

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>366157</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DUNBAR HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>320 ALBANY STREET DAYTON, OH 45417</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 0689  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on medical record review, observation, and resident and staff interview; the facility failed to provide a resident with one on one supervision while the resident was eating a meal as recommended. This affected one (#1) of three resident reviewed for nutrition. The census was 52. Findings include: Review of the medical record for Resident #1 revealed the resident was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of the plan of care, undated revealed Resident #1 had a self care deficit. Interventions include assistance with activities of daily living, dressing, grooming, toileting, feeding, and provide supervision and set up support for eating. Review of video fluoroscopy procedure documentation dated 10/31/19, revealed Resident #1 had impaired results during the oral and pharyngeal stage of the procedure. Documentation revealed the resident was noted with silent aspiration of thin liquids during swallowing and after swallowing with penetrated residue. Initially, the resident tolerated trials of nectar thick liquids however noted progressive fatigue with continued trials, increased penetration, and eventually aspiration. The resident was able to clear penetrated residue intermittently with cueing for throat clear, cough, and re-swallow. There was no aspiration or penetration with trials of honey thick liquids, puree consistency, or level two consistency. Review of the procedure recommendations revealed a puree diet with honey thick liquids, crushed oral medication, alternative means of nutrition/hydration to augment oral intake (PEG tube in place), and one on one supervision. Documentation revealed the recommendations represent the results of the examination. Please consult with primary speech pathologist prior to making changes to current diet. All final diet changes/recommendations per primary speech language pathologist. Review of the quarterly minimum data set (MDS) assessment dated [DATE], revealed Resident #1 had intact cognition. The resident required extensive assistance of one for eating. Continued review revealed the resident required extensive assistance of two staff for bed mobility and was dependent of two staff for transfers and locomotion. Review of the meal ticket included on Resident #1's afternoon meal tray revealed the resident meal was mechanical soft consistency with honey thick liquids. The meal ticket included a note which revealed the resident must be supervised one on one. Continuous observation on 03/10/20 from 12:55 P.M. to 1:23 P.M. of Resident #1 revealed the resident was sitting up in a wheel chair with a bed side table place directly in front of the resident. State tested nurse aid (STNA) #40 entered the residents room and placed the resident meal tray on the bed side table. The STNA uncovered the meal and left the room. Resident #1 began to eat the mechanical soft meal. Observation on 03/10/20 at 1:04 P.M. revealed a nurse entered the resident room and asked the resident if he/she needed any assistance. The resident replied no, and the nurse left the room. Continued observation of the resident eating revealed the resident was observed coughing while attempting to chew and swallow food on several occasions. The resident consumed less than 25 percent of the main coarse. The resident took a short break from eating to watch television prior to starting dessert. At approximately 1:16 P.M. the resident began eating the cake and finished 100 percent of the dessert. The resident was observed coughing while eating the cake. At 1:23 P.M. STNA #4 returned to the resident room, asked the resident if she/he was finished eating, and removed the residents meal tray. Interview on 03/10/20 at 1:08 P.M. with Resident #1 revealed the resident preferred to eat in his/her room. The resident revealed staff delivered the resident the meal tray, set it up on the resident bed side table, and then would leave the room. The resident verified staff did not provide the resident with one on one supervision while eating. Interview on 03/10/20 at 1:26 P.M. with the speech therapist (ST) revealed Resident #1 was to be provided one on one staff supervision with all meals because the resident was at an increased risk for aspiration and choking. Interview on 03/10/20 at 4:15 P.M. with STNA #40 verified the STNA delivered Resident #1's meal tray, set the tray up on the resident's bedside table, and then exited the resident room. STNA #40 reported no knowledge of Resident #1 needing one on one supervision during mealtimes. STNA #40 confirmed Resident #1 did not have one on one staff supervision during the afternoon meal. This deficiency substantiates Complaint Number OH 458.</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.