

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  04/23/2026
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NON-COMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY. Based on review of electronic mail (email) correspondence, staff interview and review of the facility investigation, the facility failed to ensure Minimum Data Set (MDS) assessments were certified by qualified staff. This affected 40 (#43, #66, #74, #63, #75, #44, #77, #15, #80, #81, #82, #83, #84, #85, #86, #87, #88, #89, #90, #91, #92, #93, #94, #95, #96, #97, #98, #99, #100, #101, #102, #103, #104, #105, #106, #107, #108, #109, #110, and #111) residents identified by the facility as having MDS assessments completed by an unqualified staff. The facility census was 78. Findings include: Review of email correspondence from 01/12/26 through 01/29/26 between the Administrator and the Ohio Board of Nursing (OBN) revealed the facility identified that former Licensed Practical Nurse (LPN) #825 certified 64 MDS assessments as the Registered Nurse (RN) MDS Coordinator. Interview on 04/23/26 at 9:26 A.M. with the Administrator revealed in January 2026, she noticed LPN #825 certified an MDS assessment as the RN MDS Coordinator when she printed an MDS for a resident. The Administrator stated she was aware LPN #825 was not qualified to certify the MDS assessments and she initiated an audit and subsequently reported the concern to the OBN. The Administrator stated her audit identified a total of 64 MDS assessments involving 40 (#43, #66, #74, #63, #75, #44, #77, #15, #80, #81, #82, #83, #84, #85, #86, #87, #88, #89, #90, #91, #92, #93, #94, #95, #96, #97, #98, #99, #100, #101, #102, #103, #104, #105, #106, #107, #108, #109, #110, and #111) residents that were certified by LPN #825 over the course of two separate tenures as a nurse in the facility between July 2022 and December 2025. The Administrator stated she audited approximately 1,500 MDS assessments and there was no pattern or reasoning for LPN #825 to have certified the MDS assessments. The Administrator stated there was always an RN MDS Coordinator or the Director of Nursing (DON) available to review and certify the assessments so she did not know why LPN #825 certified the 64 MDS assessments. Additionally, the Administrator reported the previous RN MDS Coordinator was no longer employed at the facility so she could not verify what process she followed to ensure she completed the review and certification of the MDS assessment. The Administrator confirmed only a RN was completing MDS assessments at the facility now. The deficient practice was corrected on 01/21/26 when the facility implemented the following corrective actions: -On 01/05/26, the Administrator discovered former LPN #825 certified an MDS assessment as the RN MDS Coordinator. -By 01/11/26, the Administrator completed an audit of 1,591 current and discharged residents' records in the electronic medical record (EMR) system for MDS assessments completed during LPN #825's employment from 07/28/22 through 11/20/23 and a second tenure from 02/04/25 through 11/20/25, when LPN #825 no longer worked in the facility. LPN #825 participated in the MDS assessment process for 351 residents and signed as the RN MDS coordinator on 64 assessments. -On 01/12/26, the Administrator notified the OBN that LPN #825 signed and certified 64 MDS assessments that he was not qualified to sign and certify. -On 01/12/26, the Administrator educated the Director of Nursing (DON), RN MDS Coordinator #440, Assistant Director of Nursing (ADON) #170 and LPN #150 on the qualifications required to verify MDS assessment completion, RN MDS Coordinator attestation of MDS completion, and an LPN can only sign the completion of an Entry Tracking or a Death in Facility tracking form. -On 01/21/26, the (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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Quality Assurance and Performance Improvement (QAPI) committee met to review the concern and ensure corrective action was implemented. In attendance were the Administrator, DON, ADON #170, Social Worker (SW) #625, RN MDS Coordinator #440, Medical Director (MD) #815, Therapy Director (TD) #810, Medical Records Clerk (MRC) #460, Registered Dietitian (RD) #820, LPN #150, Infection Preventionist (IP) #640 and Activities Director (AD) #565.-By 01/24/26, RN MDS Coordinator #440 completed and submitted corrected MDS assessments for the 64 MDS assessments signed by LPN #825 as the RN MDS Coordinator.-Review of the audits for January 2026, February 2026, March 2026, and April 2026 confirmed the facility completed audits with no additional concerns identified.-Interviews on 04/23/26 with the Director of Nursing (DON) and RN MDS Coordinator #440 confirmed education was received related to qualified staff to complete and certify MDS assessments.-Review of three (#74, #66 and #43) open resident medical records, reviewed for MDS assessments signed by LPN #825 as the RN MDS Coordinator, verified the MDS assessments were corrected and submitted. Additionally, review of current MDS assessments confirmed the assessments were certified by RN MDS Coordinator #440.This deficiency represents non-compliance investigated under Complaint Number 2734168.</p>		