

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366284	(X2) MULTIPLE CONSTRUCTION a. building _____ b. wing _____	(X3) DATE SURVEY COMPLETED 09/26/2019
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NAME OF PROVIDER OR SUPPLIER AMHERST MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1610 FIRST STREET NE MASSILLON OH, 44646
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F 0000	<p>INITIAL COMMENTS</p> <p>ANNUAL SURVEY</p> <p>ADMINISTRATOR: Kathryn Bartley, #6291 CERTIFIED BED CAPACITY: 89 CENSUS IN HOUSE: 83</p> <p>The following deficiencies are based on the annual survey completed 09/26/19.</p>	F 0000		
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laboratory director's or provider/supplier representative's signature	title MELANIE.RIPLEY	(x6) date 10/15/2019
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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.

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F 0676 F 0676 SS=D	<p>Continued From page 1</p> <p>483.24(a)(1)(b)(1)-(5)(i)-(iii) Activities Daily Living (ADLs)/Mntn Abilities §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that:</p> <p>§483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ...</p> <p>§483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living:</p> <p>§483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care,</p> <p>§483.24(b)(2) Mobility-transfer and ambulation, including walking,</p> <p>§483.24(b)(3) Elimination-toileting,</p> <p>§483.24(b)(4) Dining-eating, including meals and snacks,</p>	F 0676 F 0676	<p>The statements made in this plan of correction are not an admission to and do not constitute an agreement with alleged deficiencies herein. To remain in compliance with all Federal and State regulations the facility has taken the actions set forth in the plan of correction. The following plan of corrections constitutes the facility's allegation of compliance.</p> <p>F 0676 There were no negative outcomes for resident #46 as a result of the findings. Resident #40 was screened by rehab services on 10/2/19. Care plans were reviewed and updated as necessary. An audit will be performed by the DON and/or Designee of all residents to ensure compliance of Proper provision of restorative programs as written. The Director of Nursing/Designee will re-educate nursing on Proper documentation of Restorative programs delivered by 10/7/19. The Director of Nursing and/or designee will perform audits daily times two weeks, twice weekly times 2 weeks and then randomly thereafter to monitor for compliance. The facility will report any unusual findings from the audits to the Quality Assurance Performance Improvement Committee for prompt response and resolution. The Administrator will monitor this area for compliance on an on-going basis.</p>	10/18/2019

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F 0676	<p>Continued From page 2</p> <p>§483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations, review of the medical record, review of restorative notes and staff interview the facility failed to provide restorative programs as ordered for Residents #40 and #46. This affected two residents (Resident #40 and #46) of three reviewed of mobility and range of motion.</p> <p>Findings include:</p> <p>1. Review of the medical record revealed Resident #40 was admitted to the facility on 03/25/19 with diagnoses of diabetes, major depression, pulmonary embolism, dementia, and lack of coordination. Review of the plan of care dated 07/18/19 revealed Resident #40 had a non-weight bearing status and had generalized weakness. The resident was at risk for decline in strength and function. Interventions included passive range of motion (PROM) to her upper and lower extremities six to seven days a week for a total of 15 minutes per day. Review of the quarterly Minimum Data Set 3.0 Assessment dated 07/24/19 revealed Resident #40 had severely impaired cognition, required extensive assistance of two staff members for bed mobility, toilet</p>	F 0676		
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F 0676	<p>Continued From page 3</p> <p>use and total assistance of two staff members for transferring.</p> <p>Review of the September 2019 physician's orders revealed Resident #40 had an order dated 07/18/19 for restorative range of motion (ROM) for 15 minutes six to seven days per week.</p> <p>Review of the July 2019 restorative nursing program documentation revealed Resident # 40 received restorative nursing on 07/18/19, 07/24/19, 07/25/19, 07/28/19, 07/29/19, and 07/30/19.</p> <p>Review of the August 2019 restorative nursing program documentation revealed Resident # 40 received restorative nursing on 08/02/19, 08/05/19, 08/07/19, 08/08/19, 08/12/19, 08/14/19, 08/15/19, 08/16/19, 08/17/19, 08/18/19, 08/20/19, 08/22/19, 08/24/19, 08/29/19, 08/30/19, and 08/31/19.</p> <p>Review of the September 2019 restorative nursing program documentation revealed Resident # 40 received restorative nursing on 09/01/19, 09/02/19, 09/06/19, 09/09/19, 09/12/19, 09/13/19, 09/15/19, 09/16/19, 09/19/19, and 09/22/19.</p> <p>2. Review of the medical record revealed Resident #46 was admitted to the facility on 06/11/12 with diagnoses of contracture of the left and right hands, Parkinson's disease and dementia. Review of the</p>	F 0676		

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F 0676	<p>Continued From page 4</p> <p>significant change Minimum Data Set assessment dated 07/26/19 revealed Resident #46 had severely impaired cognition, required total assistance of two staff members for bed mobility, transfer, and toilet use. The resident had upper and lower extremity impairment to both sides.</p> <p>Review of the September 2019 physician's orders revealed Resident #46 had an order dated 07/17/19 for PROM to bilateral upper and lower extremities for 15 minutes daily for six to seven days a week.</p> <p>Review of the plan of care dated 07/30/18 revealed Resident #49 had impaired physical mobility due to decline in ROM and stiffness related to Parkinson's disease. The interventions included PROM to all extremities six to seven days a week for a total of 15 minutes per day.</p> <p>Review of the July 2019 restorative nursing documentation revealed Resident #46 received restorative nursing on 07/04/19, 07/05/19, 07/08/19, 07/17/19, 07/18/19, and 07/23/19.</p> <p>Review of the August 2019 restorative nursing documentation revealed Resident #46 received restorative nursing on 8/04/19, 08/06/19, 08/15/19, 08/21/19, 08/24/19, and 08/31/19.</p> <p>Review of the September 2019 restorative nursing documentation revealed Resident</p>	F 0676		
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F 0676	<p>Continued From page 5</p> <p>#46 received restorative nursing on 09/01/19, 09/04/19, 09/06/19, 09/14/19, 09/15/19, and 09/17/19.</p> <p>Observation on 09/25/19 from 9:40 A.M. to 10:12 A.M. revealed State Tested Nursing Assistant (STNA) #718 performing PROM to Resident #46. STNA #718 performed two sets of PROM to the resident's elbow, knees and his hips.</p> <p>An interview 09/25/19 at 11:55 A.M. with Licensed Practical Nurse #815 verified the nursing assistant only provided PROM to the elbows, knees and hips of Resident #46. LPN #815 stated he was very rigid and verified there was no documentation indicating he was unable to perform the PROM exercises. LPN #815 verified Residents #40 and #46 had not been receiving PROM six to seven days a week as ordered and care planned. LPN #815 stated she had hired two new restorative aides but one did not show up this week. She also indicated the restorative aides did get pulled to the skilled unit quite a bit to work but the other STNAs were aware they were to pick up the restorative programs in their absence.</p> <p>An interview on 09/26/19 at 11:24 A.M. with restorative STNA #718 indicated she worked four-10 hour days and was pulled to the floor to work quite a bit and was unable to complete the restorative programs; however, she indicated the</p>	F 0676		
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F 0676	Continued From page 6 STNAs were aware they were to pick up the restorative programs when she was not doing them.	F 0676		
F 0812 SS=E	<p>483.60(i)(1)(2) Food Procurement, Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to pass ice water in a sanitary manner on the 300 Hall. This had the potential to affect 19 residents (#14, #59, #28, #39, #30, #62, #49, #79,</p>	F 0812	<p>The facility took immediate steps on 9/23/19 to assure that the ice water pass was completed per facility policy and procedure on 300 hall, and that ice water pass education was completed.</p> <p>No residents on 300 hall demonstrated evidence of negative reaction or foodborne illness from the initial water pass. Daily audits were conducted starting on 9/23/19 for proper ice pass protocol with no further episodes of improper protocol noted. DON will provide education to Nurses and STNA's by 10/7/19 on proper Ice Water policy and protocol. DON or designee will monitor ice water pass Daily for 1 week, twice a week for 1 week then weekly for 2 weeks, any unusual findings will be forwarded to QAPI.</p>	10/18/2019

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F 0812	<p>Continued From page 7</p> <p>#65, #10, #51, #46, #79, #6, #69, #36, #93, #16, and #38) residing on the 300 Hall. Facility census was 83.</p> <p>Findings include:</p> <p>Observation on 09/23/19 at 11:06 A.M. revealed State Tested Nursing Assistant (STNA) #709 passing ice water down the 300 Hall. Glasses of ice water were pre-poured on top of a two tiered cart which was uncovered. The uncovered glasses were left unattended in the hall as STNA #709 entered resident rooms to deliver the ice water.</p> <p>An interview on 09/23/19 at 11:15 A.M. with STNA #709 indicated they always passed ice water this way but she would ask about the proper way to pass ice water. At 11:30 A.M. STNA #709 stated she was suppose to use the metal ice cart with a lid to pass ice one room at a time but she was in a hurry and did not do it the proper way.</p>	F 0812		
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F 0880	Continued From page 8	F 0880		
F 0880 SS=E	<p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control</p> <p>§483.80 Infection Control</p> <p>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents</p>	F 0880	<p>The facility reviewed infection control reporting policies and procedures to assure that all reporting steps are present. As a result of the review it was determined that the policies and procedures met the required reporting standard. There were no negative resident outcomes noted to Residents #5, #12, #27, #32, #45, #73, #77, #81, #82, #83, #33, #35, #42, #44, #48, #56, #57, #70, #76, #79, #84, #85, #86 and #87.</p> <p>DON provided education to Infection Preventionist/Infection Control RN on 10/3/19 of reporting requirement of any outbreak of communicable disease. (2 or more cases in 72 hours).</p> <p>DON or designee will monitor infections weekly times 4 weeks any unusual findings will be reported to QAPI.</p>	10/18/2019

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F 0880	<p>Continued From page 9</p> <p>of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as</p>	F 0880		

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F 0880	<p>Continued From page 10</p> <p>necessary. This STANDARD is not met as evidenced by: Based on review of infection control logs, interviews, and policy review, the facility failed to notify the appropriate government agencies upon an outbreak of influenza in March 2019 for ten confirmed cases of influenza (Residents #5, #12, #27, #32, #45, #73, #77, #81, #82, and #83) and fourteen suspected cases of influenza (Residents #33, #35, #42, #44, #48, #56, #57, #70, #76, #79, #84, #85, #86, and #87). The current facility census was 83 residents.</p> <p>Findings include:</p> <p>Review of the facility monthly infection control logs on 09/25/19 at 3:00 P.M. with Registered Nurse (RN) #814 and Licensed Practical Nurse (LPN) #823 revealed from 03/24/19 through 04/11/19, the facility had 24 residents who presented with signs and symptoms of influenza which included chills, loss of appetite, and fever. Nasal swab tests were conducted on the 24 residents with ten returning positive (Residents #5, #12, #27, #32, #45, #73, #77, #81, #82, and #83) and fourteen returning negative (Residents #33, #35, #42, #44, #48, #56, #57, #70, #76, #79, #84, #85, #86, and #87). All residents who were tested for influenza were given prophylactic doses of Tamiflu (a medicine to treat influenza). RN #814 and LPN #823</p>	F 0880		
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F 0880	<p>Continued From page 11</p> <p>were unable to state whether or not the appropriate government agencies were notified at the time of the influenza outbreak.</p> <p>Interview with the Director of Nursing (DON) on 09/26/19 at 1:20 P.M. verified the facility did not contact the local or state health department of the influenza outbreak. The DON stated she had telephoned the local health department to verify they had not been notified of the outbreak.</p> <p>Review of the Centers for Disease Control and Prevention Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities dated 02/12/19 revealed "The local public health and state health departments should be notified of every suspected or confirmed influenza outbreak in a long-term care facility, especially if a resident develops influenza while on or after receiving antiviral chemoprophylaxis." The guidance indicated a confirmed or suspected outbreak included two or more ill residents.</p> <p>Review of the facility's policy titled "Outbreak of Communicable Diseases," revised August 2014, revealed an outbreak of influenza was defined as anything exceeding the endemic rate, or a single case if unusual for the facility. The policy indicated the Administrator would be</p>	F 0880		

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F 0880	<p>Continued From page 12</p> <p>responsible for telephoning a report to the health department and forwarding Communicable Disease Report Cards as required.</p> <p>Review of the facility's policy titled "Infection Prevention and Control Committee," revised July 2016, indicated the duties of the committee was to notify government agencies of reportable contagious or infectious disease.</p> <p>Review of facility's policy titled "Infection Prevention and Control Program," revised August 2016, revealed outbreak management was a process which consisted of determining the presence of an outbreak and reporting the information to the appropriate public health authorities.</p>	F 0880		