

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER Pleasantview Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7377 Ridge Rd Parma, OH 44129	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NON-COMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY.Based on record review, interview, and facility policy review, the facility failed to ensure medications were given as ordered for Resident #210. This affected one resident (#210) of three residents reviewed for administration of medications. The facility census was 160. Findings include:Review of the closed medical record for Resident #210 revealed she was admitted to the facility on [DATE] and had diagnoses including bladder cancer, dysphagia, and other disorders of electrolyte and fluid imbalance. She expired in the facility on [DATE]. Review of Resident #210's physician's orders revealed an order for Phos-NaK oral packet (an electrolyte supplement) to be given four times per day starting [DATE]. Review of Resident #210's [DATE] Medication Administration Record (MAR) revealed all doses of the Phos-Nak, with the exception of the evening dose on [DATE], were marked 'other' on the MAR. Review of Resident #210's progress notes revealed notes on [DATE] and from [DATE] to [DATE] indicating the medication was 'on order' or the facility was waiting for pharmacy to fill it. Multiple notes indicated the facility's nurse practitioner was aware. A note on [DATE] revealed the pharmacy informed nursing that the medication was over-the-counter and should be provided by the facility.Interview on [DATE] from 10:52 A.M. to 10:59 A.M. with two Certified Nurse Practitioners (CNP) #748 and #739 revealed both provided care for Resident #210 during her stay at the facility. Both CNPs denied knowledge of Resident #210 lacking her ordered medications. Interview on [DATE] at 1:02 P.M. with the Director of Nursing revealed the facility investigation revealed the concern with Resident #210's Phos-NaK. The DON reported they re-educated staff on coordinating with the pharmacy and being aware the facility provided Phos-NaK for residents. She confirmed Resident #210 missed several days of ordered Phos-NaK doses.Review of the policy Medication Administration dated 12/2019 revealed medications were to be given according to orders. If three consecutive doses were unavailable, the nurse was to notify the physician and was to document both the notification and physician response.The deficient practice was corrected on [DATE] when the facility implemented the following corrective actions: -Resident #210 expired on [DATE].-On [DATE], the Director of Nursing completed a whole house audit of medication availability and proper communication with the pharmacy. -On [DATE], the DON provided an in-service to nursing staff on medication availability and what to do if a medication is unavailable.-On [DATE], the facility initiated Medication Administration Record (MAR) audits five days a week for two weeks then two days a week for 10 weeks to ensure proper follow-through if medication is unavailable.This deficiency represents noncompliance investigated under Complaint Number 2593423.</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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