

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365759</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HEALTH CENTER AT THE RENAISSAN</b>		STREET ADDRESS, CITY, STATE, ZIP <b>26376 JOHN RD OLMSTED TWP, OH 44138</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 0625  <b>Level of harm - Potential for minimal harm</b>  <b>Residents Affected - Many</b>	<b>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview the facility failed to ensure proper bed hold notices were provided as required upon resident transfers to the hospital. This affected two residents (#3 and #66) and had the potential to affect all 87 residents residing in the facility. Finding include: 1. Record review revealed Resident #3 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The Minimum Data Set (MDS) 3.0 assessment, dated 02/17/20 revealed the resident had intact cognition and needed extensive assistance from staff for bed mobility, transfers and toileting. Review of nurses' progress note, dated 12/24/19 revealed resident was sent to the emergency room for increased temperature and lethargy. There was no evidence the resident's representative was provided the facility written bed hold policy notice at the time of transfer. Interview on 03/12/20 at 2:22 P.M. with Licensed Social Worker (LSW) #203 verified the facility could not provide evidence a written bed hold notice was provided to Resident #3's representative upon the resident's transfer to the hospital. 2. Record review revealed Resident #66 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The MDS 3.0 assessment, dated 11/28/19 revealed the resident had impaired cognition and required extensive assistance from staff for bed mobility and toileting. Review of the nurses' progress note dated 02/02/20 revealed Resident #66 was sent 911 to the emergency room (ER) for respiratory distress. A note dated 01/24/20 revealed Resident #66 was sent 911 to ER for nausea, vomiting and respiratory distress. There was no evidence the resident's representative was provided the facility written bed hold policy notice at the time of either transfer. Interview on 03/12/20 at 2:22 P.M. with Licensed Social Worker (LSW) #203 verified the facility could not provide evidence a written bed hold notice was provided to Resident #66's representative upon the resident's transfer to the hospital.		
F 0803  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</b> Based on observation, record review and interview the facility failed to ensure a variety of foods were offered for Resident #51 and Resident #85 and failed to ensure Resident #2, Resident #65 and Resident #80, who were ordered a pureed diet received the proper serving size of soup. This affected two residents (#51 and #85) of four residents reviewed for food concerns based on the menu and three residents (#2, #65 and #80) of three residents reviewed for pureed diets. Findings include: On 0[DATE] observation of both the lunch and dinner meals revealed beef and barley soup was served for both meals. Interview with Dietary Managers #201 and #202 on 0[DATE] at 5:45 P.M. regarding observations of beef barley soup having been served on 0[DATE] for both lunch and dinner meals, and concerns residents (#51 and #85) had stated in regard to the lack of variety of meals served were discussed. Dietary Manager #201 stated, The same meals are not served back to back and denied beef and barley soup had been served at lunch and dinner on 0[DATE]. Review of the menu spreadsheet on 0[DATE] with Dietary Managers #201 and #202 at 5:47 P.M. confirmed the menu had beef and barley soup listed for both meals. Dietary Manager #201 stated this was a typo. Observation of Dietary Aide #205 serving lunch on 0[DATE] at 11:37 A.M. revealed the beef and barley soup was served to residents on the second floor with a six ounce ladle, and a three ounce serving was served to residents on the second floor prescribed pureed diets. Interview with Dietary Aide #205 at 11:47 A.M. confirmed the size of the soup ladle was six ounces and the size of the spoon used for the pureed portions of soup was three ounces. Interview with Dietary Aide #200 on 0[DATE] at 11:49 A.M. revealed the Dietary Aides serve the foods to residents without referring to the dietary cards and go by memory. Interview on 0[DATE] with Dietary Manager #201 confirmed residents on the second floor who received pureed diets, (Resident #2, Resident #65 and Resident #80), should have received six ounce servings of soup for lunch and that staff should have known not to serve only three ounces, as they all had been trained. Review of the facility record, Diet Type Report dated 03/09/20, revealed there were 44 of 45 residents on the second floor who had meals served by the facility and three of the 45 residents, (Resident #2, Resident #65 and Resident #80) were prescribed pureed diets. Record review of the facility documents titled, Diet Spreadsheets Fall and Winter, revealed the portion size for residents prescribed either a regular or pureed diet was a six ounce ladle of soup.		
F 0812  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b> Based on observation, record review and interview the facility failed to ensure a sanitary food preparation area was maintained during tray/serving line of meals to prevent potential contamination and/or food borne illness. This had the potential to affect 44 residents (#1, #2, #4, #5, #7, #9, #12, #13, #14, #18, #20, #22, #24, #27, #28, #29, #31, #35, #37, #48, #49, #51, #52, #58, #61, #64, #65, #66, #68, #73, #74, #77, #79, #80, #81, #84, #88, #90, #91, #93, #293, #294, #295 and #296) of 45 residents who take foods by mouth, reside on the second floor and receive their meals from the pantry. Findings include: Interview with Dietary Manager #201 on 03/09/20 at 10:00 A.M. revealed all dietary staff had been trained in safe food serving. Observation of the second floor food tray/serving line 0[DATE] at 11:28 A.M. revealed Dietary Aide #200 was observed to put a used paper towel, alcohol wipe and wrapper onto the serving area and those items fell upon the heavily traveled pantry floor. Dietary Aide #200 picked the items up off of the floor with bare hands and placed them back onto the serving area in front of the hot foods before the items were discarded in the trash. The food prep/serving area was not cleaned afterward. Dietary Aide #206 set the soup ladle onto the uncleaned serving area, placed the soup ladle into the soup and then served the residents. The facility identified 44 residents, Resident #1, #2, #4, #5, #7, #9, #12, #13, #14, #18, #20, #22, #24, #27, #28, #29, #31, #35, #37, #48, #49, #51, #52, #58, #61, #64, #65, #66, #68, #73, #74, #77, #79, #80, #81, #84, #88, #90, #91, #93, #293, #294, #295 and #296 who take foods by mouth, reside on the second floor and receive their meals from the pantry. Review of the policy titled Dietary Infection Control, dated 03/11/20; Food Handling, dated 03/11/20, revealed it was the policy of the facility that all local, state and federal standards and regulations were followed in order to assure a safe and sanitary dietary department. The Infection Control policy indicated, all employees would be in good health, would have clean personal habits and would handle all foods safely. The food handling policy revealed all food items were prepared to conserve maximum nutritive value, develop and enhance flavor and to be free of injurious organisms and substances.		
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.