

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  10/29/2024
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45445</b></p> <p>Based on observation, staff interview, review of housekeeping check list, review of facility assessment, and review of policy, the facility failed to maintain a clean and safe environment. This directly affected eight (#16, #54, #55, #56, #63, #64, #65, and #90) residents with the potential to affect all 77 residents in the facility. The census was 77.</p> <p>Findings include:</p> <p>Observation on 10/28/24 at 7:05 A.M., upon entering the facility revealed the ceiling light with missing a cover, brown stained and bowing ceiling tiles, carpeting pulled away from the wall, dark brown streaks and various odd, shaped areas of black discoloration on the tan colored bench and the two blue and white chairs, brown colored carpeting with dark colored staining and worn, thinning paths in front of the facility locked entry door, and spider webs and dust hanging from the ceiling where the wall and ceiling join.</p> <p>Additional observations during the facility tour on 10/28/24 from 9:00 A.M. until 11:30 A.M. revealed:</p> <p>The ceiling vent in the hallway outside rooms 37, 38 and 39 covered with a thick layer of dust;</p> <p>A thick layer of dust on the wall behind the hallway handrails;</p> <p>A thick layer of dust on the fire alarm boxes;</p> <p>Missing ceiling tiles exposing wires and the metal drop ceiling framing outside the lower-level dining room;</p> <p>Hole approximately 12 inches in diameter in the ceiling with of Resident #16's room;</p> <p>Metal cord cover hanging off the wall next to Resident #54's bed with exposed wires with black electrical tape wrapped around a portion of the wires;</p> <p>In use and open electrical outlet with cover partially bent off next to Resident #54's bed;</p> <p>(continued on next page)</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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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>room [ROOM NUMBER], occupied by Residents #55 and #56 with broken white wall plate exposing white wires;</p> <p>Missing toilet bowl tank cover from the bathroom shared by Residents #63, #64 and #65;</p> <p>Round hole approximately 6 inches in diameter in the wall above Resident #63's bed with two capped wires sticking straight out of the center of the hole;</p> <p>Resident #90 bathroom missing a door;</p> <p>Three of three shower rooms with foul musty urine odor, missing and cracked tiles, black substance on the tile, grout and around the base of each toilet;</p> <p>Interview while on tour on 10/28/24 at 3:23 P.M., with the Housekeeping Supervisor #1 and Maintenance Director #104, verified the above findings.</p> <p>Review of the policy titled Resident Rights, dated February 2021, stated residents have the right to a safe and clean-living environment.</p> <p>Review of the Facility Assessment, stated the physical resources of the facility should be adequate and functioning to meet the needs and promote the health and safety of the residents.</p> <p>Review of the undated Daily Housekeeping Checklist, revealed resident rooms, bathrooms, and hallways are to be cleaned daily with any spots or stains removed. Bathrooms are to have the toilet and around the toilet cleaned daily and hallways are to have handrails dusted daily.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00158800.</p>

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<p>F 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have policies on smoking.</p> <p>45445</p> <p>Based on observation, staff interview and review of policy, the facility failed to ensure smoking safety was maintained. This affected seven (#18, #31, #32, #33, #34, #37 and #38) of seven residents observed for smoking safety. The facility census was 77.</p> <p>Findings include:</p> <p>Observation on 10/28/24 at 9:00 A.M., revealed State tested Nursing Assistant (STNA) #135 opened an exterior door of the building and entered the fenced courtyard off Station 1 hallway. Seven residents (#18, #31, #32, #33, #34, #37 and #38) went out the door. STNA #135 then closed the exterior door, handed each resident a cigarette, and lighted each cigarette.</p> <p>At 9:03 A.M., STNA #135 opened the exterior door, returned inside the building and closed the exterior door. STNA #135 stood inside the door in the hallway talking with other staff and residents.</p> <p>At 9:10 A.M., STNA #135 opened the exterior door and in a single file, each of the seven residents, (#18, #31, #32, #33, #34, #37 and #38) came back into the building.</p> <p>Continuous observation on 10/28/24 from 9:00 A.M. until 9:10 A.M., revealed Residents #18, #31, #32, #33, #34, #37 and #38 were smoking cigarettes in the fenced courtyard unattended by facility staff.</p> <p>Interview on 10/28/24 at 9:12 A.M., with STNA #135 verified the seven residents were outside smoking unsupervised, STNA #135 stated it was too cold outside.</p> <p>Interview on 10/28/24 at 12:00 P.M., with the Administrator revealed residents are to be supervised at all times during smoking and further verified the facility has no independent smokers.</p> <p>Review of policy titled Smoking, dated July 2023 stated the facility accommodates supervised smoking opportunities with safety of the utmost concern. The policy also stated smoking is not permitted on the premises at any other times than listed smoking times, and smoking without staff supervision is prohibited. Smoking may only occur with facility staff present with direct observation.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00158800.</p>