care (COC) paperwork for Resident #71 dated 01/21/22, revealed the resident had a stage II pressure ulcer to the coccyx which measured 1.0 centimeters (cm) by 0.5 cm and a stage II pressure ulcer to the buttocks which measured 1.5 cm by 1.0 cm. Treatment to ulcers included to cleanse with soap and water, apply zinc paste, and cover with a dry dressing. Review of admission nursing assessment for Resident #71 dated 01/22/22, revealed the resident had a stage II pressure ulcer to the coccyx which measured 0.5 cm by 0.5 cm and a stage II pressure ulcer to the right buttock which measured 1.5 cm by 1 cm. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366175	A. Building B. Wing	04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carecore at the Meadows	11760 Pellston Court Cincinnati, OH 45240

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 0686 Level of Harm - Actual harm Residents Affected - Few	Review of the admission orders for Resident #71 dated 01/22/22, revealed there were no treatment orders for the stage II pressure ulcers present to the resident's coccyx and right buttock upon admission. Review of the baseline care plan for Resident #71 dated 01/24/22, revealed the resident had current skin integrity issues and referred to the admission wound assessment. There were no wound treatment interventions listed on the baseline care plan. Review of the admitting history and physical per Resident #71's attending physician dated 01/27/22 revealed the resident was admitted with stage II pressure ulcers to the buttocks. Review of the wound physician's note for Resident #71 dated 01/26/22, revealed the resident was first seen by the wound physician on 01/26/22 and the wound was present upon admission on 01/22/22. Upon evaluation, the resident had an unstageable pressure ulcer to the sacrum/right buttock, which measured 5.8 cm by 3.8 cm and had 60 percent (%) slough observed in the wound bed. Further review revealed the wound physician recommended a daily treatment order and a low air loss mattress for the resident. Review of physician orders for Resident #71 revealed an order dated 01/27/22 to cleanse right buttock/sacrum with normal saline, pat dry, apply nickel thick layer of Santyl, cover with moist gauze, and dry clean dressing once a day and as needed. Review of Resident #71's Treatment Administration Record (TAR) for January 2022, revealed treatment for resident's right buttock/sacrum was not signed off for 01/27/22 or 01/28/22. Treatment was signed off as completed for 01/29/22 through 01/31/22. Interview on 04/13/22 at 1:30 P.M. the Director of Nursing (DON) confirmed the facility did not implement a wound treatment upon admission for Resident #71, who was admitted with pressure ulcers. The DON confirmed treatment for the wound was not implemented until 01/26/22 and the wound had deteriorated by that time. Review of facility undated policy titled, Pressure Ulcer/Injury Risk Assessment, revealed the facility would assess resident's skin as soon as possible after admission and interventions to treat skin breakdown would be implemented based on current, recognized standards of care. Review of guidance from the National Pressure Injury Advisory Panel (NPIAP) dated 2014, revealed staff should assess the pressure ulcer upon discovery and at least weekly thereafter and should implement appropriate wound care. Further review revealed with each dressing change, staff should observe the pressure ulcer for signs that indicate if a change in treatment is required (e.g., wound improvement, wound deterioration, signs of infection, or other complications). Wound status could change rapidly. Wound improvement or deterioration indicated by change in wound dimensions, change in tissue quality, an increase or decrease in wound exudate, signs of infection or other complications all provided indications of the effectiveness of the current management plan. The person responsible for dressing changes should be educated regarding signs and symptoms of complications that should be reported to the health professional. This deficiency substantiates Complaint Number OH00131705 and represents ongoing noncompliance from the survey dated 03/18/22.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366175	A. Building B. Wing	04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carecore at the Meadows	11760 Pellston Court Cincinnati, OH 45240

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 - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39703 Based on medical record review, staff interview, and review of facility policy, the facility failed to administer anticoagulant medication as ordered by the physician. The affected one (#70) of three residents reviewed for medication administration. Facility census was 68. Findings include: Review of the medical record for Resident #70 revealed an admitted [DATE] with diagnoses including cerebral infarction, leakage of heart valve prosthesis, congestive heart failure (CHF) and a discharge date of [DATE]. Review of admission orders for Resident #70 dated 01/14/22 revealed an order for Lovenox injection twice daily. Review of medication delivery receipt for Resident #70 revealed Lovenox was delivered to the facility from the pharmacy on 01/14/22 at 5:43 P.M. and the delivery included 10 doses of the medication. Review of the Medication Administration Record for Resident #70 for January 2022 revealed the following doses of Lovenox were documented as not administered: 01/22/22 at 4:00 P.M., 01/23/22 at 10:00 A.M., and 01/23/22 at 4:00 P.M. Review of nurse practitioner note for Resident #70 dated 01/17/22 revealed resident had undergone a mitral valve replacement and should continue on Lovenox and the anticoagulant, Coumadin. Review of nurse progress notes for Resident #70 dated 01/22/22 revealed resident had gone to the emergency room earlier in the day for an evaluation and had returned the facility the same day at 5:00 P.M. Further review of note revealed Lovenox was not available for administration and facility was awaiting delivery from the pharmacy. Review of nurse progress notes for Resident #70 dated 01/23/22 Lovenox was not available for administration for the morning and evening dose due to awaiting delivery from the pharmacy. Review of medication delivery receipt for Resident #70 revealed Lovenox was delivered to the facility from the pharmacy on 01/25/22 at 5:46 P.M. Interview on 04/13/22 at 1:30 P.M. with the Director of Nursing (DON) confirmed Resident #70 had an order for Lovenox twice daily and the facility had no evidence of staff administering Lovenox from the emergency medication supply. DON confirmed Resident #70's record indicated he had missed three consecutive doses of Lovenox. DON confirmed the first dose of 10 doses delivered on 01/14/22 was documented as administered twice daily on 01/15/22 through 01/19/22. DON confirmed resident would have missed the morning dose on 01/22/22 when he went to the emergency room but could not confirm where nurses obtained the doses documented as given on 01/20/22, 01/21/22, 01/24/22, and the morning of 01/25/22. DON confirmed the second delivery of Lovenox was not received in the facility until 01/25/22 in the evening. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366175	A. Building B. Wing	04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carecore at the Meadows	11760 Pellston Court Cincinnati, OH 45240

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 - Few	Review of the facility policy titled Administering Medications dated April 2019 revealed medications should be administered in a safe and timely manner, and as prescribed. This deficiency is based on incidental findings discovered during the course of this complaint investigation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366175	A. Building B. Wing	04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carecore at the Meadows	11760 Pellston Court Cincinnati, OH 45240

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39703 Based on medical record review, observation, staff interview, review of facility policy and review of medication information from Medscape, the facility failed to ensure a resident was free from unnecessary antipsychotic medications when the facility failed to have an adequate indication of use for an antipsychotic medications. This affected one (#24) out of three residents reviewed for unnecessary medications. Facility census was 68. Findings include: Review of the medical record for Resident #24 revealed an admitted [DATE] with a diagnosis of osteomyelitis of the sacral and coccygeal region. Review of the Minimum Data Set (MDS) for Resident #24 revealed resident was cognitively impaired and required extensive assistance of two staff with activities of daily living (ADL's). Review of the hospice nurse progress note for Resident #24 dated 12/28/21 revealed a physician's order was given per the hospice physician for Seroquel 25 milligrams once a day for delusions/behaviors. Further review of hospice nurse progress note revealed the nurse provided wound care and resident was cooperative and pleasant. Review of the December 2021 monthly physician orders for Resident #24 revealed an order dated 12/28/21 for resident to receive the antipsychotic Seroquel 25 milligrams once a day for delusions/behaviors. Review of the December 2021 Medication Administration Record (MAR) for Resident #24 revealed resident received Seroquel daily as ordered. Further review of the MAR revealed it did not include tracking of behaviors. Review of the January 2022 monthly physician orders for Resident #24 revealed an order dated 01/25/22 for resident to receive Seroquel 25 mg twice a day for agitation. Review of the January and February 2022 MAR for Resident #24 revealed resident received Seroquel as ordered and there was no tracking of behaviors. Review of the March 2022 monthly physician orders for Resident #24 revealed an order dated 03/10/22 for resident to receive Seroquel 25 mg twice a day for unspecified mood disorder. Review of the March and April 2022 MAR for Resident #24 revealed resident received Seroquel as ordered and there was no tracking of behaviors. Review of nurse progress notes dated 12/28/21 through 04/12/22 revealed notes contained no documentation regarding delusions, agitation or other behavioral issues. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366175	A. Building B. Wing	04/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carecore at the Meadows	11760 Pellston Court Cincinnati, OH 45240

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 04/12/22 of wound care for Resident #24 at 10:28 A.M. per Licensed Practical Nurse (LPN) #125 revealed the resident exhibited no behaviors. Interview on 04/13/22 at 1:30 P.M. with the Director of Nursing (DON) confirmed Resident #24 had been on Seroquel since December 2021 and the facility had no documentation of behaviors except for occasional refusal of wound care. The DON confirmed Resident #24 did not have an appropriate indication or diagnosis to justify the use of Seroquel. Review of the facility policy titled Antipsychotic Medication Use undated revealed residents would only receive antipsychotic medications when necessary to treat specific conditions for which they are indicated and effective. Further review revealed antipsychotic medications would only be considered if the following conditions were met: the behavioral symptoms present a danger to the resident or others and the symptoms are identified as being due to mania or psychosis (such as auditory, visual, or other hallucinations; delusions, paranoia or grandiosity). Review of the online resource Medscape at https://reference.medscape.com/drug/seroquel-xr-quetiapine-342984#5 revealed Seroquel had a black box warning which indicated the medication was not approved for dementia-related psychosis, and elderly patients with dementia-related psychosis who were treated with antipsychotic drugs were at increased risk of death, as shown in short-term controlled trials. Deaths in these trials appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. This deficiency is based on incidental findings discovered during the course of this complaint investigation.