

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365559	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OF SUPPLIER ROLLING HILLS REHAB AND CARE CTR		STREET ADDRESS, CITY, STATE, ZIP 68222 COMMERCIAL DRIVE BRIDGEPORT, OH 43912	
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 0695 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, policy review and staff interview the facility failed to ensure oxygen therapy was provided and maintained in a manner to ensure proper sanitation to prevent the spread of infection, proper delivery and/or only with a physician's order. This affected two residents (#61 and #67) of four residents reviewed for respiratory care. Findings include: 1. Review of Resident #61's medical record revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the physician's orders revealed an order dated, 07/06/20 for bilevel positive airway pressure ([MEDICAL CONDITION]) with settings 15/8 inhalation/exhalation bleed in five liters of oxygen per nasal mask after meals and at bedtime four times a day and as needed for [MEDICAL CONDITION] and [MEDICAL CONDITION]. An order dated, 07/02/20 was also noted for oxygen and/or nebulizer tubing change weekly and as needed every day shift every Thursday and as needed for missing or damage. Review of the quarterly 07/30/20 Minimum Data Set (MDS) 3.0 assessment revealed the resident was independent for daily decision making and was on oxygen. On 09/29/20 at 5:14 P.M. Resident #61 was observed in bed. The resident's [MEDICAL CONDITION] machine was observed on the bedside table. The mask was in the top drawer of the bedside table face down on potato chips, other food items and personal items. The mask was not contained in a bag for sanitization. The tubing went from the mask and was connected to the machine on the top of the bedside stand, The water chamber was empty. The white filter was black on one side. The resident was wearing a nasal cannula with oxygen at five liters per minute. The humidification bottle to the line was dry. Review of the treatment administration records revealed no evidence of care and maintenance of the [MEDICAL CONDITION] machine. On 09/29/20 at 5:17 P.M. interview with Licensed Practical Nurse (LPN) #103 revealed there was no cleaning protocol for the [MEDICAL CONDITION] machine in the orders or resident's record. LPN #103 indicated on the 7:00 A.M.-7:00 P.M. shift they did not clean the machine, filter or tubing. The LPN indicated at times the mask would be wiped with a bleach wipe. LPN #103 verified the mask was in the top drawer of the bedside table uncovered, and the tubing connected to the machine with no evidence of being cleaned or positioned to dry. LPN #103 indicated the mask should be in a bag covered for sanitation. LPN #103 verified there was no distilled water on the unit for humidification. LPN #103 verified the filter was discolored a light black color on one side. Verification occurred the humidification bottle to the nasal cannula was dry. On 09/29/20 at 5:22 P.M. interview with State tested Nursing Assistant (STNA) #112 revealed the STNA staff do not do anything to clean the [MEDICAL CONDITION] machine. Reviewed of the [MEDICAL CONDITION]/[MEDICAL CONDITION] Support policy revised March 2015 revealed the machine was to be wiped with warm, soapy water and rinsed at least weekly and as needed. The humidifier, if used, took clean distilled water only. The humidifier was to be cleaned weekly and air dried. To disinfect, place vinegar-water solution (1:3) in clean humidifier. Soak for 30 minutes and rinse thoroughly. Rinse washable filter under running water once a week to remove dust and debris. Replace this filter at least once a year. Replace disposable filters monthly. Mask, nasal pillows and tubing was to be cleaned daily by placing in warm, soapy water and soaking/agitating for five minutes. Mild dish detergent was recommended. Rinse with warm water and allow to air dry between uses. The headgear strap was to be washed with warm water and mild detergent as needed. Allow to air dry. 2. Review of Resident #67's medical record revealed the resident was admitted to the facility 08/28/20 with [DIAGNOSES REDACTED]. Review of the 09/01/20 five day MDS 3.0 assessment revealed the resident was moderately impaired for daily decision making and was not on oxygen. A progress note, dated 09/20/20 at 9:00 A.M. revealed the resident complained of shortness of breath while at rest. The resident's oxygen saturation was checked and was 90 percent. The resident was placed on two liters of oxygen via nasal cannula. On 09/29/20 at 6:45 P.M. observation revealed Resident #67 was in bed with oxygen being delivered through a nasal cannula with humidification at four liters per minute. Record review revealed no physician's order for oxygen. Review of the medication and treatment administration records revealed no order for oxygen for the resident. On 09/29/20 at 6:48 P.M. interview with LPN #113 verified there was not a written physician order for [REDACTED]. This deficiency substantiates Complaint Number OH 622 and Complaint Number OH 091.</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.