

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365514	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/07/2020
NAME OF PROVIDER OF SUPPLIER ALLEN VIEW HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2615 DERR ROAD SPRINGFIELD, OH 45503	
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 0557 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review and interview, the facility failed to ensure a resident was treated with dignity and respect while being cared for by a facility staff member. This affected one (Resident #213) of three residents reviewed during the survey. The facility census was 117. Review of Resident #213's medical record revealed she was admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. #213 was not cognitively intact. Her functional status revealed she needed staff assistance of one for all activities of daily living. During observation on 03/07/20 at 10:30 A.M. State tested Nurse Aide (STNA) #99 told Resident #213 she was not going to play her games, she would not be changing Resident #213's clothes again she had already changed them once. She stated to Resident #213, I am not changing your clothes again, I am not doing it and we are not playing this game. You cannot play me this way. The Administrator was notified and STNA #99 was immediately removed from the facility. Interview with the Administrator on 03/07/20 at 9:00 A.M. confirmed this was not an acceptable way to approach the facility residents. She also revealed the STNA #99 was agency employee and not a normal staff member of this facilities. Review of the policy titled Resident Rights, dated 08/11/17, revealed a state worthy of respect; includes but not limited to speaking respectfully to the resident. This deficiency substantiates Complaint Number OH 446.		
F 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure residents received his showers and baths as requested and as scheduled. This affected two (Residents #503 and #512) of three residents reviewed during a complaint survey. The facility census was 117. Review of Resident #503 revealed he was admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. His medical record revealed he is totally dependent on staff for all activities of daily living. Resident #512 was admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. His medical record revealed he is totally dependent on staff for all activities of daily living. Review of the medical records for Resident #503 and Resident #512, reviewed for showers/bed baths and morning care revealed Resident #503 received seven out of 16 possibilities from 02/05/20 through 03/06/20. His admission preference sheet stated he wanted four baths a week. Resident #503's bath sheets revealed he was supposed to receive two baths a week (Wednesday and Saturday). Resident #512 receives showers on Wednesday and Saturdays. From 02/05/20 through 03/06/20, Resident #512 has received four out of a possible nine showers, with two showers being refused. No admission preferences sheets were received for this resident. Interview with the Director of Nursing on 03/07/20 confirmed Resident #503 should be receiving four baths a week and was not and Resident #512 should have received nine showers and only received a possible six. This deficiency substantiated Complaint Number OH 466 and is an example of continued non-compliance from the survey dated 01/30/20.		
F 0679 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, staff interview and policy review, the facility failed to ensure activities was provided for a dependent resident. This affect one (Resident #503) of three residents reviewed for activities. The facility census was 117. Findings include: Medical record review for Resident #503 revealed a admission date of [DATE]. Medical [DIAGNOSES REDACTED]. Review of quarterly Minimum Data Set ((MDS) dated [DATE] revealed Resident #503 was rarely or never understood. He was a totally dependent on two people for bed mobility, transfers, toileting and eating was total dependence with one-person assistance. Review of activities care plan dated 03/02/20 for Resident #503 revealed resident was dependent on staff for activities. Interventions was to provide one on one bedside/in room visits and activities if unable to attend out of room events. Review of activity logs from 02/08/20 through 03/07/20 for Resident #503 revealed there wasn't any documentation of activities being provided. Review of progress notes from 02/08/20 through 03/07/20 for Resident #503 revealed no documentation of any activities provided. Observations were made of Resident #503 on 03/07/20 from 7:41 A.M. to 11:37 A.M. at various times revealed he was lying in bed with the television on. An interview could not be completed due to cognition. Interview with State tested Nursing Aide (STNA) #84 on 03/07/20 at 11:02 A.M. revealed Resident #503 wasn't going to any activities and she didn't see activity staff provide any activities for him either. She said she used to see him receiving activities and hand massages, but not lately. Interview with the Activity Director (AD) #13 on 03/07/20 at 11:40 A.M. revealed Resident #503 was on her one on one list. She stated she only had documentation for participation from 01/22/20 but, nothing recent. She stated the activity aide who worked here at the facility was also a family member of Resident #503. She stated she didn't have any documentation of the one on one visits with Resident #503 because she didn't know the Activity Assistant #101 needed electronic access and she would just hand her some paperwork for the visits. Review of policy titled Activities Program, revised on 05/02/18, revealed the facility was to provide resident centered activities that meet psychosocial, physical, and emotional needs and concerns of the residents. This deficiency substantiates Complaint Number OH 406.		
F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	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 observations, medical record review and staff interview, the facility failed to ensure a dependent resident was assisted up to a chair on a regular basis. This had the potential to affect one (Resident #503) of three residents reviewed for totally dependent who relied on staff to help them get out of bed. The facility identified there were 21 residents who were totally dependent on staff. The facility census was 117. Findings included: Medical record review for Resident #503 revealed a admission date of [DATE]. Medical [DIAGNOSES REDACTED]. Review of quarterly Minimum Data Set ((MDS) dated [DATE] revealed Resident #503 was rarely or never understood. He was a total dependence with a two-person assistance for bed mobility, transfers, toileting and eating was total dependence with one-person assistance. Review of documentation for Resident #503 for transfers from 02/01/20 through 03/07/20 revealed he was not transferred out of the bed at all. Review of the STNA's Kardex dated 03/07/20 for Resident #503 revealed he required a Hoyer lift to assist with transfers. Observations were made of Resident #503 on 03/07/20 from 7:41 A.M. to 11:37 A.M. at various times revealed he was lying in bed with the		
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 0684</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>television on. An interview could not be completed due to cognition. Interview with State tested Nursing Aide (STNA) #84 on 03/07/20 at 11:02 A.M. revealed Resident #503 doesn't get out of bed anymore. She stated when she first came to the facility, she assisted him out of bed with a Hoyer lift, but now he is not and didn't know why. Interview with LPN #27 on 03/07/20 at 1:57 P.M. revealed Resident #503 used to get up when he was under the care of hospice because they had a Broda chair they provided for him. She stated when he was discharged from hospice the chair went away and he doesn't get up anymore. She stated she didn't know the conversation after hospice left about the chair and didn't know if therapy or anyone else had been contacted for a new chair. This deficiency substantiates complaint number OH 406.</p>		