DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED:2/6/2019
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **365937** | A. BUILDING ______<br>B. WING _____ | **08/07/2018** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| **BRIAR HILL HEALTH CARE RESIDEN** | **15950 PIERCE ST<br>MIDDLEFIELD, OH 44062** |

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<br><br>**Level of harm -** Actual harm<br><br>**Residents Affected -** Few | **Provide appropriate pressure ulcer care and prevent new ulcers from developing.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** ><br>Based on closed record review and interview the facility failed to timely identify the presence of infection to an unstageable right heel pressure ulcer for Resident #83. The facility failed to ensure pressure ulcer treatments were completed as ordered to decrease the risk of infection and failed to ensure adequate interventions and monitoring were in place to prevent the development of maggots to Resident #83's right heel unstageable pressure ulcer. Actual harm occurred on 07/15/18 when Resident #83 was assessed to have increased pain and the presence of maggots in the pressure ulcer requiring hospitalization for debridement and care. This affected one resident (Resident #83) of three residents reviewed for pressure ulcers.<br>Findings include:<br>Review of Resident #83's closed medical record revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED].<br>An admission nursing assessment dated [DATE] revealed the resident had a three centimeter (cm) in length by four cm width unstageable pressure ulcer to the right heel, a three cm in length by five cm in width unstageable pressure ulcer to the left heel and a three cm in length by one cm width blister to the front of the resident's right lower leg.<br>A plan of care, dated 05/18/18 revealed the resident had pressure ulcers and the potential for further pressure ulcer development related to altered mobility, medication usage, diabetes and incontinence. Interventions included to elevate lower extremities, ACE wraps to bilateral legs for compression, complete treatments as ordered and monitor for effectiveness.<br>A nursing progress note, dated 05/19/18 revealed the left heel ulcer was 2.2 cm in length by four cm width and unstageable and the right heel was 3.2 cm in length by four cm width and unstageable.<br>Review of the Minimum Data Set (MDS) 3.0 assessment, dated 05/25/18 revealed the resident was at risk for developing pressure ulcers and had two unstageable pressure ulcers that were present on admission. The resident was alert and oriented, required physical assistance of one staff for bathing, extensive assistance of two or more staff for bed mobility, hygiene, dressing and toileting and was dependent on two or more staff for transfers.<br>Resident #83 had a physician's orders [REDACTED]. Record review revealed there were no changes in the treatment orders for the heel ulcers between 06/19/18 and 07/15/18.<br>Review of the July, (YEAR) treatment administration record (TAR) revealed the daily treatment to the heels were not signed as completed on 07/10/18, 07/11/18, 07/12/18 or 07/13/18. However, there was a nursing progress note dated 07/10/18 that indicated the treatment was provided to the heels on 07/10/18.<br>A skin wound note, dated 07/10/18 revealed the right heel measured 2.1 cm in length by four centimeters width with 0.3 cm depth and 75 percent slough (dead tissue in the process of separating from the viable portions of the body and is usually light colored, soft, moist, & stringy at times) tissue. The right heel was assessed as having a moderate amount of clear and bloody drainage. The left heel measured 2.2 cm in length by 3.8 cm width with 0.1 cm depth, 75 percent slough and a moderate amount of clear and bloody drainage. The record also contained a skilled nursing note dated 07/13/18 that indicated the dressings to the lower extremities were changed early in the morning and were clean, dry and intact. There was no evidence in the record that the daily treatments were provided to the resident's heels on 07/11/8 or 07/12/18.<br>On 08/07/18 at 12:50 P.M. interview with the director of nursing (DON) verified there was no evidence in the medical record that the dressings to the heels were changed daily as ordered on [DATE] or 07/12/18 and no evidence treatment completion was documented on the TAR from 07/10/18 through 07/13/18.<br>Review of a nursing progress note, dated 07/15/18 at 11:07 P.M. revealed the nurse was called to room of Resident #83. Another nurse was about to change the dressing to the resident's right heel and noted the ulcer had several small insect-like creatures all over the wound bed, with many going into the sides of wound bed. The perimeter of the wound bed was red and discolored. The physician was notified and ordered to send the resident to the emergency room . The family was notified. The resident was transferred to the hospital at 11:00 P.M. by ambulance and admitted .<br>Review of the hospital notes, dated 07/15/18 indicated the resident complained of severe pain to her legs, which was likely due to [MEDICAL CONDITION]/wounds. Hospital documentation revealed the wounds were irrigated and a lot of maggots were removed . The notes indicated the resident [MEDICAL CONDITION] (infection) due to [MEDICAL CONDITION] with infected wounds<br>and maggots. The note indicated the resident would need debridement and rule out osteo[DIAGNOSES REDACTED] (bone infection). The hospital history and physical dated 07/15/18 indicated the resident had a chronic ulcer to the bottom of her right heel and she complained of pain. The note indicated staff reported maggots in the wound. The note indicated the resident had a foul smelling sore, the size of a half dollar, to the right heel with visible maggots falling out.<br>On 08/07/18 at 12:50 P.M. interview with the director of nursing (DON) revealed the resident would sit outside in the hot sun during the days prior to the discovery of the maggots in the right heel wound on 07/15/18. She indicated the family would take her outside. Record review revealed there was a nurse's note,dated 07/08/18 that indicated the resident was sitting outside, however there was no further documentation of the resident sitting outside after this date. The DON verified the lack of evidence to support the resident had been outside between 07/08/18 and 07/15/18.<br>This deficiency substantiates Complaint Number OH 279. |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.