

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365907</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FRANCISCAN CARE CTR SYLVANIA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4111 HOLLAND SYLVANIA RD TOLEDO, OH 43623</b>	
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 0677  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide care and assistance to perform activities of daily living for any resident who is unable.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, medical record review, resident and staff interview, review of bathing schedules, and review of a facility policy, the facility failed to ensure baths were provided as scheduled and failed to ensure cleanliness of a hand for one (#2) of four residents reviewed for bathing. The facility identified 27 residents who were assessed as dependent for bathing. The census was 71. Findings include: Review of Resident #2's medical record revealed an original admission date of [DATE] and a re-admission date of [DATE]. [DIAGNOSES REDACTED]. Review of the most recently completed Minimum Data Set (MDS) assessment, dated 08/05/20, revealed Resident #2 was cognitively intact and was assessed as a bathing activity did not occur in the seven day look back assessment period. Review of a MDS assessment completed 05/05/20 revealed Resident #2 was total dependent on staff for bathing with a one person physical assist required. Review of an activities of daily living (ADL) self performance deficit care plan dated 03/01/18 revealed Resident #2 required assistance with personal hygiene. Review of a facility bathing schedule, dated 07/10/20, revealed Resident #2 was scheduled to receive two showers a week on Wednesdays and Saturdays during the second shift. Review of bathing documentation between June and September 2020 revealed Resident #2 did not receive a bath on between 06/10/20 and 06/24/20, on 07/01/20, 07/11/20, 07/22/20, 08/01/20, between 08/05/20 and 08/19/20, 8/22/20 and 08/29/20. The documentation revealed Resident #2 refused bathing on 06/06/20, 07/25/20, 07/28/20, 08/08/20, 08/12/20, 08/26/20, and 09/05/20. Review of the shower sheet from 09/02/20 revealed Resident #2 did refuse to allow staff to wash her left hand and was the only documented refusal noted for washing her left hand during the review period. Interview on 09/09/20 at 11:30 A.M., Resident #2 stated she does not always get showered on her shower days and had not been showered for a week. Observation on 09/09/20 at 11:30 A.M., during Resident #2's interview, revealed her left hand to be contracted with her thumb laying on her index finger and her remaining fingers in her palm, resembling a fist. Resident #2 was able to lift her thumb off of her index finger which revealed a hard crusted brownish-black substance where the thumb laid. Observation of Resident #2's left palm revealed a similar hard crusted brownish-black substance in the areas where her fingers laid on her palm. Interview on 09/09/20 at 12:10 P.M. with Licensed Practical Nurse (LPN) #42 stated she was assigned to Resident #2's care and verified she did not receive any reports from the nurse aides of Resident #2 refusing any care, and verified Resident #2 had not refused any care from her as well. Observation on 09/09/20 at 12:16 P.M. with LPN Unit Manager #50 verified the brownish-black areas on Resident #2's left hand. LPN #50 approximated the area on Resident #2's left index finger measured two centimeters wide by two centimeters long and the area on the left palm to be three centimeters wide by two centimeters long. Resident #2 allowed LPN #50 to wash the areas with soap and water, and as LPN Unit Manager #50 rubbed the brownish-black areas on Resident #2's left index finger and palm, pieces came off on the wash cloth in small chunks revealing healthy skin underneath. Interview on 09/09/20 at 12:21 P.M. with LPN Unit Manager #50 verified Resident #2's hand had not been adequately washed. Interview on 09/16/20 at 2:08 P.M. with Director of Nursing #1 confirmed the documentation lacked evidence of Resident #2 being bathed per her bathing schedule between June and September 2020. Review of a facility policy titled Bathing, revised February 2018, revealed the purpose of the procedure was to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin. Once the resident has been bathed, staff are to dry the resident from the head to waist before assisting him or her from the tub or shower and observe the skin for any rashes, reddened areas, or skin discoloration. This deficiency substantiates Complaint Number OH 911.</p> <p><b>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, medical record review, resident and staff interview, and review of a facility policy, the facility failed to ensure a pressure-reducing device was in place as ordered by a physician. This affected one (#2) of four reviewed for pressure ulcers. The facility identified 11 residents with pressure ulcers. The census was 71. Findings include: Review of Resident #2's medical record revealed an original admission date of [DATE] and a re-admission date of [DATE]. [DIAGNOSES REDACTED]. Review of the last comprehensive annual Minimum Data Set (MDS) assessment, dated 02/03/20, revealed Resident #2 was cognitively intact and was assessed at risk for pressure ulcer development. Review of the most recently completed MDS assessment dated [DATE] revealed Resident #2 was cognitively intact and no pressure areas to her left hand. Review of a physician order [REDACTED]. #2 was to have a resting hand splint to her left hand on at night and off in the morning, and a palm protector to her left hand on during the day and off during the night every shift. Review of an activities of daily living (ADL) self performance deficit care plan dated 03/01/18 revealed an intervention dated 06/25/19 for Resident #2 to have a palm protector on her left hand during the day and off at night. Review of the most recently completed assessment use to predict pressure ulcer development dated 07/27/20 revealed Resident #2 was at risk for pressure ulcer development. Review of skin assessments completed on 08/19/20, 09/02/20, and 09/09/20 revealed no skin conditions present on Resident #2's left hand. Observation on 09/09/20 at 8:49 A.M. revealed Resident #2 sitting in her wheelchair in her room with no palm protector applied to her left hand. The palm protector was noted to be sitting on a dresser beside Resident #2's television which was out of her reach. Interview on 09/09/20 at 11:30 A.M. with Resident #2 stated staff forget to put her palm protector on this morning and they often forget to put it on after she is dressed. Resident #2 denied any pain to her left hand. Observation on 09/09/20 at 11:30 A.M., during Resident #2's interview, revealed no palm protector in place and remained on the dresser in her bedroom. Interview on 09/09/20 at 12:10 P.M. with Licensed Practical Nurse (LPN) #42 verified she did not receive any reports from her nurse aides of Resident #2 refusing any care, and verified Resident #2 had not refused any care from her as well. LPN #42 verified Resident #2's palm protector was not applied to her left hand as ordered. Interview on 09/09/20 at 12:16 P.M. with LPN Unit Manager #50 also verified Resident #2 did not have her palm protector on her left hand. Observation of Resident #2's left hand with LPN Unit Manager #50, during the interview, revealed no pressure areas or skin breakdown to Resident #2's left hand. Review of an undated facility policy titled Pressure Ulcer Prevention and Treatment, revealed the purpose of the program is to promote the prevention of pressure ulcer development, promote the healing of pressure ulcers that are present (including prevention of infection) and to prevent the development of additional pressure ulcers. The facility will provide care based on each resident's comprehensive assessment with the goal that the resident whom enters the facility without pressure ulcers does not develop pressure ulcers. This deficiency substantiates Complaint Number OH 911.</p> <p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, staff interview, and review of the facility COVID-19 policy, the facility failed to screen a visitor for signs and symptoms of COVID-19 infection prior to entry to the facility. This deficient practice had potential to</p>		
F 0686  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few			
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many			
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 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1)</p> <p>affect all 71 residents residing in the facility. The census was 71. Findings include: Observation on 09/15/20 at 4:37 A.M. revealed notification was made to Licensed Practical Nurse (LPN) #100 via telephone that a surveyor wanted to gain entry to the facility to conduct survey activities. LPN #100 greeted the surveyor at the main entrance of the facility on 09/15/20 at 4:41 A.M., at which time the surveyor identified himself and his purpose for entry to the facility. LPN #100 allowed the surveyor entry into the facility, however, did not perform a temperature check for fever or ask COVID-19 screening questions and returned to her assigned area on the C Hall of the facility. Observation on 09/15/20 at 5:24 A.M. found LPN #100 sitting behind the nursing desk on the C Hall. Interview on 09/15/20 at 5:24 A.M. with LPN #100 stated she was the staff member assigned to complete COVID-19 screenings for visitors to the facility on the third shift and verified she had forgotten to screen the surveyor prior to entry into the facility. LPN #100 subsequently screened the surveyor who was found negative for exposure to COVID-19 and was afebrile. Review of a facility policy titled Infection Prevention and Control Policy [DIAGNOSES REDACTED]-CoV-2, Coronavirus Disease 2019 (COVID-19) Version 10, with inception date of March 2020 and last revised 09/12/20, revealed on page 12 under Exceptions to facility visits, Centers for Medicare and Medicaid Services (CMS) and state survey agencies are constantly evaluating their surveyors to ensure they do not pose a transmission risk when entering a facility and must be allowed to enter. They need to provide credentials as to who they are and the reason for their visit, and they must be screened before entry; if they trigger on the screen they are given a mask to put on and are denied entry. This deficiency substantiates Complaint Number OH 779, OH 723, OH 618, and OH 841.</p>		