

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365364	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2020
NAME OF PROVIDER OF SUPPLIER GARDEN COURT NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 4911 COVENANT HOUSE DRIVE DAYTON, OH 45426	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observations, staff interview and review of falls policy, the facility failed to ensure a physician ordered fall mat was in place for a resident. This affected one (#5) of four residents reviewed during the complaint investigation. Facility census was 61. Findings include: Review of the medical record for Resident #5 revealed an admission date of [DATE]. [DIAGNOSES REDACTED]. Review of the most recently completed Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #5 had severely impaired cognition, had no behaviors, did not reject care, and did not wander. Resident #5 was one-person physical assist, was dependent or required extensive activities of daily livings (ADL's) and was always incontinent to bowel and bladder. Review of the plan of care dated 10/17/19 revealed the resident was at risk for falls/injuries due to severely impaired cognition, [MEDICAL CONDITIONS] disorder, HTN, [MEDICAL CONDITIONS], psychoactive medication use, incontinence, impaired balance and mobility, and muscle weakness. Interventions included landing mat to left side of bed, encourage resident to have shoes on at all times while awake; keep items within reach; encourage resident to ask for assistance; staff to encourage and remind resident to use call light when he needs assistance; encourage resident to sit in common lounge area while awake; bed in lowest position; Dycem (pad to prevent sliding) above and below wheel chair cushion; and non-skid footwear on at all times. Physician orders [REDACTED]. Observation of Resident #5's room during the initial tour on 03/03/20 at 2:40 P.M. revealed resident sleeping in bed and the landing mat for fall precautions was folded up against the wall and on the right side of bed. Subsequent observation of Resident #5's room on 03/03/20 at 5:01 P.M. revealed resident sleeping in bed and the landing mat for fall precautions was folded up against the wall on right side of his bed and not in proper During an interview Registered Nurse (RN) #20 on 03/03/20 at 5:02 P.M. verified Resident #5 should have a landing mat on the left side of his bed for fall precautions. RN #20 also verified the landing mat was folded up against the wall on the right side of resident's bed. Review of 10/01/18 policy titled Falls Policy revealed the facility shall complete a review of resident fall risk and implementation of interventions to attempt to prevent or reduce falls/accidents and injuries related to falls. This deficiency is based on incidental findings discovered during the course of this complaint investigation.		
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.