STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366391	A. BUILDING _____ B. WING _____	**08/11/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ASTORIA SKILLED NURSING AND REHABILITATION	**3537 12TH STREET, NW CANTON, OH 44708**

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 0686 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide appropriate pressure ulcer care and prevent new ulcers from developing.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure pressure relieving devices were in place as ordered. This affected one (Resident #58) of four residents reviewed for pressure ulcers. The facility census was 63. Findings include: Review of the record revealed Resident #58 was admitted on [DATE] with [DIAGNOSES REDACTED]. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #58 had no cognitive deficits and needed extensive assistance with bed mobility and transfers. The resident had no unhealed pressure ulcers. Resident #58 was discharged to the hospital for surgery and returned on 06/04/20. Review of the admission nursing observation dated 06/04/20 revealed the resident had a surgical incision to right above knee amputation and two partial thickness pressure ulcers (Stage II), one to each buttock. The pressure ulcer assessment dated [DATE] indicated Resident #58 was not at risk for development of pressure ulcers. Review of a physician order [REDACTED].#58's heel and buttock. A progress note dated 06/12/20 indicated the resident had a new treatment order for skin prep and foam dressing to the left heel daily. On 07/07/20, the physician ordered pressure relief ankle foot orthosis (PRAFO) boot daily to left foot and resident not to wear shoes, only grippy socks. Okay to wear shoes for transfer. Review of the orthopedic consult dated 07/28/20 indicated Resident #58 had a pressure ulcer on his left heel. The physician indicated the facility should continue to do the dressing changes to the left heel and the foot was to be propped up at all times with the pressure being taken off the heel. The physician also indicated when the resident was in the wheelchair, the foot needed to be propped up and not resting on the foot pedal. Review of the most recent wound consult dated 08/04/20 revealed Resident #58 had an unstageable pressure ulcer measuring 3.0 centimeters (cm) long by 2.5 cm wide with 60 percent soft eschar (non-viable tissue) and 40 percent granulation. The resident also had diabetic ulcers to the left plantar foot and left medial foot. Review of Resident #58's physician orders [REDACTED]. On 08/20/20 at 10:35 A.M. a dressing observation was completed. Licensed Practical Nurse (LPN)/MDS Nurse #102 changed the dressings to Resident #58's left foot. Upon entering the room, Resident #58 had a non-skid sock covering much of the dressing. His foot was positioned on the floor with no pressure relieving devices in place. Resident #58 requested the nurse use the trash can to elevate his foot for the dressing change. She placed pillows on top of the trash can, covered them with a towel, and placed the resident's foot on top. LPN/MDS Nurse #102 measured and described the three wounds. She revealed the left heel ulcer measured 3.7 cm long by 2.1 cm wide. The wound bed with black colored, slightly raised necrotic tissue. The left plantar ulcer measured 3.1 cm long by 2.2 cm wide. The center of the wound bed was dark colored eschar surrounded by light colored eschar. The left medial ulcer measured 1.0 cm long by 0.9 cm wide with granulation in the center of the wound bed. LPN/MDS Nurse #102 followed appropriate infection control practices when changing the dressing. After completing the dressing, she placed the non-skid sock over the dressing. Resident #58's left foot was positioned on the floor with no pressure relieving devices. On 08/10/20 at 12:08 P.M., an interview with State tested Nurse Aide (STNA) #103 revealed Resident #58 had a dressing to his left foot for wounds and wore a non-skid slipper over the dressing. The resident has no pressure relieving devices for his left foot On 08/10/20 at 12:18 P.M., an interview with STNA #101 revealed Resident #58 had a speciality mattress and his foot was kept elevated off mattress when in bed. When he was up in the wheelchair, he did not have anything special. Resident #58's foot did not have to be elevated when up in the wheelchair. On 08/10/20 at 2:00 P.M., an interview with STNA #103 revealed Resident #58 had no brace or PRAFO for his left foot. On 08/10/20 at 2:04 P.M., an interview with Registered Nurse (RN)/Assistant Director of Nursing #104 indicated Resident #58 had a PRAFO. It was to be put on in the morning and off in the evening. He could also wear it at night. During an observation on 08/10/20 at 2:15 P.M., Resident #58 was not wearing a PRAFO to his left foot. His foot was positioned on the floor. RN/Assistant ant Director of Nursing #104 and RN #105 confirmed they were unable to find the PRAFO in the resident's room. An interview with Resident #58 revealed he sometimes put his foot up over the trash can to relieve pressure. This deficiency substantiates Complaint Number OH 737.

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.