

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

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>365215                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>07/27/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Suburban Healthcare and Rehabilitation                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>20265 Emery Rd<br>North Randall, OH 44128 |                                                 |
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| F 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is<br>disputing this citation. | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.<br><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on closed medical record review, review of hospital records, review of photo and video records, review of facility witness statements, review of facility staffing and payroll documents, policy review and interview, the facility failed to protect Resident #419's right to be free from neglect. This affected one resident (#419) of two residents reviewed for neglect. The facility census was 119. Actual Harm occurred on 07/01/26 when Resident #419 was transferred to the hospital for a scheduled procedure and hospital staff identified the resident with caked feces, a maggot infestation, and multiple superficial wounds to both feet with cellulitis of the lower extremities which required medical intervention and subsequent admission to the hospital. The facility failed to recognize the incident as a situation of neglect even though hospital staff notified the facility (on 07/01/26) that the resident's condition on arrival to the hospital constituted neglect. The resident did not return to the facility following hospitalization. Findings include: Review of the closed medical record for Resident #419 revealed the resident was admitted on [DATE] and discharged on 07/01/26. Resident #419 had diagnoses including schizoaffective disorder (a mental disorder characterized by a breakdown in thoughts, emotions, and behaviors), bipolar disorder (a mental health condition that causes shifts in mood, energy, and concentration), type two diabetes mellitus, chronic obstructive pulmonary disease, hypertension, and obesity. Review of the five-day Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #419 was cognitively intact with mood symptoms including little interest in doing things, feeling down, depressed, or hopeless, and trouble concentrating on things. The assessment revealed Resident #419 was dependent on staff for all activities of daily living except eating, oral hygiene and upper body dressing. A wheelchair was required for mobility, and Resident #419 was always incontinent of bowel and occasionally incontinent of urine. Review of Resident #419's care plan initiated 04/02/26 and revised 06/04/26 revealed problematic behaviors which included resisting care and refusing toileting and incontinence care. Interventions initiated 04/02/26 included calling the guardian when the resident refused and educating the resident of the risks of refusing care. It did not specify Resident #419 as having behaviors of refusing to remove his shoes for bathing. Review of the progress notes from admission on [DATE] until discharge on [DATE] revealed only one documented instance on 04/23/26 where Resident #419 refused to take his shoes off which was when he refused wound care. It was not documented whether the guardian was notified. The only documented bathing refusal in the progress notes was on 05/15/26 when the guardian was notified and then Resident #419 allowed the care. On 06/03/26, the resident refused morning care, and the guardian was called but it did not specify whether that involved bathing or removing his shoes. It also did not stipulate whether contacting the guardian was used as an intervention for Resident #419's compliance or its effect. In all the progress notes, there was no documentation which identified (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE     | (X6) DATE                                                           |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID: | Facility ID:<br>365215<br><br>If continuation sheet<br>Page 1 of 16 |

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| <p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Resident #419 refused bathing of his feet or to remove his shoes to receive bathing. Review of an outpatient urologist order dated 06/22/26 at 12:32 P.M. revealed Resident #419 was scheduled for urinary catheter placement (outpatient hospital visit) on 07/01/26 at 7:30 A.M. Review of the progress note dated 07/01/26 at 1:26 P.M. completed by Registered Nurse (RN) #242 revealed Resident #419 went to a scheduled hospital appointment for urinary catheter placement. Resident #419 was transported to the hospital by scheduled transportation and a facility-assigned escort. Following the appointment, the resident was sent from the appointment to the emergency room for further evaluation and subsequently admitted for a diagnosis of failure to thrive. The nurse practitioner and the resident's guardian were notified. There was no documentation on this date regarding Resident #419's condition prior to leaving the facility. Review of the hospital radiology physician note dated 07/01/26 at 9:11 A.M. revealed Resident #419 was scheduled for urinary catheter placement. The hospital nursing staff reported the resident arrived in urine soaked clothing and numerous maggots over both feet. The resident was cleaned and sent to the emergency room for further evaluation and care management. Review of the hospital emergency department (ED) provider note dated 07/01/26 revealed Resident #419 presented with concerns for neglect from the nursing facility. Maggots were removed and the resident was cleaned prior to the ED arrival. Physical examination revealed both legs/feet had two to three plus edema (a moderate level of fluid swelling) with indurated erythema (red, swollen skin that feels firm, hardened and thick) with multiple superficial wounds on both feet. Feces were noted on the resident's bilateral feet and reflected poor hygiene. There was possible cellulitis due to redness and warmth of the lower extremities, maggot infestation, and failure to thrive. The maggot infestation in the toes between the nails and nail beds were removed. The resident was started on intravenous antibiotics and steroid therapy, given a podiatry and wound care consult, and case management for alternate facility placement. Review of the hospital podiatric medicine note dated 07/01/26 at 4:51 P.M. revealed Resident #419's toenails one to five appeared thickened, deformed and discolored with debris under the nails. The spaces between the toes had moderate debris and a foul odor. Review of a facility witness statement dated 07/01/26 by Licensed Practical Nurse (LPN) #195 revealed the hospital radiology department contacted the facility and reported to her that when Resident #419's socks and shoes were removed, maggots fell from his shoes. LPN #195 reported the incident to management. Review of a facility witness statement dated 07/01/26 by LPN #254 revealed that during the night shift on 06/30/26 to 07/01/26 from 7:00 P.M. to 7:00 A.M., Resident #419 was scheduled for a shower at 4:00 A.M. with transportation pickup at 6:30 A.M. The statement included an unnamed Certified Nursing Assistant (CNA) attempted to shower the resident who chose to go outside to smoke instead, stating he was not going to the appointment. The guardian of the resident was notified by the nurse of the resident's refusal. The guardian called back at 6:11 A.M. and said she would speak to the resident and meet him at the appointment. The statement included the guardian was notified the resident had not been showered. At 6:30 A.M., the resident returned to the unit and requested to be changed. Transportation had arrived at the facility, and the guardian who was on the phone at the time, requested the resident go to the appointment. The resident left the facility at 6:36 A.M. Review of a facility witness statement dated 07/02/26 by CNA #122 revealed she provided Resident #419 a bed bath on 06/30/26 and the resident refused to take his shoes off, claiming the aides do not put the shoes on correctly. No skin issues were noted by the aide on the visible parts. Interview on 07/09/26 at 10:30 A.M. with Social Service Designee (SSD) #244 revealed Resident #419 refused to wear briefs and would urinate on the floor or even acknowledge he was incontinent on the floor and preferred to go outside to smoke instead of toileting. A condom catheter (an external covering to drain urine) was attempted by the guardian that did not (continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>work. Interview on 07/09/26 at 10:59 A.M. with the Administrator described the resident as not being in a great state when he left the facility and receiving a call from the hospital reporting the maggots on the resident's feet; however, explained he did not receive the hospital's reporting as neglect, so he did not treat the situation as an allegation. The Administrator described Resident #419 as having a long history of refusing care, hygiene products, and would not take his shoes off for a shower; however, refusing to remove shoes for bathing was not routinely reflected in Resident #419's progress notes or plan of care during his stay. Interview on 07/09/26 at 1:45 P.M. with the Director of Nursing (DON) revealed Resident #419 did not wear his shoes in the shower, but staff said he would refuse to take his shoes off because he had lymphedema (swelling of soft tissues caused by lymph fluid) and the staff did not know how to take on or off his shoes. The DON did not express any steps the facility took to prevent or educate Resident #419 on the negative consequences of not removing his shoes for bathing or to ensure staff knew how to take on and off his shoes. Interview on 07/09/26 at 1:50 P.M. with Registered Nurse Manager (RNM) #242 revealed she had no knowledge about Resident #419's feet condition but stated the resident's preference was bed baths. He spent most of his time outside smoking and liked to have his shoes on all the time. RNM #242 did not express any steps the facility took to prevent or educate Resident #419 on the negative consequences of not removing his shoes for bathing. Interview on 07/09/26 at 2:00 P.M. with CNA #126 who stated Resident #419 always wanted a bed bath, and when he was given a bed bath, he refused to take off his shoes because he did not believe staff knew how to take them on or off. The resident also slept with his shoes on. CNA #126 did not express any steps taken to prevent or educate Resident #419 on the negative consequences of not removing his shoes for bathing. Interviews on 07/15/26 at 11:40 A.M. and on 07/22/26 at 1:52 P.M. with Resident #419's guardian revealed she observed the resident's feet while at the hospital after hospital staff cleaned his feet and was very upset. The resident's toenails were black, there was a dark crusty substance around the toes, and a maggot crawling from under his great toe. The guardian stated during Resident #419's facility stay, the staff did not call to report the resident refusing to take his shoes off for bathing; however, the guardian described calling staff several times about Resident #419 wanting to get cleaned up but they would respond that it was not his shower day or it was too hard to get him in the shower, so he got a bed bath. The staff complained he was too big and it took too many staff or there was not enough room in the shower, so he just got bed baths. The guardian stated she was unaware of any refusals to bathe his feet, and it was not discussed during the care conference. Review of care conference notes revealed one undated meeting for Resident #419 who attended with the resident's guardian. There was no evidence in the notes of concern with Resident #419 refusing to remove his shoes for bathing his feet or discussion for interventions to address bathing his feet. Review of photographic pictures and one video (of Resident #419's feet and shoes on 07/01/26) submitted by Resident #419's guardian on 07/15/26 at 4:34 P.M. revealed the following: Picture one revealed Resident #419's left foot with significant swelling and redness, a darkened circular area to the medial side of the foot, and an elongated darkened area to the underside of the foot. Picture six revealed Resident #419's right foot with a dark black/brown substance on the toes and under the great toenail. The great toenail was thickened, dark in color, with the dark substance under the nailbed. Picture seven revealed Resident #419's right lower leg with significant swelling and redness. Picture eight revealed Resident #419's left great toenail significantly thickened and raised with a blackened substance caked under the nailbed. A small white protrusion (alleged maggot) was evident under the nailbed. Picture nine revealed Resident #419's left foot with a dried black substance under the toes and the nailbed of the second through fifth toes. The nailbeds were thickened and elongated. Picture ten revealed Resident (continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>#419's left lower leg with significant swelling and redness.Video one revealed Resident #419's shoes bagged in a clear plastic bag with a visible live white maggot crawling on the side of the bag.Interview on 07/15/26 at 2:00 P.M. with MDS Nurse #213 verified Resident #419's care plan did not reflect the resident refusing to remove his shoes for bathing of the feet or include any staff intervention to ensure Resident #419's feet received care. MDS Nurse #213 denied being informed by staff or having documentation of Resident #419 not wanting to remove his shoes. She indicated just finding out about it from the social worker on this date.Review of Resident #419's medical record plan of care (POC) for nursing assistant care revealed the resident was totally dependent on staff for bathing. A task for shower/bed bath per resident preference and to provide nail care on every shower day. Refusals were to be documented. For the two weeks prior to the incident on 07/01/26 (from 06/17/26 through 06/30/26), there were no refusals documented. A shower was documented as provided on 06/25/26 and two bed baths on 06/19/26 and 06/29/26. Bathing on 06/30/26 was documented as not applicable. Review of Resident #419's Bath and Shower Sheets for April 2026 and May 2026 revealed for the dates bathing was provided, the documentation did not indicate Resident #419 refused to remove his shoes for bathing. A sheet dated 05/01/26 indicated the resident's toenails needed cut. Record review revealed no evidence of follow-up with this. Additional review of June 2026 documentation revealed staff documented the resident received a bed bath on 06/05/26, 06/06/26, 06/09/26, 06/12/26, 06/19/26 and 06/23/26. For the dates bathing was provided, the documentation did not indicate Resident #419 refused to remove his shoes for bathing. During an interview on 07/16/26 at 10:30 A.M., the DON reviewed and verified the findings for Resident #419's Bath and Shower Sheets from April to June 2026.Review the weekly skin checks located on June 2026 Treatment Administration Record revealed on 06/30/26 at 5:00 P.M. LPN #195 documented Resident #419's skin condition as normal, normal moisture, no new wounds, skin color normal, temperature normal, and skin turgor good. (This is contrary to the hospital documentation and photographic pictures.)A telephone interview on 07/16/26 at 11:15 A.M. and 11:45 A.M. with LPN #195 revealed on 06/30/26 during the day shift, Resident #419 had let the aide remove his shoes and wash his feet. His feet had some dry spots on them. LPN #195 continued to explain about being one of the people the resident would let remove his shoes and apply new socks, and that he never refused her giving him care. During the interview, she stated she believed the CNA was CNA #142 or CNA #122 who had provided care. LPN #195 also stated she received the phone call from the hospital radiology department and was surprised about the maggots because the aide had just washed his feet (which is contrary to the hospital documentation and photographic pictures).Review of the facility daily staffing sheet and payroll report dated 06/30/26 revealed CNA #122 (whose witness statement indicated giving Resident #419 a bed bath and refusing to remove his shoes on 06/30/26) and CNA #142 were not on the schedule or evidence of either being in the facility on 06/30/26. Interview on 07/16/26 at 12:10 P.M. with Human Resources Director (HRD) #106 verified CNA #122 and CNA #142 did not work on 06/30/26.Interview on 07/16/26 at 12:25 P.M. with RNM #242 verified Resident #419's bathing sheet for 05/01/26 indicated his toenails needed cut and stated when that was marked, the social worker was notified to get on the podiatrist list; however, at the time of Resident #419's 05/01/26 bath sheet, the facility was going through a transition with podiatric services and there was a temporary podiatrist for the facility. RNM #242 stated the podiatrist visit for Resident #419 may have been overlooked.On 07/16/26 at 3:00 P.M. the Administrator was notified of the photographic pictures of Resident #419's feet that had been provided; however, the Administrator refused to look at the pictures stating he could imagine what maggots would look like and did not need to see them.Review of the facility policy titled, Abuse, Neglect, Exploitation and Misappropriate Prevention Program, (continued on next page)</p> |                                                                                        |                                                 |

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

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>365215                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>07/27/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Suburban Healthcare and Rehabilitation                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>20265 Emery Rd<br>North Randall, OH 44128 |                                                 |
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| F 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | revised April 2021, revealed the facility would develop and implement policies and protocols to prevent and identify all possible incidents of abuse, neglect or mistreatment. However, the policy did not include a definition of neglect or provide staff guidance to illustrate what might constitute situations of neglect. The policy included under the area of prevention that the facility would establish and maintain a culture of compassion and caring for all residents, particularly those with behavioral or emotional problems. This deficiency represents non-compliance investigated under Master Complaint Number 3075582, Complaint Number 3072587, Complaint Number 3067393, and Complaint Number 2602874. |                                                                                        |                                                 |

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| <p>F 0603</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Protect each resident from separation (from other residents, his/her room, or confinement to his/her room).</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review, review of email communication, fall investigation review, resident and staff interview, and facility policy review, the facility failed to ensure Resident #334 was free from an incident of involuntary seclusion. This affected one resident (#334) of two residents reviewed for quality of care and services. The facility census was 119. Actual physical and psychosocial harm occurred on 06/20/26 when Resident #334, who had quadriplegia (partial or total loss of function in all four limbs) and was dependent on staff for toileting, was left alone without supervision on a toilet in a locked common bathroom requiring a code to open without evidence of a functional call signal system. After assisting Resident #334 to this bathroom, the Certified Nursing Assistant (CNA) responsible for Resident #334's supervision left the facility without telling any staff. Resident #334 who was unable to call for help without a functioning call light, subsequently placed himself on the ground, crawled to a wall, and banged on it trying to call for help. Based on the survey findings, after approximately two to four hours, staff noticed the resident's absence, searched and found the resident inside this common bathroom on the floor near the door. Resident #334 had a swollen and painful wrist and described feeling abandoned, angry, miserable, and fearful because of the incident. Findings include: Review of Resident #334's medical record revealed the resident was admitted to the facility on [DATE] with diagnoses that included toxic encephalopathy, peripheral vascular disease, quadriplegia, traumatic brain injury, major depressive disorder, anxiety disorder, delusional disorder, and antisocial personality disorder. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #334 was cognitively intact and had no signs or symptoms of delirium or abnormal mood. The assessment revealed Resident #334 required full staff assistance (dependent) for all activities of daily living (ADL). The resident used an electric wheelchair for mobility with set up assistance and required a mechanical lift for all transfers. Review of a progress note dated 06/20/26 at 8:05 P.M. revealed Licensed Practical Nurse (LPN) #253 was notified by a Certified Nursing Assistant (CNA) that Resident #334 had not been seen for a while, but that another CNA had placed the resident on the toilet in the common bathroom before she left for the day. Upon approaching the common bathroom, knocking was heard and the resident was observed on the floor laying on his left side. Resident #334 reported to LPN #253 the CNA placed him on the toilet and left him there, resulting in him rolling himself off the toilet and across the floor to knock on the door to be let out. Review of the progress note dated 06/21/26 at 10:13 A.M. completed by LPN #189 revealed Resident #334 complained of pain and had swelling to the left wrist. Tylenol 650 milligrams (mg) was administered for pain and a STAT (immediately) x-ray to rule out a wrist fracture was ordered. The x-ray results completed on 06/21/26 revealed no acute fracture or dislocation. Review of the facility document titled, Post Fall Investigation Form, signed and dated by the Director of Nursing (DON) on 06/22/26 revealed the contributing factor was the resident being left unattended in the central bathroom. A prevention plan included interventions of keeping a call light in reach and not leaving unattended when toileting. Review of email communication dated 06/30/26 at 3:22 P.M. sent by Staffing Coordinator (SC) #248 to the staffing agency manager revealed a request for CNA #257 to be placed on the Do Not Return (DNR) list for the facility due to a serious resident (Resident #334) safety incident. CNA #257 left Resident #334 unattended on the toilet for an extended period before leaving the facility. Resident #334 was reportedly left for hours and ultimately had to crawl in attempt to get help by knocking on the door. Based on the seriousness of the incident, CNA #257's assignment for (continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0603</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>the following day was cancelled. Resident #334 was sent for an x-ray for evaluation, and facility management determined that it would not be safe for CNA #257 to continue providing care to the residents. Review of the interdisciplinary team incident note dated 07/01/26 at 3:00 P.M. revealed (on 06/20/26) Resident #334 was observed on the floor in the common bathroom without injury. The resident reported that an aide placed him on the toilet and due to the aide not returning timely, he had to roll himself off the toilet onto the bathroom floor. The new intervention was to ensure the call light was within the resident's reach when toileting in the central bathroom. Review of Resident #334's current care plan revealed an ADL self-care performance deficit related to impaired dexterity and mobility. Interventions included use of a pressure sensitive call bell, and a mechanical lift). Resident #334 was at risk for falls (revised on 11/07/21) and included an intervention dated 06/21/26 to ensure the call light was within his reach when toileting him in the central bathroom (the previous intervention dated 02/08/22 was to be sure call light was within reach and encourage him to use it for assistance as needed). Interviews on 07/13/26 at 2:35 P.M. and 07/14/26 at 10:44 A.M. with Resident #334 while using an assistive device, a laptop/computer activated communication tool, revealed he was left on the toilet for over four hours because the call lights were down. He stated he had to push himself off the toilet and scoot himself to the door to knock on it for help. Resident #334 stated because of it he had pain in his wrist from crawling that lasted three days. The resident reported one staff (an agency CNA) had assisted him to the toilet in the bathroom and there was no working call light in reach. During and since the incident, the resident expressed feeling angry and miserable because it was so difficult to crawl for help. Additionally, Resident #334 stated he felt abandoned, and further stated he remained fearful to use the common bathroom because the call light might not always work. Additional review of Resident #334's progress notes from June to 07/13/26 revealed there was no evidence the resident's psychosocial concerns were assessed or treated after the incident on 06/20/26. Interview on 07/14/26 at 10:05 A.M. with the DON revealed an agency aide, CNA #257, had stayed over from the day shift and was the person who assisted Resident #334 to the toilet at 6:00 P.M. but after placing him on the toilet, she left and went home. Afterwards, CNA #258 who was then assigned to Resident #334 and other staff found the resident on the floor in the central bathroom at approximately 8:00 P.M. The DON denied speaking to the agency CNA about the incident and had no written witness statements for the incident investigation, including no evidence of another CNA who assisted agency CNA #257 with the transfer. Even though Resident #334 intentionally placed himself on the floor, she determined he had not actually fallen but was secluded in the bathroom for approximately two hours. The DON stated she believed the call light system was working at the time of the incident but could not confirm this or provide evidence of it. Attempted interview on 07/14/26 at 10:12 A.M. with agency CNA #257 revealed no answer and a full voicemail box. Interview on 07/14/26 at 10:23 A.M. with SC #248 revealed she called agency CNA #257 on the night of the incident because nursing staff had called SC #248 and asked her where the agency CNA was as she had left Resident #334 on the toilet. CNA #257 was supposed to work until 7:00 P.M. but she left early at 6:00 P.M. After calling the CNA, the CNA reported she put Resident #334 on the toilet with another CNA (not named) and that person was supposed to take him off the toilet. CNA #257 claimed the staff knew she was leaving that early, but SC #248 stated it seemed to her that CNA #257 had not told anyone that she was leaving. Interview on 07/15/26 at 12:08 P.M. with CNA #151 revealed she worked the day shift of 06/20/26 until 3:00 P.M. CNA #151 revealed on this day the facility call system was not working so cowbells (a manual bell) were placed close to the residents, either on the bed or on the nightstand. CNA #151 was uncertain whether cowbells were in the common bathrooms. Interview on 07/16/26 at 3:30 P.M. with CNA #142 revealed after dinner (on 06/20/26) while picking (continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0603</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>up trays and the 7:00 P.M. nurses coming on duty, one of the nurses said she heard banging. The CNA stated staff put the code in on the common bathroom door and tried to open the door. Resident #334 was laying on the floor blocking the door from opening all the way, but his face was visible. It looked like the resident had scooted to the door; there was no call light going off. The CNA revealed staff couldn't find the mechanical lift pad, so three staff assisted the resident from the floor back into his chair. CNA #142 stated at the time of the incident, nobody knew CNA #257 (who had previously been assigned to Resident #334) had left the facility. The CNA revealed the supervisor was called, and the two nurses were upset. Interview on 07/16/26 at 4:10 P.M. with CNA #258 revealed (on 06/20/26) an agency aide (CNA #257) stayed over from the previous shift, so she asked her to help put Resident #334 on the toilet (unable to recall the time) using a mechanical lift (this was contradictory to Resident #334's statement). There was a call light string to the resident's left-hand side connected to the wall, not a pressure sensitive call bell as in the resident's care plan or a cow bell. Since she knew the call light system was not working correctly, she asked CNA #257 to stay near Resident #334 and to come and get her to help get him off the toilet. CNA #257 never came to get her and never heard from her, so she assumed CNA #257 got Resident #334 off the toilet with someone else. CNA #258 stated she went on helping other residents and later noticed she had not seen Resident #334 in a while, so she went looking for him. She asked the second shift nurse about him, and they both walked toward the elevators when they heard banging. Resident #334 was found on the floor in the common bathroom, and there was no call light on. (This interview was contradictory to Resident #334's account and could not be corroborated.) Interview on 07/16/26 at 4:30 P.M. with CNA #261 revealed she was working on the floor (on 06/20/26) when the incident with Resident #334 occurred. She was in a room assisting another resident, but when she came back to the common bathroom area, all the staff surrounded the bathroom area with Resident #334 on the floor. It was reported that one aide had put him on the toilet and then left the building early. Review of the facility policy titled, Answering the Call Light, revised March 2021, revealed to be sure the call light was plugged in and functioning at all times, was within reach per resident preference, and residents unable to use their call light should be checked frequently, and to report all defective call lights to the nurse supervisor promptly. Review of the facility policy titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised April 2021, revealed the residents have a right to be free from abuse, neglect, misappropriation of resident property and exploitation and includes but not limited to be free from involuntary seclusion. This deficiency represents non-compliance investigated under Master Complaint Number 3075582, Complaint Number 3072587, Complaint Number 3067393, and Complaint Number 2602874.</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>365215                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>07/27/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Suburban Healthcare and Rehabilitation                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>20265 Emery Rd<br>North Randall, OH 44128 |                                                 |
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| <p>F 0919</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is<br/>disputing this citation.</p> | <p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews, record review and facility policy review, the facility failed to have an adequate functioning call light system in place and staff did not follow the facility plan while the call light system was down by providing adequate resident supervision documented with attestation statements. This affected nine residents (Residents #326, #334, #335, #340, #341, #342, #348, #354 and #355) and had the potential to affect all residents residing in the facility. The facility census was 119. Findings include: 1. Interview on 07/09/26 at 8:00 A.M. and 07/14/26 at 12:08 P.M. with Administrator and review of a timeline for a failed call light system revealed the call light system started malfunctioning on 05/28/26 when a few of the resident room call lights (Residents #334, #335, #340, #341, #342, #354 and #355) were not showing up as activated, so those residents were provided manual hand bells and staff were educated on performing room checks at least every two hours. On 06/01/26, maintenance attempted to reset the entire call light system, and when doing so the entire system went down, so all residents were given a manual hand bell. While the manual call bells were used, the certified nursing assistants (CNA) were required to document their resident checks by filling out attestations and turning them in. On 06/04/26, the facility purchased an interim system, and it was in place by 06/10/26 and by 06/16/26 the facility made a deposit for a new call light system with a plan to be in place within 30 days. Interview on 07/13/26 at 3:39 P.M. with Resident #348 revealed that while the call light system was broken the resident was given a manual hand bell to use but it sometimes took hours for staff to respond to it. Interview on 07/15/26 at 11:35 A.M. with Resident #326 revealed that manual bells were used about a month ago. Staff did not come when you rang the bell, so sometimes Resident #326 waited for an hour, two hours, or had no help at all. Interview on 07/16/26 at 1:55 P.M. with CNA #125 revealed when the call system went down, the manual bells were given to each resident. If there were two residents in a room, then two bells were issued. The placement of the bells were on the bedside table or sometimes in the bed with the resident. CNA #125 could not verify the manual bells were placed anywhere else other than next to resident beds. Interview on 07/16/26 at 2:00 P.M. with Licensed Practical Nurse (LPN) #253 revealed while the call system was down, each resident was assigned a manual bell. The aides would sit in the halls and the nurse would round. If the residents needed help while in the bathroom, they would have to bring the little bell with them. Review of the CNA attestations used to document resident checks while manual bells were utilized dated from 06/01/26 to 06/14/26 revealed there were 15 CNAs who did not document attestations of resident checks on 06/01/26, 13 CNAs without attestations on 06/02/26, seven CNAs without attestations on 06/03/26, 12 CNAs without attestations on 06/04/26, 18 CNAs without attestations on 06/05/26, 16 without attestations on 06/06/26, 17 CNAs without attestations on 06/07/26, 20 aides without attestations on 06/08/26, 20 CNAs without attestations on 06/09/26, 23 CNAs without attestations on 06/10/26, 21 CNAs without attestations on 06/11/26, 19 CNAs without attestations on 06/12/26, 17 CNAs without attestations on 06/13/26, and 20 CNAs without attestations on 06/14/26. There was no other documented evidence the facility residents received adequate routine checks while the call light system was not functioning and manual bells were used. Interview on 07/15/26 at 1:55 P.M. with Administrator and Director of Nursing (DON) confirmed there were no CNA attestations from 06/01/26 to 06/14/26 to provide evidence staff provided resident checks while the call system was down. 2. Review of Resident #334's medical record revealed the resident was admitted to the facility on [DATE] with diagnoses that included toxic encephalopathy, peripheral vascular disease, quadriplegia, traumatic brain injury, major depressive disorder, anxiety (continued on next page)</p> |                                                                                        |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Suburban Healthcare and Rehabilitation                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>20265 Emery Rd<br>North Randall, OH 44128 |                                                 |
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| <p>F 0919</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is<br/>disputing this citation.</p> | <p>disorder, delusional disorder, and antisocial personality disorder. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #334 was cognitively intact and required full staff assistance (dependent) for all activities of daily living. The resident used an electric wheelchair for mobility with set up assistance and required a mechanical lift for all transfers. Review of a progress note dated 06/20/26 at 8:05 P.M. revealed LPN #253 was notified by a CNA that Resident #334 had not been seen for a while, but that another CNA had placed the resident on the toilet in the common bathroom before she left for the day. Upon approaching the common bathroom, knocking was heard and the resident was observed on the floor laying on his left side. Resident #334 reported to LPN #253 the CNA placed him on the toilet and left him there, resulting in him rolling himself off the toilet and across the floor to knock on the door to be let out. Interviews on 07/13/26 at 2:35 P.M. and 07/14/26 at 10:44 A.M. with Resident #334 while using an assistive device, a laptop/computer activated communication tool, revealed he was left on the toilet for over four hours because the call lights were down. He stated he had to push himself off the toilet and scoot himself to the door to knock on it for help. Resident #334 reported one staff (an agency CNA) had assisted him to the toilet in the bathroom and there was no working call light in reach. Interview on 07/14/26 at 10:05 A.M. with the DON revealed an agency aide, CNA #257, had stayed over from the day shift and was the person who assisted Resident #334 to the toilet at 6:00 P.M. but after placing him on the toilet, she left and went home. Afterwards, CNA #258 who was then assigned to Resident #334 and other staff found the resident on the floor in the central bathroom at approximately 8:00 P.M. The DON stated she believed the call light system was working at the time of the incident but could not confirm this or provide evidence of it. Interview on 07/15/26 at 12:08 P.M. with CNA #151 revealed she worked the day shift of 06/20/26 until 3:00 P.M. CNA #151 revealed on this day the facility call system was not working so cowbells (a manual hand bell) were placed close to the residents, either on the bed or on the nightstand. CNA #151 was uncertain whether cowbells were in the common bathrooms. Interview on 07/16/26 at 3:30 P.M. with CNA #142 revealed after dinner (on 06/20/26) while picking up trays and the 7:00 P.M. nurses coming on duty, one of the nurses said she heard banging. The CNA stated staff put the code in on the common bathroom door and tried to open the door. Resident #334 was laying on the floor blocking the door from opening all the way, but his face was visible. It looked like the resident had scooted to the door; there was no call light going off. Interview on 07/16/26 at 4:10 P.M. with CNA #258 revealed (on 06/20/26) an agency aide (CNA #257) stayed over from the previous shift, so she asked her to help put Resident #334 on the toilet (unable to recall the time) using a mechanical lift (this was contradictory to Resident #334's statement). There was a call light string to the resident's left-hand side connected to the wall, not a pressure sensitive call bell as in the resident's care plan or a cowbell. Since she knew the call light system was not working correctly, she asked CNA #257 to stay near Resident #334 and to come and get her to help get him off the toilet. CNA #257 never came to get her and never heard from her, so she assumed CNA #257 got Resident #334 off the toilet with someone else. CNA #258 stated she went on helping other residents and later noticed she had not seen Resident #334 in a while, so she went looking for him. She asked the second shift nurse about him, and they both walked toward the elevators when they heard banging. Resident #334 was found on the floor in the common bathroom, and there was no call light on. This deficiency represents non-compliance investigated under Master Complaint Number 3075582, Complaint Number 3072587, Complaint Number 3067393, and Complaint Number 2602874.</p> |                                                                                        |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Suburban Healthcare and Rehabilitation                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>20265 Emery Rd<br>North Randall, OH 44128 |                                                 |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is<br/>disputing this citation.</p> | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review, observation, and interviews, the facility failed to maintain a clean and sanitary resident room environment. This affected one resident (Resident #360) of two residents reviewed for environment. The facility census was 119. Findings include: Review of the medical record for Resident #360 revealed an admission date of 04/07/26 with diagnoses which included chronic kidney disease, emphysema, depression, anxiety, hypertension, epilepsy, and alcohol abuse. Review of the admission Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #360 had no cognitive impairment. Interview on 07/09/26 at 8:50 A.M. with Director of Maintenance/Housekeeping (DMH) #210 revealed there had been a couple of bed bug sightings, and sometimes field mice that got into the building, a chipmunk the prior week, and gnats. A pest control company came out on a regular basis and there were bait stations. Housekeeping cleaned resident rooms daily which included sweeping, wiping down high touch surfaces, mirrors, toilets, dusting and mopping the floor. Interview on 07/09/26 at 9:12 A.M. with Housekeeper (HSK) #204 revealed the resident rooms were dusted, trash was pulled, furniture and high touch surfaces wiped down, bathrooms cleaned and the floors mopped daily. Seasonally, mice came into the building, and there were gnats. Monthly maintenance was completed and housekeeping notified the director if there was an issue. Interview on 07/13/26 at 3:31 P.M. with Resident #360 complained she had bugs, mice, moths, and flies in her room. The staff opened her window and there was no window screen, so the bugs came in. The housekeeping staff sometimes mopped, but they did not sweep the floor. Observation at the time of the interview revealed Resident #360's room with DMH #210 confirmed there was no screen on Resident #360's window and stated there should be a window screen on it. There were several dead bugs on the windowsill, two insects with wings on the wall near the window, two insects on the wall behind Resident #360's bed under the overhead light near the window, two moth-like bugs on the wall near the overhead light bedspace closer to the door, one moth on the wall near the door, three to four flying gnats in the bathroom, and one moth on the wall next to the toilet. The floor had multiple small dead bugs scattered with other unknown debris. DMH #210 verified the above findings. This deficiency represents non-compliance investigated under Complaint Number 3072587 and Complaint Number 2602874.</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>365215                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>07/27/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Suburban Healthcare and Rehabilitation                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>20265 Emery Rd<br>North Randall, OH 44128 |                                                 |
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| <p>F 0657</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is<br/>disputing this citation.</p> | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review, staff interview, and facility policy review, the facility failed to revise or update care plans to address the needs of residents. This affected two residents (Resident #367 and #419) of 11 residents reviewed for care plans. The facility census was 119. Findings include: 1. Review of the medical record for Resident #367 revealed an admission date of 12/16/25 with diagnoses that included vascular dementia, mild protein calorie malnutrition, type two diabetes mellitus, hypertension, and cerebral infarction (stroke). Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #367 had mild cognitive impairment, required staff assistance with activities of daily living (ADL), and had one stage two (partial thickness skin loss) pressure ulcer to the coccyx. Review of the wound provider notes dated 07/07/26 revealed Resident #367 had a stage three (full thickness skin loss) pressure ulcer to the coccyx with an onset date of 05/21/26. Review of Resident #367's care plan last revised on 02/11/26 revealed potential for pressure ulcer development. The care plan was not revised or updated to include actual pressure ulcer development to the coccyx, onset of 05/21/26, and interventions for its care and treatment including enhanced barrier precautions which were not added until 07/14/26 during the survey. Interview on 07/15/26 at 2:00 P.M. with MDS Nurse #213 verified Resident #367's care plan was not revised or updated to include the onset of a pressure ulcer wound on 05/21/26 and interventions for its care and treatment. Enhanced barrier precautions for the wound was not added until 07/14/26 during the survey. 2. Review of the medical record for Resident #419 revealed an admission date of 03/26/26 with diagnoses that included schizoaffective disorder (a mental disorder characterized by a breakdown in thoughts, emotions, and behaviors), bipolar disorder (a mental health condition that causes shifts in mood, energy, and concentration), type two diabetes mellitus, chronic obstructive pulmonary disease (COPD), hypertension and obesity. Review of the five-day MDS 3.0 assessment dated [DATE] revealed Resident #419 had no cognitive impairment, mood symptoms that included little interest in doing things, feeling down, depressed, or hopeless, falling or staying asleep, feeling tired or little energy, poor appetite or overeating, and trouble concentrating on things. The resident required staff assistance with ADLs and was incontinent with bowel and bladder. Interview on 07/09/26 at 10:59 A.M. with Administrator revealed Resident #419 had a long history of refusing care, hygiene products, and would not take his shoes off for a shower. Interview on 07/09/26 at 1:45 P.M. with Director of Nursing (DON) revealed Resident #419 did not wear his shoes in the shower, but staff said he would refuse to take his shoes off because he had lymphedema (swelling of soft tissues caused by lymph fluid) and the staff did not know how to take on or off his shoes. DON revealed the resident did not always sleep in his bed and did wear socks with his shoes. Interview on 07/09/26 at 1:50 P.M. with Registered Nurse Manager (RNM) #242 revealed the resident's preference was a bed bath. He spent most of his time outside smoking, liked to have his shoes on all the time, and stayed in his electric wheelchair instead of sleeping in the bed so he could go out and smoke. Interview on 07/09/26 at 2:00 P.M. with CNA #126, revealed the resident always just wanted a bed bath and when she gave the resident his bed bath, he wouldn't let her take off his shoes. He always had his shoes on because he didn't think the staff knew how to take it on or off. Review of photographic pictures and one video (of Resident #419's feet and shoes on 07/01/26) submitted by Resident #419's guardian on 07/15/26 at 4:34 P.M. revealed the following: Picture one revealed Resident #419's left foot with significant swelling and redness, a darkened circular area to the medial side of the foot, and an (continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is<br/>disputing this citation.</p> | <p>elongated darkened area to the underside of the foot. Picture six revealed Resident #419's right foot with a dark black/brown substance on the toes and under the great toenail. The great toenail was thickened, dark in color, with the dark substance under the nailbed. Picture seven revealed Resident #419's right lower leg with significant swelling and redness. Picture eight revealed Resident #419's left great toenail significantly thickened and raised with a blackened substance caked under the nailbed. A small white protrusion (alleged maggot) was evident under the nailbed. Picture nine revealed Resident #419's left foot with a dried black substance under the toes and the nailbed of the second through fifth toes. The nailbeds were thickened and elongated. Picture ten revealed Resident #419's left lower leg with significant swelling and redness. Video one revealed Resident #419's shoes bagged in a clear plastic bag with a visible live white maggot crawling on the side of the bag. Interview on 07/15/26 at 2:00 P.M. with MDS Nurse #213 verified Resident #419's care plan did not reflect the resident refusing to remove his shoes for bathing of the feet or include any staff intervention to ensure Resident #419's feet received care. MDS Nurse #213 denied being informed by staff or having documentation of Resident #419 not wanting to remove his shoes. She indicated just finding out about it from the social worker on this date. Review of the facility policy titled, Care Planning-Interdisciplinary Team undated revealed the interdisciplinary team was responsible for the development of an individualized comprehensive care plan for each resident.</p> |                                                                                        |                                                 |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is<br/>disputing this citation.</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are<br/>in accordance with accepted professional standards.</p> <p>Based on medical record review, observation, and staff interview, the facility failed to accurately<br/>document a wound assessment and treatment orders. This affected one resident (Resident #307) of<br/>three residents reviewed for wound care. The facility census was 119. Findings include: Review of the<br/>medical record for Resident #307 revealed an admission date of 08/15/24 and diagnoses which<br/>included anemia, gastro-esophageal reflux disease (GERD), hypertension (high blood pressure),<br/>osteoporosis, chronic kidney disease, and cognitive communication deficit. Review of the progress<br/>note dated 07/04/26 at 3:31 P.M. by Registered Nurse (RN) #252 revealed Resident #307 had a wound<br/>described as two small, conjoined circles to the left buttock. Review of the wound provider progress<br/>note dated 07/07/26 revealed Resident #307 had a pressure ulcer wound, stage two (partial<br/>thickness) to the right buttocks. Review of Resident #307's physician orders and July 2026 Treatment<br/>Administration Record (TAR) revealed an order dated 07/05/26 for bordered foam to the left buttock<br/>every dayshift for wound healing, and to cleanse, pat dry and cover with a clean, dry dressing. The<br/>order was discontinued on 07/08/26. An order dated 07/08/26 was initiated for the right buttocks to<br/>cleanse with normal saline solution, apply wound gel to the wound bed and cover with dry dressing<br/>daily and when needed. The TAR revealed the right buttock wound order was signed off as completed<br/>on 07/09/26, 07/10/26, 07/11/26 and 07/12/26. Observation on 07/13/26 at 9:20 A.M. of wound care<br/>for Resident #307 by Licensed Practical Nurse (LPN) #200 revealed the LPN verified the treatment<br/>order was to the right buttocks to wash with normal saline, apply wound gel and cover with a dry<br/>dressing. LPN #200 then performed the right buttocks wound treatment on the resident's left buttocks<br/>instead, as the wound was observed to be on the left buttocks. There was no evidence of a wound on<br/>the right buttocks. Interview at the time of the observation with LPN #200 verified the wound provider<br/>progress note, physician order and treatment were written incorrectly with Resident #307's wound<br/>being on the right buttocks when it was on the left buttocks. This deficiency represents<br/>non-compliance investigated under Complaint Number 3067393.</p> |                                                                                        |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is<br/>disputing this citation.</p> | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review, observation, staff interview, and facility policy review, the facility failed to follow enhanced barrier precautions (EBP) during wound care. This affected two residents (Resident #367 and #402) of three residents reviewed for wound care. The facility census was 119. Findings include: 1. Review of the medical record for Resident #367 revealed an admission date of 12/16/25 with diagnoses that included vascular dementia, mild protein calorie malnutrition, major depressive disorder, type two diabetes mellitus, hypertension, and cerebral infarction (stroke). Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed mild cognitive impairment, and one stage two (partial thickness skin loss) pressure ulcer. Review of the wound provider progress note dated 07/07/26, revealed Resident #367 had a stage three (full thickness) wound with an onset date of 05/21/26. Review of Resident #367's physician orders revealed an order dated 07/08/26 to cleanse the coccyx with normal saline or wound cleanser, pat dry, apply collagen (a wound dressing used for healing) and cover with a foam dressing every three days on dayshift. Review of Resident #367's care plan dated 02/11/26 revealed potential for pressure ulcer development. It did not include stage three pressure ulcer to the coccyx with an onset date of 05/21/26. Observation on 07/13/26 at 9:28 A.M. of wound care for Resident #367 by Licensed Practical Nurse (LPN) #200 revealed an EBP sign at the resident's doorway leading into the room which indicated staff must wear gloves and gown for high-contact resident care activities which included any skin opening requiring a dressing. LPN #200 performed hand hygiene, put on clean gloves, did not put on a gown and performed wound care on the resident's open coccyx wound. Interview at the time of the observation with LPN #200 verified not wearing a gown for EBP during Resident #367's wound care and stated a gown was not needed because there was no infection to the wound. LPN #200 also confirmed there was an EBP sign at the resident's doorway. Additional review of Resident #367's care plan revealed it was updated on 07/14/26 with interventions for EBP related to a wound. 2. Review of the medical record for Resident #402 revealed an admission date of 10/23/24 with diagnoses that included mild protein calorie malnutrition, peripheral vascular disease, lymphedema, hypertension, paranoid schizophrenia, and dementia. Review of Resident #402's care plan dated 12/18/25 revealed EBP related to wound with interventions to wear gown and gloves when providing care. Review of Resident #402's physician orders revealed an order dated 12/18/25 for EBP related to wounds and an order dated 07/08/26 to cleanse the left buttocks with normal saline, pat dry, apply collagen and cover with foam dressing daily on dayshift. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #402 had no cognitive impairment, and one stage three pressure ulcer. Review of the wound provider progress note dated 07/07/26 revealed Resident #402 had a stage three wound with an onset date of 04/09/26. Review of the July 2026 Treatment Administration Record revealed EBP was signed off twice a day by licensed nursing staff. Observation on 07/13/26 at 9:45 A.M. of wound care for Resident #402 by LPN #200 revealed an EBP sign at the resident's doorway leading into the room which indicated staff must wear gloves and gown for high-contact resident care activities which included any skin opening requiring a dressing. LPN #200 performed hand hygiene, put on clean gloves, did not put on a gown and performed wound care on the resident's open left buttocks wound. Interview at the time of the observation with LPN #200 verified not wearing a gown for EBP during Resident #402's wound care and when the posted EBP sign was referenced stated she would have to ask about it. Review of the facility policy labeled, Enhanced Barrier Precautions Policy undated, revealed EBP should be employed during high contact resident care that included wound care (continued on next page)</p> |                                                                                        |                                                 |

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

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Form Approved OMB  
No. 0938-0391

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| F 0880<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is<br>disputing this citation. | for any skin opening requiring a dressing. This deficiency represents non-compliance investigated<br>under Complaint Number 3067393. |                                                                                        |                                                 |