

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 02/24/2026
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)		
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. Based on observation, staff interview, resident interview, review of the activities calendar, and review of the facility policy, the facility failed to implement the activities calendar as scheduled. This affected all 62 (#10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, #57, #58, #59, #60, #61, #62, #63, #64, #65, #66, #67, #68, #69, #70, and #71) residents who resided on the first floor of the facility. The facility census was 79. Findings include: Review of the February Activities Calendar for 02/24/26 revealed the scheduled activities included Coffee Chat at 10:00 A.M. and Keep It Moving and Card Games were scheduled for 10:30 A.M. Observations on 02/24/26 from 10:15 A.M. to 10:59 A.M. revealed activities were offered to residents on the secured unit on the lower level of the facility but not to the 62 residents on the first floor. Interview on 02/24/26 at 10:50 A.M. with Resident #53 and an unidentified female resident revealed no morning activities were offered on the first floor. Interview on 02/24/26 at 11:00 A.M. with Activities Assistant (AA) #100 revealed activities were offered to residents on the secured unit on the lower level from 9:00 A.M. to 11:30 A.M. and residents on the first level were offered activities from 12:00 P.M. to 4:00 P.M. AA #100 verified activities were scheduled on the activities calendar for the residents on the first floor and those activities did not happen. Review of the facility policy titled, Activities, dated 2026, revealed the facility would provide an ongoing program to support residents in their choice of activities based on their comprehensive assessment, care plan, and preferences. This deficiency represents non-compliance investigated under Complaint Number 2694103.		

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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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. Based on observation, staff interview, and review of the facility policy the facility failed to ensure the shower rooms were maintained in a sanitary and safe condition. This affected all 55 (#10, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #23, #25, #26, #27, #28, #29, #30, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, #57, #58, #60, #61, #62, #63, #64, #65, #67, #68, #69, #70, and #71) residents residing on the first floor who utilized the shower room. The facility census was 79. Findings include: Observation on 02/23/26 at 10:01 A.M. revealed the Unit One shower room had an attached wall heating source that was rusty in color, had holes, and had sharp edges. The shower area included a metal shower seat area that was rusty with sharp edges. Observation on 02/23/26 at 10:10 A.M. revealed the Unit Two shower room had approximately 19 tiles missing near the drain directly under the shower head. The area with the missing tiles was lower than the drain and standing water was observed. Interview on 02/23/26 at 12:49 P.M. with the Administrator and Maintenance Director (MD) #172 verified the findings in both the Unit One and Unit Two shower rooms. Review of the facility policy titled, Homelike Environment, dated February 2021, revealed residents were provided with a safe, clean, comfortable, and homelike environment and encouraged to use their personal belongings to the extent possible. The characteristics of the facility included being clean, sanitary, and orderly. This deficiency represents non-compliance investigated under Complaint Number 2694103.		

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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. Based on observation, staff interview, resident interview, and review of facility policy, the facility failed to ensure effective pest control. This had the potential to affect all 17 (#72, #72, #74, #75, #76, #77, #78, #79, #80, #81, #82, #83, #84, #85, #86, #87, and #88) residents who resided on the secured lower level unit of the facility. The facility census was 79. Findings include: Observations on 02/23/26 at 9:00 A.M. revealed gnats throughout the secured unit on the lower level of the facility. Gnats were observed in the halls, common areas, and resident rooms. Interview on 02/23/26 at 9:18 A.M. with Certified Nursing Assistant (CNA) #147 verified there were gnats throughout the secured unit, including resident areas. Interview on 02/23/26 at 9:31 A.M. with CNA #163 verified there were gnats throughout the secured unit, including resident areas. Interview on 02/23/26 at 9:52 A.M. with Resident #77 revealed the gnats in her room were very bothersome. During an interview on 02/23/26 at 9:58 A.M., Resident #74 stated the gnats were everywhere. Concurrent observation revealed three gnats flying around the resident, who was lying in her bed. Review of the facility policy titled, Pest Control, dated 06/19/24, revealed the facility recognized the importance of pest and vermin control in providing a living environment of adequate health and safety for its residents. The Administrator or designee shall ensure scheduled inspections provided adequate treatment to address any existing infestation. Additional treatment may be required at times other than the scheduled visits. This was an incidental finding discovered during the complaint investigation.		