

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 01/30/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47057</p> <p>Based on resident interview, medical record review, staff interview and review of facility policy, the facility failed to ensure residents were provided opportunities and assistance with voting. This affected three (#4, #7 and #47) of three residents reviewed for voting, with the potential to affect all residents except one (#69) identified by the facility as voting by absentee ballot. The facility census was 91.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #4 revealed an admitted [DATE]. Diagnoses included Parkinson's disease.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #4 was cognitively intact.</p> <p>Interview on 01/27/25 at 3:21 P.M. with Resident #4 revealed the facility did not provide assistance or opportunities for her to vote in recent elections and it was important to her to vote.</p> <p>2. Review of the medical record for Resident #7 revealed an admitted [DATE]. Diagnoses included diabetes mellitus, hypertension, and cerebral vascular accident (CVA).</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed Resident #7 was cognitively intact.</p> <p>Interview on 01/27/25 at 3:50 P.M. with Resident #7 revealed voting was important to her and the facility did not provide assistance or opportunities for with voting in recent elections.</p> <p>3. Review of the medical record for Resident #47 revealed an admitted [DATE]. Diagnoses included diabetes mellitus, hypertension, heart failure, and chronic obstructive pulmonary disease (COPD).</p> <p>Review of the annual MDS assessment dated [DATE] revealed Resident #47 was cognitively intact.</p> <p>Interview on 01/27/25 at 8:36 A.M. with Resident #47 revealed voting was important to her and the facility did not offer assistance or provide opportunities for voting in recent elections.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 01/27/25 at 12:27 P.M. with Activity Coordinator (AC) #500 verified residents were not assisted or offered the opportunity to vote in recent elections. AC #500 reported she was unaware providing assistance to residents with voting was her duty and further stated she did not know the facility policy related to voting.</p> <p>Interview on 01/27/25 at 4:14 P.M. with AC #510 revealed an individual came to the facility in approximately September 2024 and requested entrance to assist residents with voting. The individual had credentials from the board of elections. AC #510 stated she was not sure if a non-employee could just walk around the building, so she discussed the situation with the previous facility Administrator, who denied the individual entrance into the facility. AC #510 confirmed residents were not provided any assistance or opportunities to vote, with the exception of one resident who sought out assistance with an absentee ballot.</p> <p>Review of the facility policy titled Federal and Ohio Residents Rights and Facility Responsibilities, dated October 2019, revealed residents had the right to exercise their civil rights and arrangements must be made to allow the residents to exercise their right to vote.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00161624.</p>