Printed: 12/22/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366175	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 04/13/2022
NAME OF PROVIDER OR SUPPLIER  Carecore at the Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 11760 Pellston Court Cincinnati, OH 45240	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0686 Level of Harm - Actual harm Residents Affected - Few			

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: 366175

If continuation sheet Page 1 of 6

			No. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366175	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 04/13/2022	
NAME OF PROVIDER OR SUPPLIER  Carecore at the Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE  11760 Pellston Court Cincinnati, OH 45240		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG			ion)	
F 0686 Level of Harm - Actual harm Residents Affected - Few	s plan to correct this deficiency, please contact the nursing home or the state survey agency.  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)  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 at 1:30 P.M. the Director of Nursing (DON) confirmed the facility did not implement a wound treatment upon admission for Resident #71'n, who was admitted with pressure ulcers. The DON confirm			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366175	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 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 con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0755	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			
Level of Harm - Minimal harm or potential for actual harm				
Residents Affected - Few	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 unde valve replacement and should continue on Lovenox and the anticoagulant, Coumadin.			J	
	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)			
	(Continued on next page)			

			10. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366175	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 04/13/2022
NAME OF PROVIDER OR SUPPLIER Carecore at the Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE  11760 Pellston Court Cincinnati, OH 45240	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
Evel of Harm - Minimal harm or potential for actual harm  Residents Affected - Few			

			NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366175	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 04/13/2022
NAME OF PROVIDER OR SUPPLIER  Carecore at the Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE  11760 Pellston Court Cincinnati, OH 45240	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG			ion)
F 0758  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)  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. This affected one (#24) out of three residents reviewed for unnecessary 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 osteomye of the sacral and occeygeal 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. Furth 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 12/28/7 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 25 mg twice a day for agitation.  Review of the January 2022 monthly physician orders for Resident #24 revealed an order dated 01/25/		RN orders for psychotropic se is limited.  ONFIDENTIALITY** 39703  cility policy and review of dent was free from unnecessary lication of use for an antipsychotic innecessary medications. Facility  ITE] with a diagnosis of osteomyelitis ent was cognitively impaired and bl's).  ITE] with a diagnosis of osteomyelitis ent was cognitively impaired and bl's).  ITE] revealed a physician's order ay for delusions/behaviors. Further diagram and resident was  In revealed an order dated 12/28/21 by for delusions/behaviors.  ITE] with a diagnosis of osteomyelitis ent was cognitively impaired and bl's).  ITE] with a diagnosis of osteomyelitis ent was cognitively impaired and bl's).

			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366175	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/13/2022
NAME OF PROVIDER OR SUPPLIER  Carecore at the Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE  11760 Pellston Court Cincinnati, OH 45240	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0758  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	#125 revealed the resident exhibited Interview on 04/13/22 at 1:30 P.M. Seroquel since December 2021 an refusal of wound care. The DON conto justify the use of Seroquel.  Review of the facility policy titled Air receive antipsychotic medications wand effective. Further review reveat conditions were met: the behavioral are identified as being due to maniciparanoia or grandiosity).  Review of the online resource Medication was not approved for depsychosis who were treated with an controlled trials. Deaths in these trior infectious (e.g., pneumonia) in negating the process of the controlled trials.	with the Director of Nursing (DON) cord the facility had no documentation of lonfirmed Resident #24 did not have an entipsychotic Medication Use undated rewhen necessary to treat specific condit led antipsychotic medications would or all symptoms present a danger to the real or psychosis (such as auditory, visual scape at https://reference.medscape. 42984#5 revealed Seroquel had a blacementia-related psychosis, and elderly ntipsychotic drugs were at increased risals appeared to be either cardiovascula	afirmed Resident #24 had been on behaviors except for occasional appropriate indication or diagnosis evealed residents would only ons for which they are indicated ally be considered if the following sident or others and the symptoms I, or other hallucinations; delusions, k box warning which indicated the patients with dementia-related sk of death, as shown in short-term ar (e.g., heart failure, sudden death)