

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365134</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HICKORY RIDGE NURSING &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>721 HICKORY ST AKRON, OH 44303</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<b>Provide care and assistance to perform activities of daily living for any resident who is unable.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to provide needed staff assistance for completion of routine personal care and bathing to Residents #311 and #312. This affected two of four residents reviewed for personal care and bathing on the secured 600 hall. The facility census was 138. Findings include: 1. Interview on 08/04/20 at 1:10 P.M. with LPN #102 revealed weekends and some weekdays were challenging to work because there was not enough staff. LPN #102 stated the staff worked well together, but on those challenging days things like showers and personal care did not get done for the residents. Phone interview on 08/06/20 at 2:17 P.M. with STNA #107 revealed there were times on the weekends and during the week showers and personal care did not get done because there was not enough staff. STNA #107 further stated bathing and personal care was documented in the electronic record. If a shower or personal care was not completed because there was no time to do it, the bathing task was marked no, and if a resident refused a shower or personal care it was marked under refusal. STNA #107 stated Resident #311 was one of the residents that often did not get showers or personal care due to staffing issues. Review of the medical record for Resident #311 revealed an admission date of [DATE] and medical [DIAGNOSES REDACTED]. Review of the MDS 3.0 assessment dated [DATE] revealed Resident #311 required the assistance of one staff person with extensive assistance for personal hygiene and bathing. Review of the 600 Hall Shower Schedule revealed Resident #311 was scheduled for showers Tuesdays, Thursdays, and Saturdays. The Shower Schedule further stated, Residents must be offered a shower on their assigned day at a minimum. Document refusals and notify nurse. Review of the bathing task in the electronic record from 07/08/20 through 08/06/20 for Resident #311 revealed Resident #311 had 10 check marks in the no column indicating a shower or personal care was not provided as scheduled. Review of the progress notes in the electronic record for this time frame for Resident #311 did not reveal documentation that showers had been refused by this resident. 2. Interview on 08/04/20 at 1:10 P.M. with LPN #102 revealed weekends and some weekdays were challenging to work because there was not enough staff. LPN #102 stated the staff worked well together, but on those challenging days things like showers and personal care did not get done for the residents. Phone interview on 08/06/20 at 2:17 P.M. with STNA #107 revealed there were times on the weekends and during the week showers and personal care did not get done because there was not enough staff. STNA #107 further stated bathing and personal care was documented in the electronic record. If a shower or personal care was not completed because there was no time to do it, the bathing task was marked no, and if a resident refused a shower or personal care it was marked under refusal. STNA #107 stated Resident #312 was one of the residents that often did not get showers or personal care due to staffing issues. Review of the medical record for Resident #312 revealed an admission date of [DATE] and medical [DIAGNOSES REDACTED]. Review of the MDS 3.0 assessment dated [DATE] revealed Resident #312 required assistance of one staff with physical assistance for personal hygiene and was totally dependent on staff for bathing. Review of the 600 Hall Shower Schedule revealed Resident #312 was scheduled for showers Tuesdays, Thursdays, and Saturdays. The Shower Schedule further stated, Residents must be offered a shower on their assigned day at a minimum. Document refusals and notify nurse. Review of the bathing task in the electronic record from 07/08/20 through 08/06/20 for Resident #312 revealed Resident #312 had 15 check marks in the no column indicating a shower or personal care was not provided as scheduled. Review of the progress notes in the electronic record for Resident #312 for this time period did not reveal any documentation that showers had been refused by this resident.		
F 0725  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure adequate staffing to meet the needs of the residents. This affected two Residents (#311 and #312) of four residents reviewed for personal care/showers and had the potential to affect any resident on 600 Hall, which housed 24 residents. Findings include: 1. Interview on 08/04/20 at 12:57 P.M. with State tested Nursing Assistant (STNA) #101 revealed, sometimes we do not have enough staff to get our work done. 2. Interview on 08/04/20 at 1:10 P.M. with Licensed Practical Nurse (LPN) #102 revealed weekends and some weekdays were challenging to work because there was not enough staff. LPN #102 stated the staff worked well together, but on challenging days things like showers, and other personal care did not get done for the residents. 3. Interview on 08/06/20 at 2:17 P.M. with STNA #107 revealed there were times on the weekends and during the week that showers and personal care for residents did not get done because there was not enough staff. STNA #107 further stated bathing and personal care were supposed to be documented in the electronic record. If a shower or personal care was not completed because there was no time to do it, the bathing task was marked no and if a resident refused a shower or personal care it was marked under refusal. STNA #107 stated Residents #311 and #312 were residents that often did not get showers or personal care due to staffing issues. 4. Review of the medical record for Resident #311 revealed an admission date of [DATE] and medical [DIAGNOSES REDACTED]. Review of the MDS 3.0 assessment dated [DATE] revealed Resident #311 required the assistance of one staff person with extensive assistance for personal hygiene and bathing. Review of the 600 Hall Shower Schedule revealed Resident #311 was scheduled for showers Tuesdays, Thursdays, and Saturdays. The Shower Schedule further stated, Residents must be offered a shower on their assigned day at a minimum. Document refusals and notify nurse. Review of the bathing task in the electronic record from 07/08/20 through 08/06/20 for Resident #311 revealed Resident #311 had 10 check marks in the no column indicating a shower or personal care was not provided as scheduled. No refusals were documented. Review of the progress notes in the electronic record for this time frame for Resident #311 did not reveal documentation that showers had been refused by this resident. 5. Review of the medical record for Resident #312 revealed an admission date of [DATE] and medical [DIAGNOSES REDACTED]. Review of the MDS 3.0 assessment dated [DATE] revealed Resident #312 required assistance of one staff with physical assistance for personal hygiene and was totally dependent on staff for bathing. Review of the 600 Hall Shower Schedule revealed Resident #312 was scheduled for showers Tuesdays, Thursdays, and Saturdays. The Shower Schedule further stated, Residents must be offered a shower on their assigned day at a minimum. Document refusals and notify nurse. Review of the bathing task in the electronic record from 07/08/20 through 08/06/20 for Resident #312 revealed Resident #312 had 15 check marks in the no column indicating a shower or personal care was not provided as scheduled. No refusals were documented. Review of the progress notes in the electronic record for Resident #312 for this time period did not reveal any documentation that showers had been refused by this resident.		

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.