STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366195	A. Building B. Wing	12/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beeghly Oaks Center for Rehabilitation & Healing	6505 Market Street Youngstown, OH 44512

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** 44458 Based on observation, interview, and medical record review, the facility failed to prevent the development of pressure ulcers for Resident #27. Actual Harm occurred on 11/20/21 when the facility failed to assess and immediately implement treatments after an open area was discovered on Resident #27's right buttock. This resulted in Resident #27 developing an in-house acquired pressure ulcer to the right medial buttock on 11/20/21 and in-house deep tissue injuries to bilateral heels, right outer ankle, and right lateral foot on 11/26/21. This affected one (Resident #27) of three residents reviewed for pressure ulcers. The facility census was 78. Findings include: Review of the medical record for Resident #27 revealed an admitted [DATE]. Diagnoses included fracture of right femur, anemia, history of transient ischemic attack, hyperlipidemia, severe protein-calorie malnutrition, major depressive disorder, end stage renal disease, and dependence on renal dialysis. Review of the admission nursing assessment identified Resident #27 was admitted with no areas of skin impairment. The resident had a surgical incision to the right hip with dressing intact. Review of the pressure ulcer risk assessment dated [DATE] revealed Resident #27 was at risk for the development of pressure ulcers. Review of the progress notes dated 11/01/21 at 7:35 P.M. revealed Resident #27 had an island dressing intact to the right hip upon admission and no open areas were noted to the skin. Review of the Medicare 5-day Minimum Data Set (MDS) 3.0 dated 11/08/21 revealed Resident #27 had severe cognitive impairment and required extensive assistance of two staff for bed mobility and was totally dependent on two staff for toileting. The resident was always incontinent of urine. Resident #27 had no behaviors noted during the assessment period. Review of the physician's orders revealed orders dated 11/03/21 to encourage the resident to float heels in bed frequently with rounds and as needed; pressure redistribution cushion to chair, check placement every shift; and pressure redistribution mattress to bed, check placement every shift; turn and reposition frequently with rounds and as needed. Review of the progress note dated 11/20/21 at 6:31 P.M. revealed an open area to Resident #27's right buttocks was identified by an aide during rounds. There was no documented evidence the doctor was notified, and no description or measurements of the wound were obtained until 11/22/21. (continued on next page)

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
	366195	A. Building B. Wing	12/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beeghly Oaks Center for Rehabilitation & Healing	6505 Market Street Youngstown, OH 44512

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 plan of care dated 11/21/21 revealed the resident had impairment of skin integrity related to a surgical incision to the right hip, a pressure ulcer to the right buttock, and was at risk for further skin impairment related to impaired mobility, cerebral vascular accident with left sided weakness, diabetes, and end stage renal disease. Interventions included encouraging and assisting resident to float heels (keep off mattress) in bed frequently and with rounds and educate resident and family on measures to prevent skin injury. Review of the treatment administration record (TAR) revealed an order dated 11/21/21 to cleanse the open area to the right buttock with normal saline solution (NSS), apply calcium alginate (dressing for heavily draining wounds) then cover with a dry dressing daily. Review of the wound logs dated 11/22/21, revealed an unstageable pressure ulcer (obscured full-thickness skin and tissue loss) to the right medical buttock was measured at 4.6 centimeter (cm) long, by 3.7 cm wide, with no depth on initial encounter with wound care. The wound contained 30% epithelial cells and 70% slough with moderate amount of drainage. This was an in-house acquired pressure area first discovered as unstageable. Review of the TAR revealed a new order dated 11/22/21 to discontinue the previous treatment to the right buttock, and cleanse the right medial buttock with NSS, skin prep the perimeter, apply Santyl (chemical debridement) and padded protective dressing daily and as needed. In addition, apply a low air loss mattress with perimeter overlay to bed at all times. Progress note dated 11/26/21 at 7:26 P.M. revealed a change in condition regarding nursing observations during dialysis of Resident #27 including deep tissue injuries (persistent non-blanchable deep red, maroon, or purple discoloration) to bilateral heels, right outer ankle, and right lateral foot. Review of physician orders revealed an order dated 11/26/21 for Prevalon boots (pressure relieving boots) on at all times and an order dated 11/27/21 to apply Skin Prep and a padded dressing to bilateral heels and right ankle daily at bedtime. Review of the facility incident investigations for Resident #27 on 11/22/21 (new area of skin impairment on 11/20/21) and 11/29/21 (new area of skin impairment on 11/26/21) revealed the new areas of skin impairment were caused by impaired mobility, cerebral vascular accident (CVA) with left-sided weakness, incontinence, and noncompliance with turning and repositioning. The resident favored laying on the right side. Observations and interviews on 11/30/21 at 9:24 A.M. with Resident #27 revealed Prevalon boots were not in place and bilateral heels were resting on the mattress and not floated as ordered. The resident stated the wounds on his legs and bottom were new since he was not moving very well yet. He preferred to lay on his right side and slept a lot after physical therapy and dialysis. Resident #27 acknowledged he was told to switch sides in bed and move around frequently, but he would forget and fall asleep on the right side. Review of the medical record revealed no documented evidence of noncompliance of floating heels and turning and repositioning until after the pressure ulcer on the right medical buttocks was discovered as unstageable. Interview on 11/30/21 at 9:32 A.M. with Licensed Practical Nurse (LPN) #510 verified Resident #27 was not wearing the Prevalon boots and bilateral heels were on the mattress. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366195	A. Building B. Wing	12/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beeghly Oaks Center for Rehabilitation & Healing	6505 Market Street Youngstown, OH 44512

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	This deficiency substantiates Complaint Number OH00127597.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366195	A. Building B. Wing	12/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beeghly Oaks Center for Rehabilitation & Healing	6505 Market Street Youngstown, OH 44512

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. 44454 Based on review of staffing schedules and review of the Benefits Improvement and Protection Act (BIPA) daily staff postings, staff interview and policy review, the facility failed to ensure the services of a Registered Nurse (RN) for at least eight consecutive hours a day, seven days a week as required. This had the potential to affect all 78 residents currently residing in the facility. Findings include: Review of the facility staffing schedules and daily BIPA staff postings dated between October 2021 and November 2021 revealed no RN was present working in the facility on 11/25/21. Interview with the Corporate Director of Operations #515 on 11/30/21 at 10:20 A.M., verified the facility did not have a RN on duty in the facility on 11/25/21. Review of facility policy titled Staffing, revised April 2007, revealed Our facility maintains adequate staffing on each shift to ensure that our resident's needs and services are met. Licensed registered nursing and licensed nursing staff are available to provide and monitor the delivery of resident care services. This deficiency substantiates Complaint Number OH00111970.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366195	A. Building B. Wing	12/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beeghly Oaks Center for Rehabilitation & Healing	6505 Market Street Youngstown, OH 44512

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 - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44458 Based on interview and record review, the facility failed to ensure medication administration documentation was accurate and complete in the medical record. This affected three residents (Resident's #15, #27, and #66) of four residents reviewed for documentation of medication administration. The facility census was 78. Findings include: 1. Review of the medial record for Resident #15 revealed an admitted [DATE]. Diagnoses included Wernicke's encephalopathy, hyperlipidemia, cerebral infarction, abdominal aortic aneurysm, type two diabetes, alcoholic cirrhosis of the liver, major depressive disorder, and atherosclerotic heart disease. Review of the medication administration record (MAR) for 11/06/21 revealed no documented evidence Resident #15 received Calcium Carbonate Chewable 500 milligrams (mg) tablet, give two tablets (1000 mg) twice a day for antacid at 8:00 P.M., and Preservision AREDS one capsule by mouth two times a day for macular degeneration at 9:00 P.M. 2. Review of the medical record for Resident #27 revealed an admitted [DATE]. Diagnoses included fracture of right femur, anemia, history of transient ischemic attack, hyperlipidemia, severe protein-calorie malnutrition, major depressive disorder, end stage renal disease, and dependence on renal dialysis. Review of the MAR for 11/03/21 and 11/04/21 revealed no documented evidence Resident #27 received Midodrine HCL (blood pressure medication) 5 mg at 5:00 P.M. on both days and 11/24/21 revealed no documented evidence Resident #27 received Remeron (antidepressant) 15 mg at 8:00 P.M. 3. Review of the medical record for Resident #66 revealed an admitted [DATE]. Diagnoses include other sequelae of cerebral infarction, acquired absence of other specified parts of the digestive system, venous insufficiency, muscle wasting, acquired absence of right leg below the knee, obstruction of bile duct, hypertension, and major depressive disorder. Review of the MAR for 11/29/21 documented by Licensed Practical Nurse (LPN) #505 revealed Resident #66 received Atorvastatin (medication to treat high cholesterol) 20 mg at 9:04 A.M. Review of the MAR revealed the Atorvastatin 20 mg was to be administered at 9:00 P.M. This resulted in the resident receiving 40 mg of Atorvastatin on 11/29/21 as the night shift nurse administered the medication as ordered at 9:00 P. M. Interview on 11/30/21 at 11:47 A.M. with LPN #505 verified the Atorvastatin 20 mg was administered on 11/29/21 at 9:04 A.M. and the MAR lacked documented evidence of the medication administration. Interview on 12/01/21 at 11:17 A.M. with the Administrator and 12/06/21 at 3:26 P.M. with the Director of Nursing verified the lack of accurate documentation of medication administration for Resident's #15, #27, and #66. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366195	A. Building B. Wing	12/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beeghly Oaks Center for Rehabilitation & Healing	6505 Market Street Youngstown, OH 44512

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 - Some	This deficiency substantiates Complaint Number OH00127597.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366195	A. Building B. Wing	12/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beeghly Oaks Center for Rehabilitation & Healing	6505 Market Street Youngstown, OH 44512

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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22653 Based on observations, medical record review, policy review, review of education records, and interview, the facility failed to ensure the quality assurance plan to increase compliance with providing/documenting the provision of treatments was implemented. This had the potential to affect all residents. Findings include: 1. Review of Resident #25's medical record revealed diagnoses including cellulitis of the right lower limb, peripheral vascular disease, and non-pressure chronic ulcer of part of the right foot. An admission assessment dated [DATE] indicated Resident #25 had a skin tear to the rear left thigh measuring 0.5 centimeters (cm) by 0.5 cm. and an open area to the right toes measuring 2.0 cm by 1.0 cm. A nursing note dated 12/23/21 at 5:18 P.M. indicated the areas of skin impairment included an open area on the left posterior thigh measuring 0.5 cm by 0.5 cm and a 2.0 cm by 1.0 cm open area to the lateral (side of the body part that is farther from the side of the body) right foot. On 12/23/21, physician orders were written to cleanse the left posterior thigh with normal saline and apply alginate AG and cover with a padded dressing every night shift and cleanse the right lateral foot with normal saline, apply alginate AG and cover with a padded dressing every night shift. Review of the December 2021 Treatment Administration Record (TAR) indicated the treatments were provided in accordance with physician orders. On 12/27/21 at 1:40 P.M., Resident #25 stated the dressings to her foot and thigh were not changed on 12/26/21. Observations with Licensed Practical Nurse (LPN) #100 on 12/27/21 at 1:45 P.M. revealed dressings on Resident #25's right foot and posterior aspect of the left thigh revealed both dressings were dated 12/25/21. The dates were verified with LPN #100 at the time of the observations. Review of the Wound Care policy (revised October 2010) revealed instructions for staff to document wound care provided. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366195	A. Building B. Wing	12/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beeghly Oaks Center for Rehabilitation & Healing	6505 Market Street Youngstown, OH 44512

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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2. Review of Resident #13's medical record revealed diagnoses including type 2 diabetes mellitus, atrial fibrillation, depression, and severe protein-calorie malnutrition. Review of the December 2021 TAR revealed on night shift on 12/17/21, 12/21/21, 12/22/21, 12/24/21, and 12/25/21 staff failed to document care of the tube feeding insertion site and treatment to the coccyx pressure ulcer which were ordered to be completed daily on night shift. There was no documentation of night shift providing the following treatments/implementing the following orders on night shift on 12/17/21, 12/21/21, 12/24/21 and 12/25/21: applying an abdominal binder to the tube feed insertion site and checking placement, applying PeriGuard (protective ointment) to buttocks and the perineal area ordered every shift and as necessary after incontinent episodes, applying skin prep to heels, providing bilateral half siderails to facilitate bed mobility, checking and changing frequently with rounds and as necessary, floating heels in bed, elevating the head of the bed greater than 30 degrees at all times, use of a low air loss mattress with a perimeter overlay to the bed with monitoring for placement, function and comfort each shift, monitoring pain level, providing mouth care, use of Prevalon (pressure reducing) boots to both lower extremities, repositioning frequently with rounds and as necessary. On 12/27/21 at 12:30 P.M., the Administrator was informed of the lack of documentation of treatments/orders being implemented on the TAR. No additional information was provided. Review of the facility's policy, Charting and Documentation (revised April 2008), revealed all observations, medications administered, and services performed must be documented in the resident's clinical record. If a treatment was refused the information was required to be documented. 3. Review of Resident #49's medical record revealed diagnoses including type 2 diabetes mellitus, morbid obesity, and a puncture wound of the abdominal wall in the epigastric region. Review of the December 2021 TAR revealed no documentation of treatment to the left abdominal wall (which was ordered daily) on 12/20/21. Review of the Wound Consultant note dated 12/23/21 revealed the abdominal wall wound was healing. Other information missing on the TAR included no documentation of encouraging and assisting with toileting while awake on night shift on two of ten opportunities, toileting upon wakening and after meals one of 11 days, use of quarter side rails and encouraging to float heels three of 21 shifts, encouraging and assisting with repositioning three of 21 shifts, floating heels in bed and use/removal of knee high anti-embolism stockings three of 21 shifts, application of miconazole nitrate ointment (antifungal) to the breasts and buttocks three of 21 shifts, use of non-skid footwear three of 21 shifts, use of PeriGuard ointment to the buttocks/coccyx three of 21 shifts, use of a pressure redistribution cushion to the chair and checking placement three of 21 shifts, use of a pressure redistribution mattress to the bed and checking placement three of 21 shifts, monitoring blood oxygen levels three of 21 shifts, and ensuring the wheelchair was near the bed and accessible at all times as a fall prevention intervention three of 21 shifts. On 12/27/21 at 12:30 P.M., the Administrator was informed of the lack of documentation of treatments/orders being implemented on the TAR. No additional information was provided. On 12/27/21 at 3:43 P.M., Resident #49 stated her abdominal dressing was changed daily. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366195	A. Building B. Wing	12/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beeghly Oaks Center for Rehabilitation & Healing	6505 Market Street Youngstown, OH 44512

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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	4. Review of Resident #31's medical record revealed diagnoses including congestive heart failure (CHF), atrial fibrillation, chronic obstructive pulmonary disease, and vascular dementia. Review of the December 2021 TAR revealed an order (start date 10/15/21) to cleanse the area to the left mid buttock with normal saline, apply MediHoney and a padded protective dressing daily and as necessary as well as applying skin prep to the perimeter of the ulcer every day on night shift. There was no documentation of the treatment being provided on 12/17/21, 12/21/21, 12/22/21, 12/24/21, or 12/25/21. A wound consultant note dated 12/23/21 identified the area on the left mid buttock as a pressure injury. The December 2021 TAR revealed lack of documentation of quarter side rails being utilized, applying PeriGuard to buttocks, applying skin prep to heels, checking and changing with rounds, encouraging and assisting to float heels in bed frequently with rounds and as necessary, encouraging and assisting to reposition frequently with rounds and as necessary, checking placement of geri sleeves to both lower extremities, checking placement and function of a low air loss mattress, monitoring pain level, use of non-skid footwear, use of oxygen and monitoring oxygen saturation level, use of Prevalon boots to both lower extremities, and checking placement of the ROHO (pressure reducing) cushion to the chair four of 21 shifts. On 12/27/21 at 12:30 P.M., the Administrator was informed of the lack of documentation of treatments/orders being implemented on the TAR. A request was made for contact to be made with LPN #105 to discuss the treatment to the buttock. During a phone interview on 12/27/21 at 3:54 P.M., LPN #105 stated she worked night shift on 12/25/21 and she recalled changing the dressing on Resident #31's buttock. LPN #105 stated she did not have a marker, so the date was not written on the dressing. 5. Review of Resident #14's medical record revealed diagnoses including type 2 diabetes mellitus, osteoarthritis, congestive heart failure, atrial fibrillation, severe protein-calorie malnutrition, and dementia. On 12/09/21 treatment orders were written to cleanse the area to the coccyx and medial buttocks with normal saline, apply alginate and a padded protective dressing daily and as necessary with skin prep around the perimeter on night shift, cleanse the area to the left hip with normal saline, apply Santyl ointment (nickel thick), moist gauze and a padded protective dressing daily and as necessary and apply skin prep to the perimeter of the wound on night shift, cleanse the area to the left posterior heel with normal saline, apply skin prep and a padded protective dressing daily and as necessary every night shift, and cleanse the area to the right posterior hell with normal saline, apply skin prep and a padded protective dressing every day and as necessary on night shift. On 12/23/21, an order was written to cleanse the area to the thoracic lumbar spine, mid-lower back, apply skin prep and a padded protective dressing daily and as necessary for protection every day shift. Review of the December 2021 TAR revealed there was no documentation of treatment to the coccyx/buttock, left hip, or neither heel being completed on 12/17/21, 12/21/21, 12/22/21, 12/24/21, or 12/25/21. Staff did document the completion of the treatments on 12/26/21. During observations made with LPN #100 on 12/27/21 at 1:32 P.M., LPN #100 verified dressings on the left hip and bilateral heels were dated 12/23/21. The dressing on the spine was intact but undated. At 3:44 P.M., LPN #100 stated she changed Resident #14's dressings and the dressing on the coccyx/buttocks was also undated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366195	A. Building B. Wing	12/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beeghly Oaks Center for Rehabilitation & Healing	6505 Market Street Youngstown, OH 44512

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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the facility's policy, Wound Care (revised October 2010), revealed staff were to document the wound care given or refusal of the treatment and why it was refused. On 12/27/21 at 2:16 P.M., Wound Consultant #110 stated he conducted wound rounds every Thursday with staff. Wound Consultant #110 stated he had discovered there were times when dressings were not completed with the frequency ordered. This usually happened when there were agency nurses working. On 12/27/21 at 3:54 P.M., LPN #104 stated she worked 12/25/21 and Resident #14 was being mean so she was unable to do his dressing changes. When it was discussed there was no documentation of refusals of treatments or the reason why, no additional explanation was provided. Based on observations, medical record review, policy review, review of education records, and interview, the facility failed to ensure the quality assurance plan to increase compliance with providing/documenting the provision of treatments was implemented. This had the potential to affect all residents. 6. Review of Resident #25's medical record revealed diagnoses including cellulitis of the right lower limb, peripheral vascular disease, and non-pressure chronic ulcer of part of the right foot. An admission assessment dated [DATE] indicated Resident #25 had a skin tear to the rear left thigh measuring 0.5 centimeters (cm) by 0.5 cm and an open area to the right toes measuring 2.0 cm by 1.0 cm. A nursing note dated 12/23/21 at 5:18 P.M. indicated the areas of skin impairment included an open area on the left posterior thigh measuring 0.5 cm by 0.5 cm and a 2.0 cm by 1.0 cm open area to the lateral (side of the body part that is farther from the side of the body) right foot. On 12/23/21, physician orders were written to cleanse the left posterior thigh with normal saline and apply alginate AG and cover with a padded dressing every night shift, and cleanse the right lateral foot with normal saline, apply alginate AG and cover with a padded dressing every night shift. On 12/27/21 at 1:40 P.M., Resident #25 stated the dressings to her foot and thigh were not changed on 12/26/21. Observations with Licensed Practical Nurse (LPN) #100 on 12/27/21 at 1:45 P.M. revealed dressings on Resident #25's right foot and posterior aspect of the left thigh revealed both dressings were dated 12/25/21. The dates were verified with LPN #100 at the time of the observations. 7. Review of Resident #31's medical record revealed diagnoses including congestive heart failure, atrial fibrillation, and vascular dementia. A podiatry note dated 11/05/21 indicated Resident #31 had hyperkeratoses (thickening of the outer layer of skin) noted to the second and fourth digit of the right foot. Debridement of the hyperkeratotic lesions on the second and fourth toes of the right foot was completed to prevent infection and ulcerations. On 11/05/21, an order was written to apply betadine and gauze to the second toe on the right foot daily until healed. The order was re-written on 12/14/21 indicating the treatment was to be completed on day shift. On 11/27/21 at 1:38 P.M., LPN #100 verified there was no treatment in place on Resident #31's second toe on her right foot. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366195	A. Building B. Wing	12/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beeghly Oaks Center for Rehabilitation & Healing	6505 Market Street Youngstown, OH 44512

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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of a Quality Assurance plan in response to previous survey activity to address deficient practice of implementing physician orders, staff education was completed. A document labeled, checking for holes in the Medication Administration Records (MARs) and TARs revealed all nurses were required to verify all medications and treatments were signed for at the beginning and end of their shift. The oncoming nurse and nurse finishing their shift were required to check the information together to ensure compliance. On 12/28/21 at 12:45 P.M., the Administrator was interviewed regarding the lack of documentation of treatments being completed as ordered and observations of treatments not being completed as ordered. The Quality Assurance plan of correction and education was reviewed. This included the plan/instructions for nurses to check the MARs and TARs together and how the information continued to be inaccurate or not available if the process was being implemented. The Administrator stated she was not present at change of shift, so she wasn't sure what nurses did.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366195	A. Building B. Wing	12/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beeghly Oaks Center for Rehabilitation & Healing	6505 Market Street Youngstown, OH 44512

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44458 Based on observation, interview and record review, the facility failed to follow appropriate infection control procedures during wound care. This affected one resident (Resident #59) of three residents reviewed for infection control procedures during observations of personal care. The facility census was 78. Findings include: Review of the medial record for Resident #59 revealed an admitted [DATE]. Diagnoses included bilateral primary osteoarthritis of knee, severe sepsis with septic shock, abnormalities of gait, essential hypertension, hyperlipidemia, hypothyroidism, malaise, and congestive heart failure. Review of the wound log dated 10/14/21 revealed Resident #59 had a Stage 3 pressure ulcer (full-thickness skin loss) to the coccyx on admission. Review of the physician orders dated 11/15/21 revealed an order to cleanse the area to the coccyx with normal saline, apply Medihoney (antibacterial) and padded protective dressing daily and as needed. Observation on 11/29/21 at 2:48 P.M. revealed Resident #59 was receiving toileting assistance by Licensed Practical Nurse (LPN) #504 and State tested Nurse Aide (STNA) #506 prior to wound care. The resident was then assisted with peri-care by LPN #504 and STNA #506 after being transferred to the bed. Wound care was then provided by LPN #504 without changing gloves or performing hand hygiene. The supplies required for the dressing change were placed directly on Resident #59's over bed table near food and beverages, not on a clean field. LPN #504 removed the soiled dressing, cleansed the wound with normal saline, and applied the Medihoney ointment with a cotton-tip applicator to the wound. A clean dressing was then applied. These actions were all performed with the same gloves and lacked hand hygiene. Resident #59 was then assisted with donning a clean brief, adjusting clothes, and transferring to the wheelchair. LPN #504 then removed the soiled gloves and performed hand hygiene. Interview on 11/29/21 at 3:04 P.M. with LPN #504 verified the above observations.