

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 03/20/2026
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)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>Based on observation, staff interview, and review of the facility policy, the facility failed to ensure the environment was adequately maintained. This affected six (#66, #67, #78, #79, #80, and #81) of six residents reviewed for environment. In addition, the facility failed to ensure a clean and comfortable environment. This affected 35 (#24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, #57, #58, #59, #60, #61 and #62) residents who resided on the Nurse Station One and Nurse Station Two halls. The facility census was 82. Findings include: 1. Observation on 03/20/26 at 8:40 A.M. revealed the ceiling in Resident #66 and Resident #67's room had an approximately four feet by three feet area of visually noticeable ceiling plaster repair from what appeared to be a previous water leak. The non-uniform repair resulted in unsanded spackling, with some of the area painted and some of the area the color of the spackling. Resident #67's bed was directly under the ceiling area. Further observation revealed what appeared to be additional water damage repairs on the resident room outside wall. Interview on 03/20/26 at 8:45 A.M. with the Administrator verified the below standard ceiling repair. Interview on 03/20/26 at 11:51 A.M. with Certified Nursing Assistant (CNA) #237 revealed Resident #67 preferred to remain in bed all day, under the ceiling repair, with the exception of meals. 2. Observation on 03/20/26 at 8:52 A.M. revealed Resident #78, Resident #79, Resident #80, and Resident #81 shared bathroom. Further observation of the bathroom revealed water stains approximately six to eight inches from the bottom of the door, a broken light switch plate, the baseboard heater was detaching from the wall, and an unknown hardened sand like material was around and under the baseboard heater. Interview on 03/20/26 at 8:55 A.M. with CNA #244 verified Resident #78, Resident #79, Resident #80, and Resident #81's bathroom was in disrepair. 3. Observation on 03/20/26 at 12:05 P.M. of Resident #66 and Resident #67's room revealed the baseboard heating vent had visible build-up of what appeared to be dust. Observation on 03/20/26 at 12:09 P.M. of Nurse Station One and Nurse Station Two's ceiling vents revealed the vents had a thick layer of dust. The dust on the ceiling vent at Nurse Station Two was thick and drooping off the vent. Additional observation of Nurse Station Two's baseboard heating vent revealed a thick layer of dust coating the baseboard vent inside and out. Interview on 03/20/26 at 12:11 P.M. with the Administrator verified the above findings. Review of the facility policy titled, Homelike Environment, dated February 2021, revealed residents were provided with a safe, clean, comfortable, and homelike environment. The characteristics included a clean, sanitary, and orderly environment. This deficiency represents non-compliance investigated under Complaint Number 2791098.</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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