

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/16/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/23/2022
NAME OF PROVIDER OR SUPPLIER Avenue at Medina		STREET ADDRESS, CITY, STATE, ZIP CODE 699 East Smith Road Medina, OH 44256	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34296</p> <p>Based on record review, and interview the facility failed to ensure a residents plan of care was individualized and up to date. This affected one resident (Resident #158) out of one resident reviewed for urinary catheters. The facility census was 64.</p> <p>Findings Include:</p> <p>Review of the open medical record of Resident #158 revealed an admitted d of 11/04/22. His admitting diagnoses included acute/chronic respiratory failure, pneumonia due to the Coronavirus, chronic obstructive pulmonary disease, severe protein calorie malnutrition, urinary tract infection, malignant neoplasm of the prostate and anxiety disorder.</p> <p>Review of Resident #158's Minimum Data Set assessment dated [DATE] revealed this resident was cognitively intact. He did however, have episodes of forgetfulness. Functionally this resident needed extensive assistance of one person for most activities of daily living including bed mobility, transfers, dressing, toilet use and personal hygiene.</p> <p>Review of the physician's orders for this resident revealed an order on:</p> <p>Urinary catheter due to urinary retention with an 18 french size catheter and a balloon with 10 milliliters (ml) of fluid.</p> <p>Change Foley catheter monthly as needed</p> <p>Foley Catheter care per policy.</p> <p>Irrigate urinary catheter with 50 cc of water if blocked</p> <p>Review of this resident's plan of care dated 11/07/22 revealed this resident has bowel/bladder incontinence, resident has a urinary catheter. Interventions for this plan of care included: Catheter care per policy and to keep call light within reach.</p> <p>Interview with the Director of Nursing and the Administrator on 11/22/23 at 1:30 P.M. verified the resident's plan of care was not inclusive of the physicians orders, or of keeping the catheter bag below the level of the kidneys or to ensure the urinary catheter is secure with a securement device.</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 366407
		If continuation sheet Page 1 of 11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/23/2022
NAME OF PROVIDER OR SUPPLIER Avenue at Medina		STREET ADDRESS, CITY, STATE, ZIP CODE 699 East Smith Road Medina, OH 44256	
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34296</p> <p>Based on record review and interview, the facility failed to ensure care plan interventions were implemented and followed. This affected two residents (Resident #38 and Resident #164) out of 43 residents reviewed for care plan interventions. The facility census was 64</p> <p>Finding Included:</p> <p>1. Review of the open medical record for Resident #38 revealed this resident was admitted to the facility on [DATE]. His admitting diagnoses included chronic respiratory failure with hypoxia, congestive heart failure, dependence on renal dialysis, type II diabetes and acute respiratory failure.</p> <p>Review of this resident's Minimum Data Set assessment dated [DATE] revealed this resident was alert and oriented times three. He needed extensive assistance of one person for most activities of daily living including bed mobility, transfers, dressing, toilet use and personal hygiene.</p> <p>Review of physician orders for this resident dated 10/17/22 revealed an order for pressure reducing boots to bilateral heels when in bed.</p> <p>Review of the resident's plan of care dated 06/15/21 revealed the resident had potential for impaired skin integrity and pressure ulcer development related to immobility, incontinence, history of skin injury and obesity. Interventions for this plan of care included: Administer treatments as ordered and monitor for effectiveness; Barrier cream as ordered; Float heels as allowed; and pressure reducing boots as ordered.</p> <p>Interview with the resident on 11/22/22 at 10:30 A.M. revealed he did have pressure ulcers on his heels but they had healed. When asked about elevating his heels, he stated the nurses usually put pillows under his calves. He denied ever seeing or have pressure reducing boots as ordered.</p> <p>Observation of the resident's room revealed no pressure reducing boots in his bathroom, closet or anywhere in his room.</p> <p>Interview with the State tested Nurse Aide (STNA) # 573 on 11/22/22 at 11:15 A.M. revealed she was not aware the resident was suppose to have pressure reducing boots in place when in bed. This STNA stated she has never seen them in his room either.</p> <p>Interview with the Director of Nursing on 11/22/22 at 12:55 P.M. verified the resident had an order for pressure reducing boots and he did not have them in place.</p> <p>2. Review of the open record of Resident #164 revealed an admitting date of 11/02/22. His admitting diagnoses included chronic obstructive pulmonary disease, cellulitis, obesity, type II diabetes, anxiety disorder, major depressive disorder and low back pain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/23/2022
NAME OF PROVIDER OR SUPPLIER Avenue at Medina		STREET ADDRESS, CITY, STATE, ZIP CODE 699 East Smith Road Medina, OH 44256	
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of this resident's Minimum Data Set assessment dated [DATE] revealed this resident was alert and oriented times three. Functionally, this resident needed extensive assistance of one person for bed mobility, transfers, dressing, toileting and personal hygiene. According to the skin assessment of this MDS, the resident did not have any pressure ulcers.</p> <p>Review of this resident's plan of care dated 11/16/22 revealed this resident had the potential for impaired skin integrity related to impaired mobility, and morbid obesity. Interventions for this plan of care included: Administer treatments as ordered and monitor for effectiveness; Barrier cream as ordered: Educate the resident/family as to causes of skin breakdown including transfers, positioning and importance of mobility and Monitor nutritional status; Serve diet as ordered and Monitor intake and record.</p> <p>Review of this resident's nutritional intake monitoring revealed his intake was not being consistently monitored. For this month he had no intake listed for 11/6, 11/7, 11/9, 11/12, 11/14, 11/15, 11/17, 11/18, 11/20, 11/21, and 11/22/22. Further review of his intake revealed on the days he had meal intakes recorded, it was only done for one or two meals.</p> <p>Interview with the Administrator and the Director of Nursing on 11/23/22 at 10:30 A.M. verified the resident's meal intakes were not monitored per the care plan intervention.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/23/2022
NAME OF PROVIDER OR SUPPLIER Avenue at Medina		STREET ADDRESS, CITY, STATE, ZIP CODE 699 East Smith Road Medina, OH 44256	
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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34296</p> <p>Based on record review and interview the facility failed to ensure a resident with a urinary catheter had catheter care performed per protocol. This affected one resident, Resident #158 out of one resident reviewed for catheters. The facility census was 64.</p> <p>Finding Include:</p> <p>Resident #158 was admitted to this facility on 11/04/22. His admitting diagnoses included acute/chronic respiratory failure, chronic obstructive pulmonary disease, urinary tract infection, and malignant neoplasm of the prostate.</p> <p>Review of this resident's Minimum Data Set assessment dated [DATE] revealed this resident was alert and oriented times three. He needed the extensive assistance of one person for bed mobility, transfers, dressing, toilet use and personal hygiene.</p> <p>Review of the resident's physician orders revealed the resident was to be provided catheter care according to the facility policy. The policy stated catheter care is to be done every shift.</p> <p>Review of this resident's plan of care dated 11/07/22 revealed this resident has bowel/bladder incontinence, resident has a urinary catheter. Interventions for this plan of care included: Catheter care per policy and to keep call light within reach. This care plan did not include catheter care.</p> <p>Review of the Medication Administration Record and the Treatment Administration Record showed no documentation that catheter care was performed.</p> <p>Observation on 11/22/22 of catheter care being performed by State tested NurseAide (STNA) #561 revealed catheter care was performed on this resident following infection control and hand hygiene guidelines.</p> <p>After catheter care was completed, the resident stated that catheter had never been done before, even at the hospital. He stated since his admission, this was the first time he had catheter care done.</p> <p>Interview with the Director of Nursing and the Administrator on 11/23/22 at 10:40 A.M. verified there was no documentation showing that catheter care was done. The DON further stated the resident does have episodes of forgetfulness so he probably forgot this was done before.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/23/2022
NAME OF PROVIDER OR SUPPLIER Avenue at Medina		STREET ADDRESS, CITY, STATE, ZIP CODE 699 East Smith Road Medina, OH 44256	
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37096</p> <p>Based on observation, interview and record review the facility failed ensure medications were stored securely. This affected two residents #15 and #31 and had the potential to affect an additional 33 Residents, #1, #5, #6, #9, #10, #14, #15, #16, #18, #19, #20, #21, #27, #28, #29, #31, #34, #38, #42, #45, #46, #47, #106, #107, #108, #110, #160, #161, #162, #163, #168, #259, and #260 The census was 64.</p> <p>Finding include:</p> <p>1. Record for Resident #31 revealed an admitted [DATE]. Diagnoses included multiple sclerosis, major depressive disorder, and migraine.</p> <p>Review of the annual Minimum Data Set (MDS) 3.0 assessment for Resident #31, dated 10/01/22, revealed the resident had impaired cognition. The resident required extensive assistance with bed mobility, total dependence with transfers, and extensive assist with eating.</p> <p>Review of physician orders for Resident #31 revealed medication orders including high calorie supplement pudding used to administer medications. Topiramate 50 milligram (mg) by mouth twice daily for migraine.</p> <p>Observation on 11/22/22 at 7:30 A.M. of medication administration with Registered Nurse (RN) #588 revealed there was a cup of thicken liquids with specks floating sitting on top of the liquid which was on the medication cart. The cup was sitting on an open packet that read topiramate 50 milligram (mg) with Resident #31's name. The cup sat on the medication cart while RN #588 administered medications to Resident #36, #16, and #46 from 7:10 A.M. to 7:40 A.M. While administering medications to each resident, the cart sat out side the doorway of each resident's room.</p> <p>Interview on 11/22/22 at 7:40 A.M. with RN #588 stated the cup sitting on the medication cart was Resident #31 medications. RN #588 stated she was being proactive and wanted to have Resident #31's medications ready prior to her leaving the facility.</p> <p>Review of the facility policy titled Storage of Medications dated November 2018 revealed medications and biologicals are stored safely, securely, and properly, following manufacture's recommendations.</p> <p>Review of the facility policy titled Medication Administration dated December 2017, stated medications are administered at the time they are prepared. Medications are not pre-poured either in advance of the medication pass or for more than one resident at a time. During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications.</p> <p>34296</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/23/2022
NAME OF PROVIDER OR SUPPLIER Avenue at Medina		STREET ADDRESS, CITY, STATE, ZIP CODE 699 East Smith Road Medina, OH 44256	
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Resident #15 was admitted to the facility on [DATE]. Her admitting diagnoses included traumatic arthropathy of right knee, fracture of lower head of right femur, hypertension, anemia and hypokalemia to name a few. Review of this resident's Minimum Data Set Assessment (MDS) dated [DATE] revealed this resident was alert and oriented times three. Functionally, she needed extensive assistance of one person for bed mobility, transfers and toileting to name a few.</p> <p>Review of this resident's physician orders dated 11/11/22 revealed the resident was to receive Doxycycline hydrate 100 milligrams (mg) by mouth two times a day for a right knee surgery infection.</p> <p>Interview with this resident on 11/21/23 at 10:30 A.M. revealed the resident sitting up in her chair with her bedside table in front of her. She was in the process of putting make up on. Next to her make up bag was a medication cup with a green colored capsule in it. When the resident was asked about the pill, she stated the nurse gave her antibiotic but doesn't take it until lunch comes because it upsets her stomach if she didn't take it with food. She stated the pill was given to her earlier this morning.</p> <p>Interview with Licensed Practical Nurse (LPN) #541 on 11/21/22 at 11:00 A.M. verified the resident did have her antibiotic by her bedside because she likes to take it with food.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/23/2022
NAME OF PROVIDER OR SUPPLIER Avenue at Medina		STREET ADDRESS, CITY, STATE, ZIP CODE 699 East Smith Road Medina, OH 44256	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>34296</p> <p>Based on interview and observation, the facility failed to ensure the kitchen was clean and sanitary. This had the potential to affect all residents who received food from the kitchen. The facility census was 64. At the time of the annual survey the facility had all resident's receiving food from the kitchen.</p> <p>Findings include:</p> <p>Observation of the kitchen on 11/21/22 at 10:30 A.M. revealed some areas of concern regarding cleanliness: These areas included:</p> <p>The side of the deep fryer had grease splattered on it.</p> <p>On floor on the side of deep fryer was crumbs of food and grease.</p> <p>Behind the stove top was grease, crumbs of food and paper</p> <p>The steam tray doors were splattered with brown spots as was the base of the door frame.</p> <p>The floor of the refrigerator had dirt, food crumbs and paper on it</p> <p>The floor of the freezer had dirt, food crumbs and paper on it</p> <p>The dry storage shelves had two packages of noodles that were opened but not dated or timed</p> <p>The dry storage also had a box of dry gelatin mix that was opened and not dated or timed. I</p> <p>Interview with the Kitchen Manager #525 on 11/21/22 at 11:10 A.M. verified all of the above findings.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/23/2022
NAME OF PROVIDER OR SUPPLIER Avenue at Medina		STREET ADDRESS, CITY, STATE, ZIP CODE 699 East Smith Road Medina, OH 44256	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37096</p> <p>Based on observation, interview, and record review the facility failed to perform proper hand hygiene during wound dressing; failed to provide hand hygiene during blood glucose monitoring and failed to disinfect the glucometer; failed to properly prepare the skin prior to blood glucose sampling. This affected one Resident #38 of one observed for wound dressing; affected two Residents #36 and #46 of five residents who receive glucose monitoring and affected three residents #16, #36, #46 out of five residents who received glucose monitoring</p> <p>The facility census was 64.</p> <p>Finding Include:</p> <p>1. Review of the medical record for Resident #34 revealed an admitted [DATE]. Diagnoses included type II diabetes, obesity, and chronic kidney disease.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment for Resident #34, dated 10/01/22, revealed the resident had intact cognition. The resident was diabetic and received insulin injections.</p> <p>Review of physician orders for Resident #34 revealed medication orders including a blood glucose check and an order for Humalog insulin, fast acting, on a sliding scale (varies the dose of insulin based on blood glucose level).</p> <p>Observation of medication administration on 11/22/22 at 7:10 A.M. with Registered Nurse (RN) #588 gathering supplies for Resident #43's blood glucose check revealed RN #588 donned gloves without providing hand hygiene, removed the cap to the lancet needle, held the index finger and poked with the needle to obtain a sample of blood. RN#588 did not wipe the index finger with alcohol prior to injecting to needle. RN #588 removed gloves set the glucometer on the medication cart and drew up insulin, she donned gloves and administered the insulin. RN #588 removed the gloves and walked out Resident #34 room without washing her hands. RN #588 proceeded to her next blood glucose check without cleaning the glucometer.</p> <p>Interview on 11/22/22 at 7:40 A.M. with RN #588 verified she did not wash her hand or use alcohol prior to obtaining a blood glucose sample and did not clean/disinfect the glucometer. She stated alcohol is very hard on the skin and she did not use it for compassionate reasons. RN #588 stated she was told use gloves and did not know she needed to wash hand after working with blood. RN #588 did not know to clean/disinfect the glucometer after each use.</p> <p>2. Review of the medical record for Resident # 16 revealed an admitted [DATE]. Diagnoses included type 2 diabetes, heart failure, and chronic kidney disease.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment for Resident #16, dated 11/03/22, revealed the resident had intact cognition. The resident had a diagnosis of diabetes.</p> <p>Review of physician orders for Resident #16 revealed medication orders including a blood glucose check and an order for Tradjenta five milligram (mg) given by mouth in the morning.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/23/2022
NAME OF PROVIDER OR SUPPLIER Avenue at Medina		STREET ADDRESS, CITY, STATE, ZIP CODE 699 East Smith Road Medina, OH 44256	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the plan of care for Resident #16 revealed diabetic with a goal to be free from sign and symptoms. Interventions included fasting serum blood sugar and to administer medications.</p> <p>Observation on 11/22/22 at 7:31 A.M. with RN #588 gathering supplies for Resident #16's blood glucose check revealed RN #588 donned gloves without washing her hands and administered the glucose check. RN #588 removed her gloves and set the glucometer on the medication cart and did not clean or disinfect the glucometer. RN #588 proceeded to Resident #46 to administer medications without washing her hands.</p> <p>Interview on 11/22/22 at 7:40 A.M. with RN #588 verified she did not wash her hands prior and after obtaining a blood glucose sample. RN #588 stated she was told use gloves and did not know she needed to wash hand after working with blood. RN #588 stated did not know to clean/disinfect the glucometer after each use.</p> <p>3. Review of the medical record for Resident #46 revealed an admitted [DATE]. Diagnosis included type II diabetes, chronic kidney disease, and hypertension.</p> <p>Review of the comprehensive Minimum Data Set (MDS) 3.0 assessment for Resident #46, dated 10/06/22, revealed the resident had intact cognition. The assessment identified the SR diabetic and received insulin injections.</p> <p>Review of physician orders for Resident #46 revealed medication orders including for Novolog a fast-acting insulin on a sliding scale.</p> <p>Review of the plan of care for Resident #46 dated 10/15/22 revealed the resident was diabetic with a goal to be free from sign and symptoms. Interventions included blood glucose check and to administer medications</p> <p>Observation on 11/22/22 at 7:36 A.M. with RN #588 gathering supplies for Resident #46's blood glucose check revealed RN #588 donned gloves without washing her hands and administered the glucose check. RN #588 removed the cap to the lancet needle, held the index finger and poked with the needle to obtain a sample of blood. RN#588 did not wipe the index finger with alcohol prior to injecting to needle. RN #588 removed her gloves and set the glucometer on the medication cart. RN #588 did not wash her hands and did not clean and disinfect the glucometer after use.</p> <p>Interview on 11/22/22 at 7:40 A.M. with RN #588 verified she did not wash her hand or use alcohol prior to obtaining a blood glucose sample and clean/disinfect the glucometer. She stated alcohol is very hard on the skin and she did not use it for compassionate reasons. RN #588 stated she was told use gloves and did not know she needed to wash hand after working with blood. RN #588 did not know to clean/disinfect the glucometer after each use.</p> <p>Review of the facility policy titled Handwashing stated all employees should wash hands thoroughly with soap and running water in the following circumstances:</p> <p>Before and after contact with the resident.</p> <p>Before performing an aseptic task</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/23/2022
NAME OF PROVIDER OR SUPPLIER Avenue at Medina		STREET ADDRESS, CITY, STATE, ZIP CODE 699 East Smith Road Medina, OH 44256	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>after contact with blood, body fluids, visible contaminated surfaces or after contact with objects in the residents, room.</p> <p>Review of the manufacture's instruction for glucose monitoring system stated to disinfect and pre-clean the meter after each use with an Environmental Protection Agency (EPA) registered cleaning wipe for two minutes. The disinfection process is for preventing potential transmission of infectious diseases through bloodborne pathogens.</p> <p>Review of the facility policy titled Injectable Medications Administration dated August 2018, revealed the following procedures for injectable medications:</p> <p>to wash hands with soap and water</p> <p>check the order,</p> <p>put on gloves</p> <p>clean with skin with an alcohol wipe</p> <p>inject needle</p> <p>remove gloves and clean hands by washing or using sanitizer</p> <p>07954</p> <p>4. Resident #164 was admitted to the facility on [DATE]. His admitting diagnoses included chronic pulmonary disease, cellulitis, obesity, respiratory failure, type II diabetes, anxiety disorder and major depressive disorder.</p> <p>Review of this resident's Minimum Data Set Assessment (MDS) dated [DATE] revealed this resident was alert and oriented. Functionally, he needed extensive assistance of one person for bed mobility, dressing and transfers. He needed limited assistance of one person for toileting.</p> <p>Review of this resident's plan of care dated 11/16/22 revealed this resident has the potential for skin impairment and pressure ulcer development related to impaired mobility, cellulitis and morbid obesity. Interventions for this plan of care included to Administer Treatments as ordered, Float Heels as resident allows; When the resident refuses treatment, confer with the resident and family to determine why and try alternative methods to gain compliance; Monitor nutritional status, and Administer as ordered the resident's required protein, supplements, Vitamins and Minerals to promote wound healing.</p> <p>Review of the physician orders for this resident revealed the resident had an order dated 11/22/22 to cleanse his left calf with normal saline and pat dry. Apply adaptic and cover with a thick pad then wrap in kerlex.</p> <p>Observation of the dressing change of this resident on 11/22/22 at 4:30 P.M. this resident getting his wound dressing changed. This wound was not related to pressure but was related to his cellulitis.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/23/2022
NAME OF PROVIDER OR SUPPLIER Avenue at Medina		STREET ADDRESS, CITY, STATE, ZIP CODE 699 East Smith Road Medina, OH 44256	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Registered Nurse (RN) #595 went into the room with all the needed supplies. She proceeded to wipe off/clean the bedside table with a bleach wipe. Then she applied a clean cloth on top and then laid all of her supplies on the towel. She then washed her hands and put on gloves.</p> <p>She proceeded to remove the old dressing the area. She removed her gloves and cleaned the wound according to the physicians orders. She then removed these gloves and applied adaptic and a thick sponge and wrapped it with kerlex.</p> <p>Interview with RN #595 on 11/22/22 at 4:50 P.M. verified while performing the dressing change and removing her contaminated gloves, she did not wash her hands in between.</p> <p>Review of the facility policy dated November, 2016, titled Dressing Change - Clean revealed the nurse failed to follow the facility policy regarding clean dressing changes.</p>		