STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365030	A. Building B. Wing	12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Concord Care Center of Toledo	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49742 Based on medical record review, staff interview, self-reported incident (SRI) review, witness statement review, employee file review, and policy review, the facility failed to ensure a resident was free physical and verbal abuse from staff. This affected one (#39) of eleven residents reviewed for abuse,with the potential to affect 49 of residents on Unit 1 and 3. The facility census was 80. Findings include: Review of the facility electronic medical record revealed Resident #39 was admitted on [DATE], with diagnoses of: malignant neuroleptic syndrome, anxiety, chronic pain syndrome, urinary incontinence, unspecified lack of coordination, schizophrenia, difficulty in walking, pseudobulbar affect (PBA), delusional disorders, hypertension (HTN), bipolar disorder, psychological and behavioral factors associated with disorders or diseases classified elsewhere, altered mental status, major depressive disorder, other impulse disorder, borderline personality disorder, cognitive communication deficit, unspecified intellectual disabilities, antisocial personality disorder, chromosomal abnormality, schizoaffective disorder, and attention deficit hyperactivity disorder (ADHD) unspecified type. Review of the most recent quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 15, indicating Resident #39 was cognitively intact. Review of the MDS revealed no abnormal cognitive patterns, moods, or behaviors were assessed. Review of the SRI tracking number 253667 and investigation dated 11/04/24 revealed that on 11/01/24 Certified Nursing Assistant (CNA) #132 was in the employee restroom. While CNA #132 was in the employee restroom, Resident #39 was banging on the door. CNA #132 remained in the employee restroom until Resident #39 stopped banging on the door. When CNA #132 exited the restroom, Resident #39 forcibly approached her. Upon Resident #39 forcibly approaching her, CNA #132 pushed Resident #39, and he fell . After the fall, Resident #39 continued to grab the legs of CNA #139 and was subsequently pulled off by Licensed Practical Nurse (LPN) #138. (continued on next page)

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

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 12/03/2024
NAME OF PROVIDER OR SUPPLIER Concord Care Center of Toledo		STREET ADDRESS, CITY, STATE, ZIP CODE 3121 Glanzman Rd Toledo, OH 43614	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the SRI revealed Resident #39 was assessed by a nurse and was found to have a skin tear to his left shin and his face was red. There was no treatment required. The investigation was inconclusive as to the cause of the skin tear to his left shin and reddened face. In a written stated from the Director of Nursing (DON), LPN #138 is quoted as stating how Resident #39 became injured was: he must have gotten them from rolling around on the floor, further stating, he must have gotten them when he threw himself on the floor or on the sink in his bedroom, when he threw himself on the floor. Further review of the written statement from the DON revealed that Resident #39 did not complain of any discomfort from the skin tear or reddened face. Resident #39 threatened to spit on CNA #125. Upon receiving the threat of being spat upon, CNA #125 stated, if you spit on me, I will kick your [explicit term] teeth in. Review of an undated written statement by CNA #125 verified she made this statement to Resident #39 in response to Resident #39 threats of spitting on her. Interview on 11/19/24 at 1:30 P.M., with the Regional Director of Operations (RDO) and the Administrator revealed on 11/01/24, CNA #132 was in the employee restroom and Resident #39 was banging on the door for her to come out. CNA #132 stayed in the restroom until the banging stopped; when CNA #132 opened the door Resident #39 forcefully approached CNA #132; and CNA pushed Resident #39 causing him to fall backwards. CNA #132 was suspended immediately upon discovery of this incident pending the results of the facilities investigation. RDO and the Administrator stated on 11/01/24, CNA #125 told Resident #39 if you spit on me, I will kick your [explicit term] teeth in. in response to the resident threatening to spit on her. CNA #125's employment was terminated from the facility on 11/03/24 in response to the substantiating evidence for the event that occurred on 11/01/24. Review of the employee file for CNA #125 revealed a hire date of 06/14/03, her last date of work in the facility was 11/03/24, and a termination date of 11/11/24. Prior to her suspension that began on 11/04/24, CNA #125 had no documented discipline. CNA #125 participated in the facility provided abuse, neglect, and exploitation training. Review of the employee file for CNA #132 revealed a hire date of 06/06/16 and is currently employed by the tactility. CNA #132 was suspended on 11/05/24 and her last day of work between 11/01/24 and 11/05/24 was 11/04/24 and she did not come back to work until 11/15/24. Prior to the suspension on 11/05/24, the only documented discipline for CNA #132 was for attendance on 11/14/16. CNA #132 participated in the facility provided abuse, neglect, and exploitation training. Interview on 12/02/24 at 12:00 P.M., with the Regional Director of Operations (RDO) revealed the facility was not made aware of the unsubstantiated physical abuse or the verbal abuse until 11/04/24. CNA #125 was placed on suspension on 11/04/24 and her employment was terminated on 11/11/24. Between the dates of 11/01/24 and 11/04/24, she worked 11/03/24 and 11/04/24 with her last dated of work being 11/04/24. The unsubstantiated physical abuse was discovered by the facility after the verbal abuse. CNA #132 was placed on suspension on 11/05/24 and her last day of work between 11/01/24 and 11/05/24 was 11/04/24 and she did not come back to work until 11/15/24. Review of the policy titled, Resident Abuse, Neglect, and Mistreatment of Belongings, revised July 2017, revealed each resident has a right to a dignified existence and to be free from verbal, sexual, physical, or mental abuse; corporal punishment; and involuntary seclusion. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Concord Care Center of Toledo		STREET ADDRESS, CITY, STATE, ZIP CODE 3121 Glanzman Rd Toledo, OH 43614	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	This deficiency represents non-compliance investigated under Master Complaint Number OH00160324 and Complaint Numbers OH00159771.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49742 Based on record review, self-reported incident review, staff interview, and review of policy, the facility failed to timely report an alleged verbal abuse. This affected one (#39) of eleven residents reviewed for abuse, with a potential to affect 32 residents residing on Unit 1. The facility census was 80. Findings include: Review of the facility electronic medical record revealed Resident #39 was admitted on [DATE], with diagnoses of: malignant neuroleptic syndrome, anxiety, chronic pain syndrome, urinary incontinence, unspecified lack of coordination, schizophrenia, difficulty in walking, pseudobulbar affect (PBA), delusional disorders, hypertension (HTN), bipolar disorder, psychological and behavioral factors associated with disorders or diseases classified elsewhere, altered mental status, major depressive disorder, other impulse disorder, borderline personality disorder, cognitive communication deficit, unspecified intellectual disabilities, antisocial personality disorder, chromosomal abnormality, schizoaffective disorder, and attention deficit hyperactivity disorder (ADHD) unspecified type. Review of the most recent quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 15, indicating Resident #39 was cognitively intact. Review of the MDS revealed no abnormal cognitive patterns, moods, or behaviors were assessed. Review of facility Self-Reported Incident (SRI) Number (#) 253667 revealed that the Administrator received a report of verbal abuse that occurred on 11/01/24. The allegation alleged on 11/01/24, Certified Nursing Assistant (CNA) #125 stated to Resident #39, if you spit on me, I will kick your [expletive] teeth in. Interview on 12/02/24 at 11:38 A.M., with the Regional Director of Operations (RDO) revealed the facility was not aware of the allegation of verbal abuse until 11/04/24. Further interview with RDO revealed the facility was provided an audio recording from a staff member on 11/04/24 that substantiated the allegation of verbal abuse. Interview on 12/03/24 at 10:01 A.M., with Housekeeper #159 revealed she did not intentionally make the audio recording of the incident of verbal abuse that occurred on 11/01/24. Housekeeper #159 stated she was not aware of the audio recording until she randomly discovered the audio on her phone a couple of days after the incident, while going through her phone. Upon discover of the audio recording, Housekeeper #159 provided it the facility on 11/04/24. Concurrent interview with Housekeeper #159 revealed on 11/01/24, she overheard CNA #125 tell Resident #39, if you spit on me, I will kick your [expletive] teeth in. but did not report it to the facility at that time. Further interview with Housekeeper #159 revealed she did not report the verbal abuse until 11/04/24. Review of the policy titled, Abuse Investigation and Reporting, revised July 2017, revealed an alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and appropriation of resident property) will be reported immediately, but not later than two (2) hours if the alleged violation involves abuse or has resulted in serious bodily injury. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	This deficiency represents the noncompliance investigated under Master Complaint Number OH00160324 and Complaint Number OH00159771.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49742 Based on observation, policy review, and staff interview, the facility failed to maintain a safe, functional, sanitary, and comfortable environment for residents and staff. This had the potential to affect 30 (#7, #12, #13, #15, #17, #22, #24, #27, #29, #33, #34, #35, #40, #46, #47, #49, #50, #53, #54, #57, #62, #66, #67, #69, #70, #72, #74, #75, #78, and #79) residents, who reside on the first floor. The facility census was 80. Findings include: An environmental tour was conducted with Certified Nursing Assistant (CNA) #139 between 9:31 A.M. and 10:06 A.M. The following was verified at the time of observation by CNA #139: room [ROOM NUMBER] contained a blanket hanging in the window in place of a curtain. The first-floor resident shower room had black mold like substance growing on the wall by the shower, a broken radiator cover, and there was a foul odor throughout the first-floor resident shower room. The first-floor dining room contained peeling paint on multiple walls throughout, a blanket hanging in the window in place of a curtain, an approximately 10-foot section of wall where the baseboard was missing and the drywall was breaking where the wall meets the floor, and a hole in the ceiling by the air conditioning unit. room [ROOM NUMBER] contained a broken overbed light with exposed wires. room [ROOM NUMBER] contained a blanket hanging in the window in place of a curtain. The resident restroom shared by residents in rooms [ROOM NUMBERS] contained a broken radiator cover, no soap dispenser, and no toilet paper holder. room [ROOM NUMBER] contained an area on the wall by the window that was plastered over and never smoothed and repainted. room [ROOM NUMBER] contained a built-in dresser with a missing drawer, a broken outlet cover, with sharp edges, and the door into the restroom contained multiple holes. The resident restroom shared by the residents in rooms [ROOM NUMBERS] contained an area approximately 3 feet by 3.5 feet rectangular hole in the ceiling, dried feces in the bowl of the toilet, a hole in the door between the shared restroom and room [ROOM NUMBER], no handle on the door between the shared restroom and room [ROOM NUMBER], and a broken toilet paper holder. room [ROOM NUMBER] contained a hole in the wall by the door with plaster that was not finished or painted and a broken and chipping wall by the air-conditioning unit. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The resident restroom shared by the residents in rooms [ROOM NUMBERS] contained black mold like substance on the ceiling, dried feces in the bowl of the toilet, an unidentified brown substance on the wall behind the toilet, a broken radiator cover, a hole in the door behind the handle between the shared restroom and room [ROOM NUMBER], and dried blood on the handle of the door between the shared restroom and room [ROOM NUMBER]. room [ROOM NUMBER] contained a restroom with no door, multiple holes in the wall behind the reclining chair the resident was sitting in, a broken outlet cover with sharp edges, two screws on the ground, and multiple pieces of cardboard and wood of varying sizes. The restroom in room [ROOM NUMBER] contained a broken radiator cover and multiple holes in the wall behind the soap dispenser. room [ROOM NUMBER] contained a missing thermostat cover, missing bulbs in overbed light, the door to the restroom was hung upside down, an unidentified brown substance on the wall by the entry door, and a broken radiator cover. The resident restroom shared by the residents in rooms [ROOM NUMBERS] contained a missing radiator cover, no toilet paper holder, an unidentified brown substance on the wall behind the toilet, and a broken door between the restroom and room [ROOM NUMBER]. room [ROOM NUMBER] contained a curtain blanket? hanging in the window in place of a curtain, black mold like substance growing on the floor, two areas where the ceiling had previously leaked and the plaster was falling, and two holes in the ceiling. Throughout the environmental tour, multiple brown ceiling tiles were noted in the first-floor resident area. Interview on 01/19/24 at 9:32 A.M., with CNA #139 revealed the foul odor was always present in the first-floor resident shower room and was being emitted from the drain. CNA #139 revealed the dried feces in the bowl of the toilet in the resident restroom shared by the residents in room [ROOM NUMBER] and 43 had been present since 11/18/24. Interview on 11/19/24 at 2:31 P.M., with the Regional Director of Operations revealed the facility is aware of the environmental issues observed at the facility. Review of the policy titled, Homelike Environment, with a revision date of February 2021, revealed residents are provided with a safe, clean, comfortable, and homelike environment. This deficiency represents the continued non-compliance from the survey dated 10/29/24 and the non-compliance investigated under Complaint Number OH00159549.

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NAME OF PROVIDER OR SUPPLIER Concord Care Center of Toledo		STREET ADDRESS, CITY, STATE, ZIP CODE 3121 Glanzman Rd Toledo, OH 43614	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49742 Based on observation, pest control report review, policy review, and staff interview, the facility failed to ensure the first floor was free from gnats and ants. This had the potential to affect 30 (#7, #12, #13, #15, #17, #22, #24, #27, #29, #33, #34, #35, #40, #46, #47, #49, #50, #53, #54, #57, #62, #66, #67, #69, #70, #72, #74, #75, #78, and #79) residents, who reside on the first floor. The facility census was 80. Findings include: Observations conducted during the facility tour of the first floor on 11/19/24 beginning at 9:31 A.M., revealed approximately 15-20 gnats flying throughout the first-floor resident area located in the hallway, kitchen, and resident rooms. Observation on 11/19/24 at 9:39 A.M., revealed ants in the resident restroom shared by residents in rooms [ROOM NUMBERS]. Observation on 11/19/24 at 9:45 A.M., revealed ants the resident restroom shared by residents in rooms [ROOM NUMBERS]. Interview on 11/19/24 at 9:45 A.M., with Certified Nursing Assistant (CNA) #139 verified these findings. Review of the facility's pest control documentation from 08/12/24, 09/16/24, 10/14/24, and 11/11/24 revealed no evidence of addressing the gnats and ants. Review of the policy titled, Pest Control Policy, dated 06/19/24, revealed the importance of pest and vermin control in providing a living environment of adequate health and safety for its residents.

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	365030	A. Building B. Wing	12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have policies on smoking. 49742 Based on observation, staff interview, and review of policy, the facility failed to ensure the smoking area was maintained in a clean and safe manner. This had this potential to affect 40 (#2, #3, #4, #5, #6, #9, #11, #13, #15, #17, #18, #19, #21, #25, #26, #30, #36, #37, #38, #40, #41, #42, #44, #47, #48, #49, #54, #57, #58, #60, #61, #63, #64, #72, #73, #76, #78, #79, #80, and #81) who smoke. The facility census was 80. Findings include: Observation during the tour of the facility on 11/19/24 at 8:59 A.M., revealed four restaurant-style flammable booths constructed of a wooden frame, cloth and vinyl covering, and foam for cushion in the smokers area, one booth by the metal waste can, was being utilized for disposing of cigarettes with approximately 75 cigarette butts under it; two metal ash trays lined with aluminum foil; a cigarette butt in the seat of one restaurant-style booth located against the exterior wall of the building; a trash can with cigarette butts and trash contained inside located next to the exterior wall of the facility; cigarette butts under the edge of the exterior wall of the building; leaves and trash around containers containing trash and cigarette butts; and a towel on the ground with two cigarette butts located approximately four inches from it. Interview on 11/19/24 at 9:20 A.M., with Certified Nursing Assistant (CNA) #102, who was present in the smoking area with residents, verified these findings. 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. This deficiency represents the continued non-compliance from the survey dated 10/29/24.

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 12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0949 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide behavior health training consistent with the requirements and as determined by a facility assessment. 49742 Based on review of facility education documentation, review of facility assessment, review of employee files, review of self-reported incidents (SRI), and staff interview, the facility failed to provide adequate behavioral health training to care for residents with mental and psychosocial disorders. This had the potential to affect all residents residing in the facility. The facility census was 80. Findings include: Review of the facility assessment, revised 11/25/24, revealed the facility competency staff on caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post traumatic stress disorder (PTSD), and implementing nonpharmacological interventions. Review of the facility provided education documentation, the facility provided one in-service in the previous 12 months, on 07/10/24, for employees that covered de-escalation tips. This training did not meet the criteria in the regulation as it did not assess staff competency on caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or PTSD, and implementing nonpharmacological interventions. There were 25 employees in attendance (Activities Staff #100, Certified Nursing Assistant (CNA) #102, Dietary #105, Housekeeping #110, CNA #117, Staffing #128, CNA #131, CNA #132, Licensed Practical Nurse (LPN) #138, CNA #139, CNA #140, Social Worker (SW) #145, CNA #149, CNA #154, Housekeeping #161, Dietary #162, Activities #164, Dietary #172, Registered Nurse (RN) #400, RN #401, LPN #402, LPN #403, CNA #404, Dietary #405, and Business Office Manager (BOM) #406). Of the 25 staff members in attendance, seven are no longer employed by the facility (RN #400, RN #401, LPN #402, LPN #403, CNA #404, Dietary #405, BOM #406). Review of the facility provided with the current employee list reveals the facility has 74 current employees. Review of the employee files for 13 employees CNA #111, CNA #125, CNA #132, CNA #134, LPN #135, CNA #136, Licensed Practical Nurse (LPN) #152, Former Assistant Director of Nursing (ADON) #201, Former Director of Nursing (DON) #202, Former Administrator #203, Registered Nurse (RN) #204, the Administrator, and the DON) revealed no evidence that they received any behavioral health training during orientation. The employee files included one CNA who had been employed at the facility for less than one year, two Licensed Practical Nurses (LPNs) who had been employed at the facility for longer than one year, two CNAs who had been employed at the facility for longer than one year, the current DON who has been employed at the facility for less than one year, the current administrator who has been employed at the facility for less than one year, the former DON who was employed at the facility for less than one year, the former Administrator who was employed at the facility for less than one year, and the former ADON who was employed at the facility for less than one year, one CNA who has been employed at the facility for more than a year, and one former CNA who was employed at the facility longer than one year. Review of SRIs revealed in the previous six months there have been four SRIs filed (#248068, #248040, #248663, and #248687) that involve staff to resident incidents. (continued on next page)

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 12/03/2024
NAME OF PROVIDER OR SUPPLIER: Concord Care Center of Toledo		STREET ADDRESS, CITY, STATE, ZIP CODE: 3121 Glanzman Rd Toledo, OH 43614	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0949 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Interview on 11/19/24 at 9:50 A.M., with CNA #117 and CNA #131 revealed they do not feel safe at work as the facility has not provided adequate behavioral health training to staff and residents often physically attack staff members. Interview on 11/19/24 at 2:31 P.M., with the Administrator and Regional Director of Operations revealed the facility is working on establishing and implementing a crisis prevention and de-escalation / intervention (CPI) training program for facility staff at this time and there is currently no CPI training program that is offered by the facility for staff members. Interview on 11/19/24 at 3:10 P.M., with the Director of Nursing (DON) revealed the only behavioral health training the facility provided to employees in the previous year was the in-service that was given on 07/10/24. She stated the facility is working on establishing and implementing a crisis prevention and de-escalation / intervention (CPI) training program for facility staff at this time and there is currently no CPI training program that is offered by the facility for staff members. Interview on 11/20/24 at 7:45 A.M., with CNA #140 revealed she attended the in-service on 07/10/24. Further interview revealed this is the only in-service she is aware the facility has conducted for behavioral health in the previous 12 months. Interview on 11/20/24 at 8:02 A.M., with CNA #147 revealed she did not attend the in-service held on 07/10/24. Further interview revealed this is the only in-service she is aware the facility has conducted for behavioral health in the previous 12 months. Interview on 12/02/24 at 11:45 P.M., with the RDO verified CNA #125 and CNA #132 did not participate in behavioral health training. This deficiency represents non-compliance investigated under Master Complaint Number OH001597775.