

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365030	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER Concord Care Center of Toledo		STREET ADDRESS, CITY, STATE, ZIP CODE 3121 Glanzman Rd Toledo, OH 43614	

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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>37452</p> <p>Based on observation of medication administration, staff interview, record review, and review of a policy for administering medications, the facility failed to ensure a medication error rate of less than five percent.</p> <p>27 opportunities were observed with two medication errors, resulting in a 7.41 percent error rate. This affected one (Resident #15) of three residents observed for medication administration. The facility census was 76.</p> <p>Findings include:</p> <p>Review of Resident #15's medical record revealed a physician order dated 08/24/22 for guaifenesin (antihistamine) 600 milligram (mg) tablets, two tablets (1,200 mg) every 12 hours by mouth for allergies. There was also a physician order dated 07/16/22 for fluticasone propionate suspension 50 micrograms (mcg) per actuation, one spray in each nostril two times per day for rhinitis (allergies).</p> <p>Observation on 05/29/24 at 8:50 A.M. revealed Licensed Practical Nurse (LPN) #30 administered the 17 medications to Resident #15, in the form of oral, topical, and inhaled medications. Among these medications, LPN #30 administered two guaifenesin 400 mg extended-release tablets (equating to 800 mg), orally to Resident #15. In addition, during the observation LPN #30 handed a container to Resident #15 containing fluticasone propionate suspension (Flonase) 50 mcg per actuation (spray) nasal spray. Resident #15 administered two sprays in each nostril as LPN #30 observed and supervised. Immediately after this administration, the surveyor asked Resident #15 about the number of sprays, to which the resident stated she always takes two sprays in each nostril. The surveyor pointed out the package label that included the prescriber's order for one spray in each nostril. Both LPN #30 and Resident #15 stated they were unaware of the order for one spray per nostril.</p> <p>Interview on 05/29/24 at 2:12 P.M. with LPN #30 confirmed they administered 800 mg of guaifenesin rather than the prescribed 1,200 mg, and Resident #15 received two sprays of fluticasone propionate in each nostril rather than the prescribed one spray per nostril.</p> <p>Review of the facility policy titled Administering Medications, last revised April 2019, revealed medications shall be administered in accordance with prescriber orders.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00153921.</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
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