

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365279	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2024
NAME OF PROVIDER OR SUPPLIER  Merit House LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  4645 Lewis Ave Toledo, OH 43612	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31638</p> <p>Based on medical record review, staff interview, and policy review, the facility failed to ensure medications were administered as ordered. This affected one (#93) of three residents reviewed for medications. The facility census was 83.</p> <p>Findings included:</p> <p>Review of Resident #93's medical record revealed an admission ate of 10/02/24. Diagnoses included cellulitis of the left lower extremity, diabetes mellitus, ulcerative colitis, and schizophrenia. The resident was discharged on [DATE].</p> <p>Review of Resident #93's Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had an intact cognitive function and was independent of most activities of daily living (ADLs).</p> <p>Review of Resident #93's nursing progress note dated 10/02/24 revealed the resident arrived to the facility at 2:00 P.M. from a local hospital. The resident's medications were reviewed and confirmed with the physician.</p> <p>Review of Resident #93's physician orders while in the facility included orders dated 10/02/24 for atorvastatin calcium tablet 40 milligrams (mg) one table by mouth at bedtime for hyperlipidemia, the antipsychotic medication quetiapine fumarate (Seroquel) oral tablet 150 mg at bedtime for schizophrenia, doxycycline monohydrate (antibiotic) 100 mg to be administered by mouth twice daily for a right toe infection/cellulitis for seven days, Fluticasone-Salmeterol inhalation aerosol powder breath activated 150-50 micrograms to be administered twice daily for chronic obstructive pulmonary disease, and memantine five (5) mg to be administered twice daily for Alzheimer's disease.</p> <p>Review of Resident #93's medical record revealed a physician order dated 10/03/24 for mesalamine delayed release tablet 1.2 grams to be administered once daily for ulcerative colitis.</p> <p>Review of Resident #93's medical record revealed a physician order dated 10/04/24 for the anticoagulant warfarin sodium 10 mg to be administered every evening on Monday, Wednesday, Friday, Saturday, and Sunday.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #93's medication administration record (MAR) for October 2024 revealed on 10/02/24 the resident was not administered atorvastatin calcium and Seroquel as ordered. Further review revealed Resident #93 was not administered Fluticasone-Salmeterol on 10/02/24 at 7:00 P.M. or 10/03/24 for the morning dose as ordered. On 10/03/24 and 10/05/24, mesalamine was not administered as ordered, on 10/05/24 warfarin was not administered as ordered, on 10/06/24 doxycycline monohydrate was not administered as ordered for the 8:00 A.M. dose, and on 10/02/24 at 7:00 P.M. and on 10/06/24 (the morning dose) memantine was not administered as ordered.</p> <p>Review of Resident #93's nursing progress notes dated 10/02/24 revealed the ordered memantine was not available. Review of subsequent nursing progress notes revealed Resident #93's Fluticasone-Salmeterol was not available on 10/03/24, mesalamine was not available on 10/04/24, warfarin was not available on 10/04/24 and 10/05/24, and doxycycline monohydrate was not available on 10/06/24.</p> <p>Interview on 11/06/24 at 8:16 A.M. with the Director of Nursing (DON) confirmed the missing doses of medication documented on the October 2024 MAR were not administer as ordered to Resident #93. The DON stated the medications were in the facility, but were not given to the resident.</p> <p>Review of the facility policy titled, Administering Medications, dated 10/03/24, revealed medications are administered in accordance with prescribers' orders, including any required time frame.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00158933 and represents continued non-compliance from the survey dated 09/23/24.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31638</p> <p>Based on record review, staff interview, review of exterminator documents, and policy review, the facility failed maintain a pest free environment. This affected one (#84) of two residents reviewed for environmental concerns. The facility census was 83.</p> <p>Findings included:</p> <p>Review of Resident #84's medical record revealed an admitted [DATE]. Diagnoses included mild intellectual disabilities, congestive heart failure, and diabetes mellitus.</p> <p>Review of Resident #84's Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had an intact cognition and was at risk for skin impairment related to weakness.</p> <p>Review of Resident #84's nursing progress note dated 10/08/24 revealed the resident was showered and staff noticed small bug bites all over the resident's legs and arms. The nurse practitioner was notified.</p> <p>Review of Resident #84's nursing progress note dated 10/11/24 revealed the resident was showered with assistance from a nurse aide and bite marks on her bilateral upper and lower extremities were found.</p> <p>Review of the exterminator service record and related documentation dated 10/10/24 revealed a lot of dead bed bugs were found in Resident #84's room on the mattress. Staff bagged everything so the exterminator could treat the room and bed bugs were vacuumed off the mattress and chair. The mattress, chair, dresser drawers, armoire, and perimeter baseboards were treated.</p> <p>Interview with the Director of Nursing on 11/06/24 at 9:52 A.M. verified Resident #84 suffered bed bug bites due to an infestation.</p> <p>Review of the undated facility policy titled, Preventing and Managing Infestations of Bed Bugs, revealed staff will employ infection control strategies to prevent and manage infestation of bed bugs.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00158774.</p>		