

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2026
NAME OF PROVIDER OR SUPPLIER Shepherd of the Valley Liberty		STREET ADDRESS, CITY, STATE, ZIP CODE 1501 Tibbetts Wick Road Girard, OH 44420	
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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, resident interview, and staff interview, the facility failed to have a system in place to provide well balanced meals to all residents during a power outage emergency. This affected four residents (#33, #37, #44, and #47) out of four reviewed for diet needs and had the potential to affect all eight residents identified by the facility as having orders for puree diet texture. The facility census was 66. Findings include:1. Review of the medical record for Resident #33 revealed an admission date of 11/27/19 and re-admission date of 05/13/25. Diagnoses included dementia, type two diabetes mellitus, adjustment disorder, and dysphagia oral phase. Review of the physician's orders for Resident #33 identified orders for a regular diet with pureed texture and honey consistency liquids effective 03/02/26 and house supplement two times daily effective 01/19/26. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #33 had severe cognitive impairment and required a mechanically altered diet texture. Review of the care plan revised 12/02/19 revealed Resident #33 was at risk for nutritional decline related to rectal sheath hematoma, dementia, hypertension, cerebral infarction, gastroesophageal reflux disease, and diabetes mellitus. Interventions included monitor oral intakes as needed (implemented 12/02/19), offer food alternatives when necessary (implemented 12/02/19), place food in bowls for all meals (implemented 12/05/24), house supplement as per order (implemented 07/23/25), and puree with thickened liquids (revised 08/04/25). Review of the progress notes, nurse aide tracking for oral intakes, and the Medication Administration Record (MAR) for Resident #33 revealed there was no documentation of any supplementation provided in addition to the routinely scheduled supplement ordered by the physician for 03/13/26 through 03/15/26. Review of the lunch and dinner tray tickets for 03/14/26 for Resident #33 revealed there was nothing on the tray tickets to indicate what foods were served for those meals. On 03/19/26 at 8:53 A.M., an interview with the Administrator verified the facility experienced a power outage which lasted from approximately 03/13/26 at 6:00 P.M. until 03/15/26 at 10:00 A.M. The Administrator stated facility operations continued on generator power. On 03/19/26 at 12:25 P.M., an interview with Dietary Supervisor #132 stated when the power was out, the gas stove was the only thing that worked in the kitchen. Dietary Supervisor #132 stated residents ordered pureed diet texture received mashed potatoes, stuffing, and tomato soup during the power outage because they could not use the food processor to puree anything. They could only serve foods that could be prepared using boiling water. Dietary Supervisor #132 was unable to state what protein sources were served to residents receiving pureed foods. Dietary Supervisor #132 further stated no record was kept of the foods served during the power outage. On 03/19/26 at 2:38 P.M., an interview with Dietary Director #105 confirmed the gas stove was the only thing that worked in the kitchen during the power outage because there were no red outlets (outlets connected to the generator) in the kitchen. Dietary Director #105 stated residents with orders for pureed diet texture received cream of wheat for breakfast during the power outage. On 03/19/26 at 3:38 P.M., an interview with Dietary Technician Registered (DTR) #123, with Regional Registered Nurse (RN) #102 present, stated she was only informed of the issues in the kitchen during the power outage after the fact. DTR #123 claimed all (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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2026
NAME OF PROVIDER OR SUPPLIER Shepherd of the Valley Liberty		STREET ADDRESS, CITY, STATE, ZIP CODE 1501 Tibbetts Wick Road Girard, OH 44420	
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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>residents with orders for pureed diet texture also received nutritional supplements which provided protein. Regional RN #102 interjected and claimed the residents receiving pureed foods were provided protein sources during the power outage stating even tomato soup had three grams of protein per serving. Regional RN #102 indicated all residents receiving pureed foods received nutritional supplements to meet their protein needs. On 03/23/26 at 9:00 A.M., an interview with Registered Dietitian (RD) #120 confirmed residents were ordered supplements to meet daily nutritional requirements and was unable to state whether residents receiving pureed foods also received additional supplementation during the power outage. On 03/23/26 at 12:25 P.M., an interview with the Director of Nursing (DON) confirmed the tray tickets did not specify what foods were served during the power outage. 2. Review of the medical record for Resident #37 revealed an admission date of 03/10/25 with diagnoses including protein calorie malnutrition, gastroesophageal reflux disease, muscle wasting and atrophy, and diverticulosis. Review of the physician's orders for Resident #37 identified orders for a regular diet with pureed texture and regular consistency liquids effective 01/16/26 and house supplement two times daily effective 01/17/26. Review of the annual MDS assessment dated [DATE] indicated Resident #37 had no cognitive impairment and required a mechanically altered diet texture. Review of the care plan revised 07/11/25 revealed Resident #37 was at risk for nutritional decline related to protein calorie malnutrition, hypertension, diverticulosis, anemia, gastroesophageal reflux disease, and a history of significant weight loss on 04/24/25. Interventions included monitor daily oral intakes as needed (implemented 03/11/25), offer food alternatives when necessary (implemented 03/11/25), house supplement as per order (implemented 03/11/25), and pureed texture (implemented 01/29/26). Review of the progress notes, nurse aide tracking for oral intakes, and the Medication Administration Record (MAR) for Resident #37 revealed there was no documentation of any supplementation provided in addition to the routinely scheduled supplement ordered by the physician for 03/13/26 through 03/15/26. Review of the lunch and dinner tray tickets for 03/14/26 for Resident #37 revealed there was nothing on the tray tickets to indicate what foods were served for those meals. On 03/19/26 at 8:53 A.M., an interview with the Administrator verified the facility experienced a power outage which lasted from approximately 03/13/26 at 6:00 P.M. until 03/15/26 at 10:00 A.M. The Administrator stated facility operations continued on generator power. On 03/19/26 at 12:25 P.M., an interview with Dietary Supervisor #132 stated when the power was out, the gas stove was the only thing that worked in the kitchen. Dietary Supervisor #132 stated residents ordered pureed diet texture received mashed potatoes, stuffing, and tomato soup during the power outage because they could not use the food processor to puree anything. They could only serve foods that could be prepared using boiling water. Dietary Supervisor #132 was unable to state what protein sources were served to residents receiving pureed foods. Dietary Supervisor #132 further stated no record was kept of the foods served during the power outage. On 03/19/26 at 2:38 P.M., an interview with Dietary Director #105 confirmed the gas stove was the only thing that worked in the kitchen during the power outage because there were no red outlets (outlets connected to the generator) in the kitchen. Dietary Director #105 stated residents with orders for pureed diet texture received cream of wheat for breakfast during the power outage. On 03/19/26 at 3:38 P.M., an interview with DTR #123, with Regional RN #102 present, stated she was only informed of the issues in the kitchen during the power outage after the fact. DTR #123 claimed all residents with orders for pureed diet texture also received nutritional supplements which provided protein. Regional RN #102 interjected and claimed the residents receiving pureed foods were provided protein sources during the power outage stating even tomato soup had three grams of protein per serving. Regional RN #102 indicated all residents receiving pureed foods received nutritional supplements to meet their protein needs. On 03/23/26 at 9:00 A.M., an interview with RD #120 confirmed residents were ordered supplements to meet daily nutritional requirements and was unable to state whether residents receiving pureed foods also received additional supplementation during the power outage. On 03/23/26 at 9:24 A.M., an interview with Resident #37 stated she did not get (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2026
NAME OF PROVIDER OR SUPPLIER Shepherd of the Valley Liberty		STREET ADDRESS, CITY, STATE, ZIP CODE 1501 Tibbetts Wick Road Girard, OH 44420	
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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>enough to eat during the power outage. Resident #37 stated the facility provided some food, but not enough to satisfy her hunger and they did not provide anything additional like ice cream or health shakes. On 03/23/26 at 12:25 P.M., an interview with the DON confirmed the tray tickets did not specify what foods were served during the power outage. 3. Review of the medical record for Resident #44 revealed an admission date of 07/11/24 with diagnoses including dysphagia oropharyngeal phase, respiratory failure, gastroesophageal reflux disease, intellectual disabilities, and cognitive communication deficit. Review of the physician's orders for Resident #44 identified orders for a regular diet with pureed texture and nectar consistency liquids effective 10/21/24 and house supplement one time daily effective 05/01/25. Review of the care plan revised 04/24/25 revealed Resident #44 was at risk for nutritional decline related to respiratory failure, dysphagia, gastroesophageal reflux disease, and adult failure to thrive. Interventions included pureed diet with nectar thick liquids (implemented 10/21/24), monitor daily oral intake as needed (implemented 10/21/24), offer food alternatives when necessary (implemented 10/21/24), and house supplement as per order (implemented 04/24/25). Review of the quarterly MDS assessment dated [DATE] indicated Resident #44 had severe cognitive impairment and required a mechanically altered diet texture. Review of the progress notes, nurse aide tracking for oral intakes, and the Medication Administration Record (MAR) for Resident #44 revealed there was no documentation of any supplementation provided in addition to the routinely scheduled supplement ordered by the physician for 03/13/26 through 03/15/26. Review of the lunch and dinner tray tickets for 03/14/26 for Resident #44 revealed there was nothing on the tray tickets to indicate what foods were served for those meals. On 03/19/26 at 8:53 A.M., an interview with the Administrator verified the facility experienced a power outage which lasted from approximately 03/13/26 at 6:00 P.M. until 03/15/26 at 10:00 A.M. The Administrator stated facility operations continued on generator power. On 03/19/26 at 12:25 P.M., an interview with Dietary Supervisor #132 stated when the power was out, the gas stove was the only thing that worked in the kitchen. Dietary Supervisor #132 stated residents ordered pureed diet texture received mashed potatoes, stuffing, and tomato soup during the power outage because they could not use the food processor to puree anything. They could only serve foods that could be prepared using boiling water. Dietary Supervisor #132 was unable to state what protein sources were served to residents receiving pureed foods. Dietary Supervisor #132 further stated no record was kept of the foods served during the power outage. On 03/19/26 at 2:38 P.M., an interview with Dietary Director #105 confirmed the gas stove was the only thing that worked in the kitchen during the power outage because there were no red outlets (outlets connected to the generator) in the kitchen. Dietary Director #105 stated residents with orders for pureed diet texture received cream of wheat for breakfast during the power outage. On 03/19/26 at 3:38 P.M., an interview with DTR #123, with Regional RN #102 present, stated she was only informed of the issues in the kitchen during the power outage after the fact. DTR #123 claimed all residents with orders for pureed diet texture also received nutritional supplements which provided protein. Regional RN #102 interjected and claimed the residents receiving pureed foods were provided protein sources during the power outage stating even tomato soup had three grams of protein per serving. Regional RN #102 indicated all residents receiving pureed foods received nutritional supplements to meet their protein needs. On 03/23/26 at 9:00 A.M., an interview with RD #120 confirmed residents were ordered supplements to meet daily nutritional requirements and was unable to state whether residents receiving pureed foods also received additional supplementation during the power outage. On 03/23/26 at 12:25 P.M., an interview with the DON confirmed the tray tickets did not specify what foods were served during the power outage. 4. Review of the medical record for Resident #47 revealed an admission date of 05/01/25 and re-admission date of 11/07/25. Diagnoses included chronic obstructive pulmonary disease, gastroesophageal reflux disease, mild cognitive impairment, and major depressive disorder. Review of the physician's orders for Resident #47 identified orders for a regular diet with pureed texture and nectar consistency liquids effective 01/10/26, Magic Cup supplement with meals effective 01/21/26, (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2026
NAME OF PROVIDER OR SUPPLIER Shepherd of the Valley Liberty		STREET ADDRESS, CITY, STATE, ZIP CODE 1501 Tibbetts Wick Road Girard, OH 44420	
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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>and house supplement with meals for weight loss effective 01/28/26. Review of the care plan revised 01/21/26 revealed Resident #47 was at risk for nutritional decline related to chronic obstructive pulmonary disorder, respiratory failure, hypertension, depression, gastroesophageal reflux disease, heart failure, and history of significant weight loss on 10/02/25 and 01/21/26. Interventions included monitor daily oral intakes as needed (implemented 05/06/25), offer food alternatives when necessary (implemented 05/06/25), house supplement as per order (implemented 07/08/25), puree with nectar thick liquids (implemented 01/12/26), and Magic Cup as per order (implemented 01/21/26). Review of the quarterly MDS assessment dated [DATE] indicated Resident #47 had moderately impaired cognition, had experienced significant weight loss not on a prescribed weight loss regimen, and required a mechanically altered diet texture. Review of the progress notes, nurse aide tracking for oral intakes, and the Medication Administration Record (MAR) for Resident #47 revealed there was no documentation of any supplementation provided in addition to the routinely scheduled supplements ordered by the physician for 03/13/26 through 03/15/26. Review of the lunch and dinner tray tickets for 03/14/26 for Resident #47 revealed there was nothing on the tray tickets to indicate what foods were served for those meals. On 03/19/26 at 8:53 A.M., an interview with the Administrator verified the facility experienced a power outage which lasted from approximately 03/13/26 at 6:00 P.M. until 03/15/26 at 10:00 A.M. The Administrator stated facility operations continued on generator power. On 03/19/26 at 12:25 P.M., an interview with Dietary Supervisor #132 stated when the power was out, the gas stove was the only thing that worked in the kitchen. Dietary Supervisor #132 stated residents ordered pureed diet texture received mashed potatoes, stuffing, and tomato soup during the power outage because they could not use the food processor to puree anything. They could only serve foods that could be prepared using boiling water. Dietary Supervisor #132 was unable to state what protein sources were served to residents receiving pureed foods. Dietary Supervisor #132 further stated no record was kept of the foods served during the power outage. On 03/19/26 at 2:38 P.M., an interview with Dietary Director #105 confirmed the gas stove was the only thing that worked in the kitchen during the power outage because there were no red outlets (outlets connected to the generator) in the kitchen. Dietary Director #105 stated residents with orders for pureed diet texture received cream of wheat for breakfast during the power outage. On 03/19/26 at 3:38 P.M., an interview with DTR #123, with Regional RN #102 present, stated she was only informed of the issues in the kitchen during the power outage after the fact. DTR #123 claimed all residents with orders for pureed diet texture also received nutritional supplements which provided protein. Regional RN #102 interjected and claimed the residents receiving pureed foods were provided protein sources during the power outage stating even tomato soup had three grams of protein per serving. Regional RN #102 claimed that all residents receiving pureed foods received nutritional supplements to meet their protein needs. On 03/23/26 at 9:00 A.M., an interview with RD #120 confirmed residents were ordered supplements to meet daily nutritional requirements and was unable to state whether residents receiving pureed foods also received additional supplementation during the power outage. On 03/23/26 at 12:25 P.M., an interview with the DON confirmed the tray tickets did not specify what foods were served during the power outage. This deficiency represents non-compliance investigated under Complaint Number 2807611.</p>		