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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365853 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/22/2020 |
| NAME OF PROVIDER OF SUPPLIER GREENBRIAR CENTER | | STREET ADDRESS, CITY, STATE, ZIP 8064 SOUTH AVENUE BOARDMAN, 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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview, the facility failed to provide respectful and dignified resident care services for Residents #21 and #88. The facility census was 104 residents. Findings include: 1. Review of the medical record revealed Resident #21 was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the annual Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed no cognitive impairment, and the resident required extensive assistance of two staff for bed mobility, two staff assistance for transfers occurred only once or twice, extensive assistance of one staff for dressing, eating, toileting and personal hygiene. The resident required total dependence one staff assistance for bathing, and was always incontinent of bladder and bowel. Review of the resident's care plan dated 06/25/20 revealed the resident was incontinent of bowel and bladder related to impaired mobility and physical limitations, and required incontinence care every two hours and to change clothing as needed. Review of facility investigation for Self-Reported Incident # 1, dated 08/19/20, revealed the resident reported State tested Nursing Assistant (STNA) #550 answered his call light on 08/18/20 around 7:00 P.M., turned it off with the promise to return to provide incontinence care and did not return until resident again called for assistance two and one half hours later. While providing assistance, STNA #550 told resident he had 30 other things to do and also stated, I'll tell ya, several aides are saying you are grabbing their boobs and asses. Review of STNA #550's statement confirmed he told the resident none of the females wanted to take care of him, and that all the females were saying that he has reached to touch inappropriate places as well made them feel uncomfortable with the way he spoke to them. Review of progress note on 08/19/20 at 10:34 P.M. by Licensed Practical Nurse (LPN) #491 revealed resident was upset by STNA #550 telling him he was groping aides, and aides were complaining about him. Review of personnel file for STNA #550 revealed STNA was terminated on 08/24/20 due to corrective action after the incident. Interview on 09/15/20 at 4:18 P.M. with Administrator confirmed the above findings. 2. Review of the medical record revealed Resident #88 was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed the resident required extensive assistance of two staff for bed mobility and toileting, and was totally dependent on two staff for transfers. The resident required physical assistance of one staff for bathing. Review of the resident's care plan dated 04/08/19 revealed the resident had a self-care deficiency for transfers related to bilateral amputation and [MEDICAL CONDITION], and required mechanical aid for transfers or a slide board on the left side only with two staff assistance. Review of facility investigation for Self-Reported Incident # 1, dated 06/08/20, revealed STNA #553 was instructed by LPN #508 on 06/08/20 at 7:30 P.M. to assist resident out of bed into her wheelchair. At 10:40 P.M., LPN #508 again requested STNA #553 to assist the resident out of bed into her wheelchair. After STNA #553 completed the transfer, she stood at the nurses station and used foul language about the resident in the presence of the resident. The facility requested STNA #553 to leave the premises. Review of progress note on 06/09/20 at 2:00 P.M. by Director of Nursing confirmed the resident wanted up in her wheelchair on 06/08/20, and it was not done timely. STNA #553 cursed in front of residents at the nurses station and was immediately sent home. Review of text message by STNA #553 to Director of Nursing, undated, confirmed STNA #553 addressed resident by only the last name, and that she cursed in front of the resident. Review of personnel file for STNA #553 revealed STNA was terminated on 06/09/20 due to corrective action after the incident. Interview on 09/15/20 at 1:45 P.M. with Resident #88 verified STNA #553 used foul language about her in her presence and referred to her by only her last name as if she was an inmate. Interview on 09/15/20 at 4:18 P.M. with Administrator confirmed the above findings. Review of facility policy, Resident Rights, dated 08/11/17, revealed the facility defines dignity as a state worthy of honor or respect; includes but not limited to speaking respectfully to resident, providing privacy for care and treatment, providing safe and secure housing, sanitary food and hydration; respecting resident choice and attending to needs in a timely fashion. Review of facility policy, Routine Resident Care, revised 04/06/16, revealed the facility promotes resident centered care by attending to the physical, emotional, social, and spiritual needs. This deficiency substantiates Complaint Number OH 381, Complaint Number OH 276 and Complaint Number OH 275.</p> <p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, record review and policy review, the facility failed to provide scheduled therapeutic evening activities to meet the needs and preferences for Residents #24, #70, #71, #82, #83 and #88. This had the potential to affect all 104 residents in the facility. Findings include: 1. Review of the medical record revealed Resident #24 was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the annual Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed cognitive impairment, and the resident was independent with bed mobility, transfers, walking and locomotion. Review of resident's Activity Preference Interview, dated 10/01/19, revealed resident prefers to participate in scheduled activities in the morning, afternoon and evening. 2. Review of the medical record revealed Resident #70 was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed cognitive impairment, and the resident required supervision/one staff assistance with bed mobility, limited one staff assistance with transfers, walking, was independent with bed mobility, transfers and walking. Review of resident's Activity Preference Interview, dated 05/12/20, revealed resident prefers to participate in scheduled activities in the morning and afternoon. Interview on 09/17/20 at 11:26 A.M. with Resident #70 verified there was no activities in the evening and stated she would like to have activities evening. 3. Review of the medical record revealed Resident #71 was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed cognitive impairment, and the resident required extensive one staff assistance with bed mobility, transfers, walking and locomotion. Review of resident's Activity Preference Interview, dated 01/20/20, revealed resident prefers to participate in scheduled activities in the evening. 4. Review of the medical record revealed Resident #82 was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the admission MDS 3.0 assessment dated [DATE] revealed no cognitive impairment, and the resident required extensive assistance of one staff for bed mobility, extensive assistance of two staff for transfers. Review of resident's Activity Preference Interview, dated 08/28/20, revealed resident prefers to participate in scheduled activities in the morning, afternoon and evening. 5. Review of the medical record revealed Resident #83 was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed no cognitive impairment, and the resident required extensive assistance of one staff for bed mobility and transfers. Review of resident's Activity Preference Interview, dated 04/05/20, revealed resident prefers to participate in scheduled activities in the afternoon and evening. Interview on 09/17/20 at 10:40 A.M. with Resident #83 verified all activities were scheduled no later than 2:00 P.M. because there was no staff after 3:00 P.M., and stated she would like to have activities in the evening. 6. Review of the medical record revealed Resident #88 was admitted to the facility on [DATE]. [DIAGNOSES</p> | | |
| 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.

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| F 0679 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>(continued... from page 1) REDACTED]. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed the resident required extensive assistance of two staff for bed mobility and was totally dependent on two staff for transfers. Review of resident's Activity Preference Interview, dated 06/20/20, revealed resident prefers to participate in scheduled activities in the morning, afternoon and evening. Review of the facility activity calendars for June 2020 to September 2020 revealed on all days in each month, except for 06/24/20, the last activity was scheduled at 2:00 P.M., and no evening activities were offered during each month. Observation on 09/09/20 from 3:28 P.M. to 5:12 P.M. during facility tour revealed no scheduled resident activities. Interview on 09/15/20 at 12:47 P.M. with Activity Director #505 confirmed there were two activity aides in the department that were not scheduled past 3:00 P.M. so the last scheduled daily activity was 2:00 P.M. Activity Director #505 further verified evening direct care staff were not instructed to offer or initiate activities in the evenings. Interview on 09/16/20 at 2:43 P.M. with Activities #552 verified the facility had not conducted evening activities since March 2020. Interview on 09/16/20 at 3:08 P.M. with State tested Nursing Assistant (STNA) #435 confirmed there was no scheduled activities in the evening, and there were no instructions to offer or initiate evening activities for residents. Interview on 09/16/20 at 3:42 P.M. with STNA #439 verified there was no scheduled activities in the evening, and there were no instructions to offer or initiate evening activities for residents. Record review was conducted of facility Resident Council Minutes from 03/31/20 to 08/30/20. On 07/31/20 a concern was expressed the residents wanted more games to be available and new games to be different. Review of facility policy, Activities Program, revised 05/02/18, revealed the facility provides resident centered care that meets the psychosocial, physical and emotional needs and concerns of the residents. This deficiency substantiates Complaint Number OH 607.</p> | | |
| F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview and policy review, the facility failed to provide bathing per resident choice. This affected seven (Residents #24, #26, #38, #65, #82, #83 and #88) of eleven residents reviewed for bathing. The facility census was 104 residents. Findings include: 1. Review of the medical record revealed Resident #24 was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the annual Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed cognitive impairment, and the resident required extensive assistance of one staff for toileting. The resident required physical assistance of one staff for bathing and was frequently incontinent of bladder and bowel. Review of resident's shower frequency documented as bathing per residents choice revealed evenings. Review of the Intervention/Task Schedule Report dated 09/16/20 revealed the resident's showers were scheduled each Monday, Wednesday and Friday. Review of resident's task flow record for bathing per residents choice dated 08/18/20 to 09/17/20 revealed there was no bathing documented for 08/28/20, 08/31/20 and 09/11/20. 2. Review of the medical record revealed Resident #26 was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed no cognitive impairment, and the resident required extensive assistance of one staff for bed mobility and toileting. The resident was totally dependent on one staff for bathing and was always incontinent of urine and frequently incontinent of bowel. Review of resident's shower frequency documented as bathing per residents choice revealed days. Review of the Intervention/Task Schedule Report dated 09/16/20 revealed the resident's showers were scheduled each Monday and Thursday. Review of resident's task flow record for bathing per residents choice dated 08/18/20 to 09/17/20 revealed there was no bathing documented for 08/20/20, 08/24/20, 09/03/20 and 09/07/20. Interview on 09/17/20 at 10:23 A.M. with Resident #26 revealed showers were not always provided as requested or scheduled. 3. Review of the medical record revealed Resident #38 was admitted to the facility on [DATE] and discharged on [DATE]. [DIAGNOSES REDACTED]. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed the resident required extensive assistance of two staff for bed mobility, extensive assistance of one staff for toileting, and was totally dependent on two staff for transfers. The resident was totally dependent on one staff for bathing and was always incontinent of urine and bowel. Review of resident's shower frequency documented as bathing per residents choice revealed weekly. Review of resident's task flow record for bathing per residents choice dated 08/17/20 to 09/16/20 revealed resident received bathing on 08/25/20 at 9:58 P.M. and at 09/08/20 at 8:47 P.M., and did not receive bathing in between those dates. 4. Review of the medical record revealed Resident #65 was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed cognitive impairment, and the resident required extensive assistance of two staff for bed mobility, and extensive assistance of once staff for toileting and transfers. The resident was totally dependent on one staff for bathing and was frequently incontinent of urine and always incontinent of bowel. Review of resident's shower frequency documented as bathing per residents choice revealed weekly. Review of resident's task flow record for bathing per residents choice dated 08/17/20 to 09/16/20 revealed bathing was documented as provided once on 08/31/20 at 7:50 PM. 5. Review of the medical record revealed Resident #82 was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the admission MDS 3.0 assessment dated [DATE] revealed no cognitive impairment, and the resident required extensive assistance of one staff for bed mobility, extensive assistance of two staff for transfers, and limited assistance of one staff for toileting. The resident was totally dependent on one staff for bathing. Review of resident's shower frequency documented as bathing per residents choice revealed weekly. Review of resident's task flow record for bathing per residents choice dated 08/18/20 to 09/17/20 revealed resident received bathing on 09/05/20 at 2:38 P.M. and on 09/15/20 at 11:10 A.M., and did not receive bathing between 09/05/20 and 09/15/20. 6. Review of the medical record revealed Resident #83 was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed no cognitive impairment, and the resident required extensive assistance of one staff for bed mobility, toileting and transfers. The resident required physical assistance of one staff for bathing and was occasionally incontinent of bowel. Review of resident's shower frequency documented as bathing per residents choice revealed days. Review of the Intervention/Task Schedule Report dated 09/16/20 revealed the resident's showers were scheduled each Monday, Wednesday and Friday. Review of resident's task flow record for bathing per residents choice dated 08/18/20 to 09/17/20 revealed there was no bathing documented for 08/31/20 and 09/11/20. Interview on 09/17/20 at 10:40 A.M. with Resident #83 revealed showers were not always provided as requested or scheduled. 7. Review of the medical record revealed Resident #88 was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed the resident required extensive assistance of two staff for bed mobility and toileting, and was totally dependent on two staff for transfers. The resident required physical assistance of one staff for bathing. Review of resident's shower frequency documented as bathing per residents choice revealed weekly. Review of resident's task flow record for bathing per residents choice dated 08/17/20 to 09/16/20 revealed resident received bathing on 08/08/20 at 1:28 P.M. and on 08/18/20 at 2:31 P.M., and did not receive bathing between 08/08/20 and 08/18/20. Interview on 09/15/20 at 1:45 P.M. with Resident #88 revealed showers were not always provided as requested or scheduled. Review of facility Resident Council Minutes from 03/31/20 to 08/30/20 revealed showers do not get completed as desired. Review of facility policy, Routine Resident Care, revised 04/06/16, revealed the facility promotes resident centered care by attending to the physical, emotional, social, and spiritual needs. Interview on 09/10/20 at 11:06 A.M. with State tested Nursing Assistant (STNA) #517 confirmed once or twice showers were not completed during a work shift. Interview on 09/10/20 at 11:21 A.M. with STNA #442 confirmed if bathing was not completed, the nurse was notified and it would not be documented on the bathing record. Interview on 09/17/20 at 12:30 P.M. with the Director of Nursing verified bathing per resident choice was not documented for Residents #24, #26, #38, #65, #82, #83 and #88. This deficiency substantiates Complaint Number OH 607, Complaint Number OH 381 and Complaint Number OH 275.</p> | | |