

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365202	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2020
NAME OF PROVIDER OF SUPPLIER CARECORE AT LIMA LLC		STREET ADDRESS, CITY, STATE, ZIP 599 SOUTH SHAWNEE STREET LIMA, OH 45804	
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 0623 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview, and policy review the facility failed to ensure a timely discharge notice was given. This affected one Resident (#169) of two residents reviewed who received an involuntary discharge notice. The facility census was 68. Findings include: Review of closed medical record revealed Resident #169 was admitted to the facility on [DATE] and discharged on [DATE]. [DIAGNOSES REDACTED]. Review of progress notes revealed Resident #169 was sent to the hospital on [DATE]. Review of involuntary discharge notice dated 01/17/20 revealed the facility provided Resident #169's resident representative a discharge notice effective 02/18/20 due to non-payment. An enclosed bill verified the resident accrued \$35,916.04 of debt to the facility. Interview on 10/06/20 at 12:17 P.M. with the Administrator verified the facility provided Resident #169's representative an involuntary discharge notice in January due to non-payment. It was reported the family came to the facility and asked for more time with a plan to apply for Medicaid. The Administrator reported paperwork was never completed and Resident #169 was not approved for Medicaid. The Administrator verified a more recent involuntary discharge notice had not been issued. Interview on 10/06/20 at 3:58 P.M. with Resident #169's representative revealed the facility refused to take the resident back to the facility after Resident #169 was hospitalized. Review of facility policy titled, Preparing a Resident for Transfer or Discharge, dated January 2018, verified residents will be prepared in advance for discharge. This deficiency substantiates Complaint Number OH 995 and Complaint Number OH 975		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interview, and policy review, the facility failed to cover food during transportation and distribution to residents. This had the potential to affect 67 of 68 residents who received their meals on trays from the hall carts. The facility identified Resident #104 had received no food by mouth. The facility census was 68. Findings Include: Observation on 10/06/20 at 11:58 P.M., of the hall cart trays revealed the resident's dessert was uncovered and was distributed to residents in their rooms. Interview on 10/06/20 at 12:02 P.M., State tested Nursing Assistant (STNA) #303 verified the resident's dessert was uncovered on the hall cart and was delivered to the residents. The dessert was identified as a cherry cake type dessert with vanilla pudding. Review of facility policy, titled Assistance with Meals, updated May 2020 verified staff will utilize appropriate infection control precautions for each individual resident. This deficiency substantiates Complaint Number OH 995		
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** Based on record review, observation, resident interview, and staff interview the facility failed to accurately document resident showers. This affected three Residents (#123, #126, and #150) of three residents reviewed for activities of daily living. The facility identified 60 residents who required assistance or were dependent for bathing. The facility census was 68. Findings include: 1. Review of Resident #123's medical record revealed the resident was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a brief mental status (BIMS) of 15 indicating the resident is cognitively intact. The MDS revealed the resident required extensive assistance with bathing. Review of Resident #123's shower sheets from 08/05/20 to 10/08/20 revealed documentation of three baths/showers including refusals. A shower sheet was completed on 08/05/20, 08/27/20, and 09/02/20. Review of Resident #123's skin assessment dated [DATE] verified no new skin issues at this time. Observation on 10/08/20 at 11:15 A.M., of Resident #123 revealed the resident appeared to be appropriately cleaned. Resident appeared slightly disheveled but did not have a noticeable body odor. Interview on 10/08/20 at 11:18 A.M., with Resident #123 revealed the resident reports he gets a shower when he wants one. Resident #123 states the staff do ask if he wants a shower and he only takes one if he wants to. Resident #123 does not have a concern with the frequency of showers. Review of the daily shower sheet revealed Resident #123 is scheduled for a shower on second shift Wednesdays and Saturdays. 2. Review of Resident #126's medical record revealed the resident was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed a BIMS of 08 indicating the resident had moderate impairment. The MDS revealed the resident required extensive assistance with personal hygiene. Review of Resident #126's care plan, initiated on 01/05/19, revealed the resident required assistance with bathing/showering as necessary. Review of Resident #126's shower sheets from 07/01/20 to 10/08/20 revealed documentation of nine baths/showers including refusals. A shower sheet was completed on 07/09/20, 07/27/20, 08/01/20, 08/05/20, 08/06/20, two on 08/08/20, 08/11/20, and 09/19/20. Review of Resident #150 skin assessment dated [DATE] verified no new skin issues at this time. Observation on 10/07/20 at 10:03 A.M. of Resident #126 revealed the resident in clean cleaning clothing and in good personal hygiene. No concerns revealed. Interview on 10/07/20 at 10:05 A.M. with Resident #126 revealed a shower was offered to her daily. Review of the daily shower sheet revealed Resident #126 is scheduled for a shower on second shift Wednesdays and Saturdays. 3. Review of Resident #150's medical record revealed the resident was admitted to the facility on [DATE] and readmitted on [DATE]. [DIAGNOSES REDACTED]. with late onset, and [MEDICAL CONDITION]. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed a BIMS of 14 indicating the resident was cognitively intact. The MDS revealed the resident required total dependence, one person physical assist with bathing. Review of Resident #150's care plan, revised on 08/29/20, revealed the resident required assistance minimum to maximum assistance with bathing/showering as necessary. Review of Resident #150's shower sheets from 07/01/20 to 10/08/20 revealed documentation of eight baths/showers including refusals. A shower sheet was completed on 07/29/20, 08/01/20, 08/15/20, 08/19/20, 09/02/20, 09/15/20, 09/25/20, and 10/02/20. Review of Resident #150 skin assessment dated [DATE] verified no new skin issues at this time. Review of the daily shower sheet revealed Resident #150 is scheduled for a shower on third shift Wednesdays and Saturday. Observation on 10/07/20 at 10:07 A.M. of Resident #150 revealed the resident sitting on the side of his bed with a T-shirt and briefs. Resident's hair is wet and a wash bin filled with water and wash clothes were on the bedside table. Interview on 10/07/20 at approximately 11:00 A.M. with Resident #150 verified he did provide himself a bed bath today and he liked to do that. Interview on 10/7/20 at 12:27 P.M. with State tested Nursing Assistant (STNA) #304 and STNA #305 verified resident's are provided the needed and scheduled showers. STNA #305		
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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<p>F 0842</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>states if a shower was not provided on one shift another shift will ensure it was provided. Interview on 10/08/20 at 12:32 P.M. with Medical Records #399 verified all shower sheets provided are from 07/01/20 to the current date. Interview on 10/08/20 at 1:40 P.M. with the Administrator verified all shower sheets were provided for Resident #123, #126, and #150. Administrator verified a the shower record documentation had not been completed. This was an incidental finding discovered during complaint master control number OH 153, complaint number OH 995, complaint number OH 975, complaint number OH 074, complaint number OH 040, and complaint number OH 021.</p>		