

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365215	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2025
NAME OF PROVIDER OR SUPPLIER  Suburban Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  20265 Emery Rd North Randall, OH 44128	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review, staff interview, and policy review, the facility failed to administer medications as ordered. This affected one (#10) of three residents reviewed for medications. The census was 115. Findings include: Record review for Resident #10 revealed the resident was admitted to the facility on [DATE] with diagnoses including dysphagia, dysarthria, end stage renal disease, diabetes, and hypothyroidism. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #10 had impaired cognition evidenced by a Brief Interview for Mental Status (BIMS) score of 99. The resident was assessed to require staff assistance with personal care, bathing, and dressing. Review of Resident #10's hospital Discharge summary dated [DATE] in her medical record revealed an order for levothyroxine 175 micrograms (mcg) once per day to treat hypothyroidism and an order for aspirin 81 milligrams (mg) once daily to decrease the risk of a subsequent stroke occurring. Review of Resident #10's medication administration records (MARs) since admission revealed Resident #10 did not receive the prescribed aspirin 81 mg until 10/20/24 because they were not properly added to her orders at the time of admission intake. Further review of the MARs revealed Resident #10 did not receive the prescribed levothyroxine until 06/25/25, also due to an oversight during admission intake. Interview with the Director of Nursing (DON) on 08/15/25 at 3:50 P.M. confirmed the facility failed to administer Resident #10's levothyroxine and aspirin as ordered at the time of admission. Review of the facility's policy titled, Administering Medications, dated 04/18, revealed medications must be administered in accordance with the orders, including any required timeframe. This deficiency represents non-compliance investigated under Complaint Number 2562828.</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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