STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365279	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Merit House LLC	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, interview, and policy review, the facility failed to ensure residents had a functioning call system. This affected 18 (Resident #7,#13,#19,#15,#10,#26,#43,#32,#6,#4,#63,#57,#64,#33,#73,#5,#14,#31) out of 18 residents who resided on the 400 and 500 hallway. Additionally, the facility failed to provide timely care to residents who did not have a functioning call system. This affected one (Resident #33) of three reviewed for timely care. The facility census was 73.Findings Included:1. Review of the medical record for Resident #33 revealed an admission on [DATE]. Diagnoses included cerebral infarction, muscle spasms of back, and muscle weakness.Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed this resident had impaired cognition evidenced by a Brief Interview for Mental Status (BIMS) score of 05. Additional review of the MDS revealed Resident #33 had impairment on one side, used a wheelchair, and required substantial assistance with toileting.Review of the care plan dated 06/13/26 revealed Resident #33 was at risk for Activities of Daily Living (ADL) self-care performance deficit related to cerebral vascular accident. Interventions included one assist for toileting and transfers. Further review of the care plan revealed Resident #33 was at risk for falls. Interventions included ensuring call light was in reach, Resident #33 required prompt response to all requests for assistance.Review of the Fall Scale dated 02/20/26 revealed Resident #33 was at high risk for falls.Observation on 06/16/26 at 10:40 A.M. revealed Resident #33 yelling out for help from the bathroom. Resident #33 did not have a functional call system in the bathroom.Interview on 06/16/26 at 10:40 A.M. with Certified Nursing Assistant (CNA) #100 revealed she was unsure how long Resident #33 had been on the toilet or who placed him on the toilet. CNA #100 stated Resident #33 most likely transferred himself. CNA #100 stated Resident #33 was a one assist and required assistance on and off the toilet. CNA #100 further verified Resident #33's call light was not functioning properly.2.Observation on 06/16/26 at 10:20 A.M. of the 400 and 500 hallways revealed no visible call lights outside of the resident's bedrooms.Observation on 06/16/26 at 10:25 A.M. revealed Residents #7,#13,#19,#15,#10,#26,#43,#32,#6,#4,#63,#57,#64,#33,#73,#5,#14,and #31 did not have a functional call system.Interview on 06/16/26 at 10:25 A.M. with CNA #100 revealed the 400 and 500 hallway residents had call buttons that they wore around their necks and could press when they needed assistance. CNA #100 further stated that the staff had applications on their personal cell phones that the call system came through on. CNA #100 stated that there was no alert that came through the phones, and that she personally did not have the application on her phone. CNA #100 further stated that the call buttons also came through on the computers at the nurse's station, however you had to login to the system each time to see if there were call lights on. CNA #100 stated that the call system was currently not working, so staff were instructed by the Director of Nursing (DON) to just check on the residents more frequently. CNA #100 verified Residents #7,#13,#19,#15,#10,#26,#43,#32,#6,#4,#63,#57,#64,#33,#73,#5,#14,and #31 did not have functional call systems, or an alternative way to call for assistance.Interview on 06/16/26 at 11:08 A.M. with the DON revealed the call system had been working on and off intermittently. The DON further stated staff were supposed to be checking on residents more frequently on the 400 and 500 hallways. The (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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	DON stated some staff do not have the applications on their phones for the call system and were supposed to check the computers at the nurse's station. The DON verified the residents should have an alternative way to call for help and verified they had not provided the residents with any alternatives.Review of the policy titled Call Light Protocol, dated 01/2022 revealed staff are to respond to resident needs by answering the call light in a reasonable amount of time and assist residents as needed to a comfortable position with call light within reach.Review of the policy titled Personal Care Needs, dated 01/2024 revealed the facility would promote a healthy environment by assisting residents with ADLs which included toileting, and transfers.This deficiency represents non-compliance investigated under Complaint Number 3013691.