

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365813</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HAWTHORN GLEN NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5414 HANKINS ROAD MIDDLETOWN, OH 45044</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 <b>F 0677</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Few</b></p>	<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 observations, medical record reviews, facility policy review and staff interviews, the facility failed to provide adequate nail care. This affected two (#27 and #31) of four residents observed for hygiene. The facility identified 39 residents (#11, #12, #13, #14, #15, #16, #17, #18, #19, #21, #22, #23, #24, #25, #26, #28, #29, #30, #32, #33, #34, #35, #36, #37, #38, #40, #41, #42, #43, #44, #45, #46, #47, #48, #50, #51, #52, #53, #59) who required assistance with hygiene. The facility census was 44. Findings include: 1. Review of the medical record for Resident #31 revealed an admission date of [DATE]. [DIAGNOSES REDACTED]. Review of the Quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #31 was assessed as having severe cognitive impairment. This resident required extensive assistance with Activities of Daily Living (ADL's) including bed mobility, personal hygiene, transfers, and toileting. Interview with State Test Nurse Aide (STNA) #211 on 09/22/20 at 10:45 A.M., revealed staff were responsible for providing nail care for residents at the facility, including trimming toenails unless the resident was diabetic. She stated a podiatrist came to the facility to provide care but had not been in for a while due to the COVID-19 pandemic. STNA #211 stated she was unsure what to do if a resident was diabetic and in need of nail care. Observation of Resident #31 on 09/22/20 at 10:50 A.M., revealed she was sitting in a recliner in the lounge located on the dementia unit. She was wearing non skid socks on both of her feet. The socks were removed by STNA #211 revealing toenails that were long and jagged. Interview with STNA #211 on 09/22/20 at 10:50 A.M. verified Resident #31's toenails were long and jagged and the resident was in need of nail care. Interview with STNA #502 on 09/22/20 at 11:20 A.M., revealed she was unaware of what to do if a resident was in need of nail care, but she could find out. 2. Review of the medical record for Resident #27 revealed she was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. This resident had no known allergies [REDACTED]. #27 was assessed as being cognitively impaired and the resident was rarely/never understood. This resident required extensive assistance with ADL's including bed mobility, personal hygiene, transfers, and toileting. Observation of Resident #27 on 09/22/20 at 11:50 A.M., revealed she was lying in her bed asleep. STNA #970 woke the resident up and pulled back the blankets to reveal the resident's toenails to her right and left great toe were thick and long, and were curling into the skin on the top of each great toe. The skin was observed to be intact and was not reddened. The resident did not complain of pain or discomfort at rest or when STNA #970 touched her feet and toes. Interview with STNA #970 on 09/22/20 at 11:50 A.M., during the observation of Resident #27's toenails verified the residents toenails were thick, long, and curled and in need of nail care. She stated staff provide nail care, most often while giving the residents a shower or bath. Interview with the Director of Nursing (DON) on 09/22/20 at 12:00 P.M. revealed a podiatrist was contracted to come to the facility to provide toenail care to residents but he had not been into the facility since the COVID 19 pandemic began in March. She stated staff provided nail care to all residents at this time except for toenail care for diabetic residents. She stated if a diabetic resident is in need of care of their toenails, facility staff would notify the doctor for further instruction. Review of facility policy titled Activities of Daily Living, dated 05/20, revealed the facility would provide care and services for activities of daily living including grooming and personal hygiene. This deficiency substantiates Complaint Number OH 896 and OH 920.</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.