

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365339	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Park Terrace Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2735 Darlington Rd Toledo, OH 43606	

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 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15816</p> <p>Based on observations, medical record review, and resident and staff interview the facility failed to ensure residents were provided with personal clothing and clothing was appropriately fitting. This affected one (#2) of six residents reviewed for clothing and personal affects in a facility census of 88.</p> <p>Findings include:</p> <p>Record review revealed Resident #2 admitted to the facility on [DATE]. Diagnoses included malignant neoplasm of bone, malignant neoplasm of thyroid gland, paraplegia, and neurogenic bowel. According to the most current Minimum Data Set (MDS) assessment dated [DATE], Resident #2 had intact cognition, no recorded behaviors, range of motion impairment bilateral lower extremities, utilized a wheelchair for mobility, dependent on staff for the provision of activities of daily living (ADL), and a weight of 254 pounds.</p> <p>Observation on 01/14/25 at 7:49 A.M. noted Certified Nurse Aide (CNA) #204 with CNA #205 providing Resident #2 with morning ADL care, including dressing. Resident #2 was placed in a long sleeve front button shirt which was ill fitting, exposing his abdomen. Both CNAs stated Resident #2 did not have any additional clothing to place on the resident. Observation in the resident's closet identified no appropriate clothing including pants or shirts. CNA #205 was directed by CNA #204 to look in the facility common laundry for unclaimed lost and found pants. CNA #204 returned with pajama pants and proceeded to place them on Resident #2. Observation with CNA #204 and CNA #205 revealed the pants were tightly fitting, but no other pants were available in the facility. Resident #2 stated the pants appeared to be women's pants but he wanted to be out of bed and out in facility common areas and accepted wearing the pants.</p> <p>Continued observation on 01/14/25 at 8:22 A.M. noted Resident #2 seated in an electric wheelchair and propelling himself in facility common areas, and dining room. The long-sleeve button up shirt appeared as small and exposed his abdomen and plaid colored pajama long pants were snugly fitting to his legs and groin area. At 11:03 A.M., Resident #2 was observed with 10 additional resident taking part in a religious activity wearing the same clothing with his abdomen exposed.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 1:37 P.M., Resident #2 was observed in his room and placed to bed by CNA #204, #205, and #203 using a mechanical lift. Resident #2 was discovered to be heavily soiled with urine which soaked through his brief, pants and mechanical lift sling. CNA #203 with the assistance of CNA #204 and CNA #205 removed the soiled pants and provided incontinent care. Resident #2 was placed into an incontinence brief which was tightly fitting and failed to contain his perineum. Resident #2 stated he would like to be placed back into the wheelchair following care. CNA #204 and CNA #205 stated no replacement pants were available in the facility and the resident would have to remain in bed.</p> <p>On 01/14/25 at 2:00 P.M., interviews with the Administrator, Director of Nursing and Regional Registered Nurse (RRN) #1 verified Resident #2 did not have sufficient personal clothing and was unable to get back into his wheelchair.</p> <p>On 01/14/25 at 3:00 P.M., an observation revealed Resident #1 remained in bed with no pants applied.</p> <p>On 01/15/25 at 5:45 A.M., an observation revealed Resident #2 was awake and alert in bed. He was wearing the button shirt from the previous day and an adult brief. Resident #2 confirmed he was unable to get out of bed the following day due to the lack of pants.</p> <p>On 01/15/25 at 2:15 P.M., an interview with RRN #2 revealed the facility could not determine what personal clothing Resident #2 possessed due to the lack of an inventory sheet which should have been contained in the medical record and was not.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00160921.</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15816</p> <p>Based on record review, observation, and resident and staff interview, the facility failed to ensure residents who were incontinent were provided with a supply of appropriately fitting incontinence garments and briefs. This affected 43 current residents (#2, #3, #5, #6, #7, #8, #10, #14, #15, #16, #17, #18, #20, #21, #22, #23, #24, #26, #28, #29, #30, #32, #33, #34, #35, #37, #39, #40, #41, #42, #43, #44, #45, #55, #69, #74, #76, #79, #81, #82, #86, #87, and #89) identified by the facility to require incontinence briefs. The facility census was 88.</p> <p>Findings include:</p> <p>Record review revealed Resident #2 admitted to the facility on [DATE]. Diagnoses included paraplegia and neurogenic bowel. According to the most current Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #2 had intact cognition, dependent on staff for incontinence care, and was incontinent of bowel and bladder.</p> <p>Observation and interview on 01/14/25 at 5:55 A.M. of the facilities central supply storage with Licensed Practical Nurse (LPN) #302 revealed a supply of incontinence products. Inventory included medium briefs and pull up garments including sizes extra large (XL) and medium. No incontinent briefs were available for residents requiring XXXL, XXL, XL, large, or small. LPN #302 confirmed nursing staff was attempting to place the residents in the available incontinence garments, but they failed to contain resident elimination (stool or urine).</p> <p>Observation and interviews on 01/14/25 at 7:49 A.M. noted Certified Nurse Aide (CNA) #204 with CNA #205 providing Resident #2 with morning activities of daily living care. Both CNAs stated Resident #2 was placed into a brief which would not contain his perineum and Resident #2 stated the brief was tight. Both CNAs indicated the facility lacked a sufficient supply of incontinence briefs and used a supply which was available.</p> <p>Observation on 01/14/25 at 1:37 P.M. revealed Resident #2 was in his room and placed to bed by CNA #204, #205, and #203 using a mechanical lift. CNA #204 and CNA #205 removed the soiled pants and provided incontinence care. Resident #2 was placed into an incontinence brief which was tightly fitting and failed to contain his perineum.</p> <p>On 01/15/25 at 9:55 A.M., an interview with Director of Nursing (DON) identified a list of 43 residents who required various sized incontinence briefs not including medium size. The DON confirmed the facility lacked a supply of incontinence briefs designed to fit residents appropriately and provide containment of elimination effectively.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00160921.</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15816</p> <p>Based on medical record review and physician and staff interview, the facility failed to notify the physician regarding blood glucose monitoring following admission to the facility. This affected one (#1) of six residents reviewed for notification of physician in a facility census of 88.</p> <p>Findings include:</p> <p>Record review revealed Resident #1 admitted to the facility on [DATE]. Diagnoses included end stage renal disease, type II diabetes mellitus, nephrotic syndrome, and dependence on renal dialysis. According to the most current Minimum Data Set (MDS) assessment dated [DATE], Resident #1 had intact cognition, and received insulin injections.</p> <p>According to hospital community referral (HCR) documentation dated 12/24/24, Resident #1 was ordered to receive Humalog KwikPen Insulin 20 to 25 units three times daily with meals. Additional insulin administration included insulin glargine 40 units under the skin in the morning and 40 units before bedtime. The HCR noted short acting Humalog insulin dosage sliding scale blood glucose monitoring obtained before meals and at bedtime. Physician follow-up appointment instructions noted Physician #001 listed for follow-up regarding insulin regimen control. No documentation contained in the medical record indicated Physician #001 was contacted to address Resident #1's insulin management.</p> <p>The medical record lacked physician notification related to the monitoring of Resident #1's blood sugar to determine the dosage of Humalog (short acting insulin) to be administered three times daily with meals. There was no documentation related to blood sugar level readings until 12/26/24 at 4:00 P.M. when a physician order was implemented by Certified Nurse Practitioner (CNP) #1 for blood sugar checks to be obtained before meals and at bedtime.</p> <p>On 01/15/25 at 9:55 A.M., an interview with the Director of Nursing (DON) verified Resident #1's blood sugar monitoring was not clarified with the physician at the time of admission and went without monitoring until clarified on 12/26/24. The DON went on to state no policy or procedure was available directing nursing staff on verification of admission orders and standards of practice are expected to be followed.</p> <p>Telephone interview on 01/15/25 at 12:01 P.M. with Physician #001 revealed no contact had been established with the facility regarding Resident #1's daily insulin management or related medical care.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00161494.</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15816</p> <p>Based on observation, medical record review, resident and staff interview, and review of facility policy, the facility failed to ensure residents who required assistance with activities of daily living (ADL) were assisted with bathing as scheduled. This affected four (#1, #2, #5, and #6) of six residents reviewed for ADL. The facility census was 88.</p> <p>Findings include:</p> <p>1. Record review revealed Resident #1 admitted to the facility on [DATE]. Diagnoses included end stage renal disease, morbid obesity, congestive heart failure, and dependence on renal dialysis. According to the most current Minimum Data Set (MDS) assessment dated [DATE], Resident #1 had intact cognition and required supervision or touching assistance with ADL.</p> <p>On 12/30/24, a nursing plan of care was implemented to address Resident #1 has an ADL self-care performance deficit related to impaired balance. Intervention included shower days were Tuesday and Friday on day shift. Resident required supervision by one staff with personal hygiene.</p> <p>Review of the electronic bathing task documentation between 12/24/24 and 01/13/25 revealed no showers or bed bath recorded. According to shower/bath paper documentation between 12/24/24 and 01/13/25 noted showers were administered on 12/26/24 and 01/13/25 with a bed bath on 01/09/25.</p> <p>On 01/13/25 at 2:55 P.M., an interview with Resident #1 stated he received his first shower in weeks and felt good and clean.</p> <p>On 01/15/25 at 9:55 A.M., an interview with the Director of Nursing (DON) verified showers were not provided in accordance with Resident #1's specific shower schedules.</p> <p>2. Record review revealed Resident #2 was admitted to the facility on [DATE]. Diagnoses included malignant neoplasm of bone, paraplegia, and neurogenic bowel. According to the most current Minimum Data Set (MDS) assessment dated [DATE], Resident #2 had intact cognition, no recorded behaviors, range of motion impairment bilateral lower extremities, and dependent on staff for ADL care.</p> <p>On 03/01/23, a nursing plan of care was developed to address Resident #2's ADL self-care performance deficit related to disease process. Resident #2 required staff assist to complete ADL tasks daily. Intervention included Resident #2 required extensive assistance of one staff with showering two times a week and as needed.</p> <p>Review of Resident #2's electronic bathing task documentation revealed no showers or bathing recorded between 12/15/24 and 01/13/25. According to shower/bath paper documentation between 12/15/24 and 01/13/25 noted no showers administered. The most recent date a shower was documented was on 12/10/24.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 01/13/25 at 9:28 A.M., an interview with Certified Nurse Aide (CNA) #203 verified showers were not provided as scheduled to Resident #2 due to lack of sufficient staff and extensive resident care needs.</p> <p>3. Record review revealed Resident #5 admitted to the facility on [DATE]. Diagnoses included chronic obstructive pulmonary disease, multiple sclerosis, epilepsy, vascular dementia, anxiety disorder, and major depression. According to the most current Minimum Data Set (MDS) assessment dated [DATE], Resident #5 utilized a wheelchair for mobility, range of motion impairment to bilateral lower extremities, and dependent on staff for the completion of ADL.</p> <p>On 05/31/24, a nursing plan of care was developed to address Resident #5's ADL self-care performance deficit related to disease process. Resident #5 required staff assist to complete ADL tasks daily. Intervention included shower days on Tuesday and Friday day shift. The resident required supervision by one staff with personal hygiene.</p> <p>Review of Resident #5's electronic bathing task documentation between 12/15/24 and 01/13/25 revealed a shower recorded as refused on 12/27/24 at 1:29 P.M. No further showers were documented electronically during the 30 day period. According to shower/bath paper documentation between 12/15/24 and 01/13/25 discovered no showers administered during the 30 day period.</p> <p>Observation on 01/13/25 at 9:25 A.M. noted Resident #5 in bed with matted oily hair and debris under fingernails. Resident #5 stated she had not received a shower in three weeks.</p> <p>On 01/13/25 at 9:28 A.M., an interview with Certified Nurse Aide (CNA) #203 verified showers were not provided as scheduled to Resident #5 due to lack of sufficient staff and extensive resident care needs.</p> <p>4. Record review revealed Resident #6 admitted to the facility on [DATE]. Diagnoses included chronic obstructive pulmonary disease, peripheral vascular disease, anxiety disorder, and chronic pain. According to the most current Minimum Data Set (MDS) assessment dated [DATE], Resident #6 had the ability to understand and make needs known, range of motion impairment to one side upper and lower extremities, and dependent on staff for the provision of ADL.</p> <p>On 08/13/24, a nursing plan of care was revised to address Resident #6 an ADL self-care performance deficit related to disease process. Resident #6 required staff assist to complete ADL tasks daily. Interventions included the resident required extensive assist of one staff with showering two times a week and as needed.</p> <p>Review of Resident #6's electronic bathing task documentation between 12/15/24 and 01/13/25 revealed showers recorded on 12/17/24 and 12/27/24. According to shower/bath paper documentation between 12/15/24 and 01/13/25 noted showers administered on 12/19/24 and 12/31/24.</p> <p>Observation on 01/13/25 at 9:15 A.M. revealed Resident #6 propelling herself in a wheelchair. Her clothing was soiled with food debris and a black brown substance observed under fingernails.</p> <p>On 01/13/25 at 9:28 A.M., an interview with Certified Nurse Aide (CNA) #203 verified showers were not provided as scheduled for Resident #6 due to lack of sufficient staff and extensive resident care needs.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 01/14/25 at 5:54 A.M., additional staff interviews with Licensed Practical Nurse (LPN) #302 and on 01/15/25 at 5:32 A.M. with CNA #207 confirmed showers were not completed as scheduled. Both staff indicated showers were not completed as scheduled due to lack of sufficient staff and availability of clean washcloths and towels.</p> <p>On 01/15/25 at 9:55 A.M., an interview with the Director of Nursing (DON) verified showers were not provided in accordance with resident specific shower schedules.</p> <p>Review of facility's undated Activities of Daily Living (ADLs) policy revealed care and services will be provided for bathing, grooming and oral care. The facility will maintain individual objectives of the care plan.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00160921.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15816</p> <p>Based on observation, medical record review, staff interview, review of facility staffing schedules, and facility wound treatment policy, the facility failed to ensure wound treatments were provided as ordered by the physician. This affected one (#3) of six residents reviewed for the application of wound treatments in a facility census of 88.</p> <p>Findings include:</p> <p>Record review revealed Resident #3 admitted to the facility on [DATE]. Diagnoses included chronic respiratory failure, dependence on ventilator and supplemental oxygen, tracheostomy, neuromuscular dysfunction of bladder, quadriplegia, and injury at cervical vertebra 2 of cervical spinal cord. According to the most current Minimum Data Set (MDS) assessment dated [DATE], Resident #3 had severe cognitive impairment, range of motion impairments to the bilateral upper and lower extremities, dependent on staff for the completion of activities of daily living, incontinent of bowel and bladder, at risk for pressure ulcer development, and admitted with 11 pressure ulcers, moisture associated skin damage, and skin tears.</p> <p>Review of the wound specialist certified nurse practitioner (WCNP) #1 progress notes dated 01/06/25 revealed Resident #3 had existing wounds evaluated status post readmission from hospital following gastrostomy tube (G-Tube) replacement. Wounds included the following; skin tear to left anterior foot, skin tear to left knee, skin tear to right mid foot and partial thickness dermal rash to G-tube site. Resident #3 had a history of chronic wounds and pressure ulcers.</p> <p>Review of WCNP #1's physician orders dated 01/06/25 revealed wound orders included; dermal rash cleanse with wound cleanser, apply calcium alginate to G-tube site, apply abdominal dressing (AD) to periwound, T-drain base of wound, change twice daily and as needed (PRN), left medial knee, left anterior foot, right mid foot, cleanse with wound cleanser, apply oil emulsion to base of wound, secure with boarder gauze, change daily.</p> <p>Observation on 01/13/25 at 8:43 A.M. with Certified Nurse Aide (CNA) #205 discovered Resident #3 in bed with multiple wound dressings in place. Wound dressings were dated 01/11/25 with initials JR written on the surface of the dressings. These dressings were applied to the G-tube site, left anterior foot, left knee and right mid foot.</p> <p>On 01/13/25 at 11:20 A.M., an observation noted Resident #3 in bed with a dressing to the left elbow in place. The dressing was discovered with the date modified from a 1 to a 2 and initials remained JR.</p> <p>On 01/13/25 at 11:36 A.M., an interview with Licensed Practical Nurse (LPN) #306 stated she utilized the initials JR and she assumed care of Resident #3 at 6:00 A.M. LPN #306 stated she had not made any attempt to change Resident #3's dressings since assuming care. Review of facility staffing schedules with LPN #306 noted LPN #306 to be scheduled on 01/11/25 and assigned to Resident #3's care. LPN #306 stated she had changed the dressings on 01/11/25 and did not work at the facility on 01/12/25.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/13/25 at 11:38 A.M., an interview with Unit Manager LPN #303 during a review of staffing schedules confirmed no staff member utilizing the initials JR had been assigned to work as a nurse at the facility since 01/11/25.</p> <p>On 01/13/25 at 12:18 P.M., an observation with Unit Manager LPN #303 during wound dressing change observation verified the dressings applied to Resident #3 had the date modified from a 1 to a 2 with the initials JR placed on the surface of the dressings. LPN #303 confirmed the wound dressings were not changed as ordered by the WCNP.</p> <p>Review of facilities undated Wound Treatment Management policy revealed wound treatments will be provided in accordance with physician orders, including cleansing method, type dressing, and frequency of dressing change. Dressing changes may be provided outside of frequency when soiled or wet.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00160878.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15816</p> <p>Based on observation, medical record review, staff interview, review of facility staffing schedules, and facility wound treatment policy, the facility failed to ensure pressure ulcer wound treatments were provided as ordered by the physician. This affected one (#3) of six residents reviewed for the application of wound treatments in a facility census of 88.</p> <p>Findings include:</p> <p>Record review revealed Resident #3 admitted to the facility on [DATE]. Diagnoses included chronic respiratory failure, dependence on ventilator and supplemental oxygen, tracheostomy, neuromuscular dysfunction of bladder, quadriplegia, and injury at cervical vertebra 2 of cervical spinal cord. According to the most current Minimum Data Set (MDS) assessment dated [DATE], Resident #3 had severe cognitive impairment, range of motion impairments to the bilateral upper and lower extremities, dependent on staff for the completion of activities of daily living, incontinent of bowel and bladder, at risk for pressure ulcer development, and admitted with two stage II (partial thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed, without slough), six stage III (full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed), three stage IV pressure ulcers (full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed).</p> <p>Review of wound specialist certified nurse practitioner (WCNP) #1's progress notes dated 01/06/25 noted Resident #3 had existing wounds evaluated status post readmission from hospital following gastrostomy tube replacement. Pressure ulcers included the following; left medial heel stage III, left elbow stage III, right lateral lower extremity stage IV. Review of Resident #3 had a history of chronic wounds and pressure ulcers.</p> <p>Review of the wound orders dated 01/06/25 revealed WCNP #1 wound orders included; left medial heel cleanse with wound cleanser, apply oil emulsion to base of wound, secure with boarder gauze, change daily. Left elbow cleanse with wound cleanser, apply medical grade honey to base of wound, secure with boarder gauze, change daily. Right lateral lower extremity cleanse with wound cleanser, apply oil emulsion to base of wound, secure with boarder gauze, change daily.</p> <p>Observation on 01/13/25 at 8:43 A.M. with Certified Nurse Aide (CNA) #205 revealed Resident #3 lying in bed with multiple wound dressings in place. Wound dressings were dated 01/11/25 with initials JR written on the surface of the dressings. These dressings were applied to the left elbow, left medial heel, and right lateral lower knee (extremity). The right lateral lower knee was observed to be heavily soiled with blood tinged drainage penetrating the dressing onto bed linen.</p> <p>On 01/13/25 at 11:20 A.M., observation noted Resident #3 in bed with the dressing to the left elbow in place. The dressing was discovered with the date modified from a 1 to a 2 and initials remained JR.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/13/25 at 11:36 A.M., an interview with Licensed Practical Nurse (LPN) #306 revealed she utilized the initials JR and she assumed care of Resident #3 at 6:00 A.M. LPN #306 stated she had not made any attempt to change Resident #3's dressings since assuming care. Review of facility staffing schedules with LPN #306 noted LPN #306 to be scheduled on 01/11/25 and assigned to Resident #3's care. LPN #306 stated she had changed the dressings on 01/11/25 and did not work at the facility on 01/12/25.</p> <p>On 01/13/25 at 11:38 A.M., an interview with Unit Manager LPN #303 during a review of staffing schedules confirmed no staff member utilizing the initials JR had been assigned to work as a nurse at the facility since 01/11/25.</p> <p>On 01/13/25 at 12:18 P.M., observation with Unit Manager LPN #303 during wound dressing change observation verified the dressings applied to the resident had the date modified from a 1 to a 2 with the initials JR placed on the surface of the dressings. LPN #303 confirmed the wound dressings were not changed as ordered by the WCNP.</p> <p>Review of the facilities undated Wound Treatment Management policy revealed wound treatments will be provided in accordance with physician orders, including cleansing method, type dressing, and frequency of dressing change. Dressing changes may be provided outside of frequency when soiled or wet.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00160878.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15816</p> <p>Based on observations, medical record review, resident and staff interview, and review of facility incontinence policy, the facility failed to provide residents with timely incontinence care and application of related and appropriate incontinence products. This affected one (#2) of three residents reviewed for incontinence care in a facility census of 88.</p> <p>Findings include:</p> <p>Record review revealed Resident #2 admitted to the facility on [DATE]. Diagnoses included malignant neoplasm of bone, malignant neoplasm of thyroid gland, paraplegia, and neurogenic bowel. According to the most current Minimum Data Set (MDS) assessment dated [DATE], Resident #2 had intact cognition, no recorded behaviors, dependent on staff for the provision of activities of daily living (ADL), incontinent of bowel and bladder, and was at risk for pressure ulcer development with no skin breakdown.</p> <p>On 03/01/23, a nursing plan of care was implemented to address Resident #2's ADL self-care performance deficit related to disease process. Resident #2 required staff assistance to complete ADL tasks. Resident #2 was totally dependent on two staff for toileting. On 12/13/23, a nursing plan of care was revised to address Resident #2's functional bladder incontinence related to paralysis and inability to recognize need for voiding. Interventions included the resident utilized adult disposable briefs for comfort and dignity. Clean peri-area with each incontinence episode. Check the resident, during rounds and as required for incontinence. Wash, rinse and dry perineum. Apply barrier cream. Change clothing as needed (PRN) after incontinence episodes.</p> <p>The physician orders dated 06/20/24 revealed to apply barrier cream to peri-area and buttocks during care rounds every shift and as needed (PRN) as a preventative to promote skin health.</p> <p>Observation on 01/14/25 at 7:49 A.M. noted Certified Nurse Aide (CNA) #204 with CNA #205 providing Resident #2 with morning activities of daily living, including toileting. Both CNAs stated Resident #2 was placed into a brief which would not contain his perineum and Resident #2 stated the brief was tight. Both CNAs stated the facility lacked a sufficient supply of incontinence briefs and used a supply which was available.</p> <p>Continued observations on 01/14/25 between 8:22 A.M. and 1:02 P.M. noted Resident #2 remained seated in an electric wheelchair. No observed attempts to provide Resident #2 with incontinence checks or care. Interview with Resident #2 at 1:02 P.M. confirmed nursing staff had not provided any attempts to check him for incontinence. Resident #2 went on to state he was checked once every eight hour shift and provided incontinence care. He stated multiple occasions urine leaks through his brief into his clothing.</p> <p>On 01/14/25 at 1:15 P.M., an interview with CNA #204 confirmed Resident #2 will tell staff when he needs checked and he had not received a incontinence check or change since getting out of bed at approximately 8:00 A.M.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/14/25 at 1:37 P.M., Resident #2 was observed in his room and placed to bed by CNA #204, #205, #203 using a mechanical lift. Resident #2 was discovered to be heavily soiled with urine, which soaked through his brief, pants and mechanical lift sling. CNA #203 with the assistance of CNA #204 and CNA #205 removed the soiled pants and provided incontinence care. There was a lack of barrier cream applied to the residents peri-area and buttocks. CNAs concluded incontinence care without applying barrier cream and began to close the brief. Surveyor intervention at the time revealed CNA #204 reported she was unable to locate the barrier cream when getting the resident out of bed this morning and did not apply the cream as ordered. Resident #2 and CNA #204 verified the resident was placed into an incontinence brief which was tightly fitting and failed to contain his perineum. Resident #2 stated due to the brief size sometimes he urinates out the sides and top, and soiling his clothing.</p> <p>Additional interview following the observation with CNA #203, CNA #204, and CNA #205 stated they were unaware Resident #2 required checks during regular rounds. The CNAs confirmed regular rounds were not completed every two hours for Resident #2.</p> <p>On 01/14/25 at 2:00 P.M., an interview with the Director of Nursing verified Resident #2 was to be checked every two hours for incontinence during regular rounds.</p> <p>Observation on 01/15/25 at 5:45 A.M. noted Resident #2 awake and alert in bed. He stated he was wearing the ill fitting incontinence brief and was recently checked for incontinence around 5:00 A.M.</p> <p>Review of the facilities undated incontinence policy revealed all residents that are incontinent will receive appropriate treatment and services. Residents that are incontinent of bladder or bowel will receive appropriate treatment to prevent infections and to restore continence to the extent possible.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00160921.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15816</p> <p>Based on observations, medical record review, resident and staff interview, and facility staffing documentation, the facility failed to schedule sufficient nursing staff to ensure resident care and treatment was provided as indicated. This affected four residents (#1, #2, #5, and #6) and had the potential to additionally affect 32 residents (#3, #4, #7, #8, #9, #10, #11, #13, #14, #15, #16, #17, #18, #19, #22, #23, #70, #72, #73, #74, #75, #76, #77, #79, #81, #82, #83, #84, #85, #86, #87, and #88). The facility census was 88.</p> <p>Findings include:</p> <p>1. There was an inadequate staffing issue to provide residents with routine bathing as scheduled.</p> <p>1a. Resident #1's shower days were Tuesday and Friday on day shift and the resident required supervision by one staff with personal hygiene. Resident #1's shower/bath paper documentation between 12/24/24 and 01/13/25 revealed showers were administered on 12/26/24 and 01/13/25 with a bed bath on 01/09/25.</p> <p>1b. Resident #2 required extensive assistance of one staff with showering two times a week and as needed. Resident #2's shower/bath paper documentation between 12/15/24 and 01/13/25 noted no showers administered. The most recent date a shower was documented was on 12/10/24.</p> <p>1c. Resident #5 had shower days on Tuesday and Friday day shift and the resident required supervision by one staff with personal hygiene. Resident #5's electronic bathing task documentation between 12/15/24 and 01/13/25 revealed a shower recorded as refused on 12/27/24 at 1:29 P.M. The shower/bath paper documentation between 12/15/24 and 01/13/25 discovered no showers administered during the 30-day period.</p> <p>Observation on 01/13/25 at 9:25 A.M. noted Resident #5 in bed with matted oily hair and debris under fingernails. Resident #5 stated she had not received a shower in three weeks.</p> <p>1d. Resident #6 required extensive assist of one staff with showering two times a week and as needed. Resident #6's electronic bathing task documentation between 12/15/24 and 01/13/25 revealed showers recorded on 12/17/24 and 12/27/24. According to shower/bath paper documentation between 12/15/24 and 01/13/25 noted showers administered on 12/19/24 and 12/31/24.</p> <p>Observation on 01/13/25 at 9:15 A.M. revealed Resident #6 had a black brown substance observed under fingernails.</p> <p>On 01/13/25 at 9:28 A.M., an interview with Certified Nurse Aide (CNA) #203 verified showers were not provided as scheduled for Residents #1, #2, #5, and #6 due to lack of sufficient staff and extensive resident care needs.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 01/14/25 at 5:54 A.M., additional staff interviews with Licensed Practical Nurse (LPN) #302 and on 01/15/25 at 5:32 A.M. with CNA #207 confirmed showers were not completed as scheduled. Both staff indicated showers were not completed as scheduled due to lack of sufficient staff and availability of clean washcloths and towels.</p> <p>On 01/15/25 at 9:55 A.M., an interview with the Director of Nursing (DON) verified showers were not provided in accordance with resident specific shower schedules.</p> <p>2. On 01/14/25 at 8:45 A.M., an interview with the Director of Nursing (DON) revealed the DON reviewed the resident care levels needs for the three of the five units of the facility: house, pulmonary and main unit.</p> <p>The house pulmonary unit had twelve residents residing on the unit with three residents (#3, #13, and #14) on ventilators, three residents (#19, #22, and #23) with tracheostomies, and nine residents (#3, #14, #15, #16, #17, #18, #19, #22, and #23) who required two staff assistance with care.</p> <p>The [NAME] unit had 16 residents residing on the unit with four residents (#10, #81, #82, and #86) who required two staff assistance with care and 10 residents (#1, #7, #8, #9, #11, #83, #84, #85, #87, and #88) who required one staff assistance with care.</p> <p>The main unit had 15 residents residing on the unit and four residents (#2, #4, #74, and #79) who required two staff assistance for all care and eight residents (#5, #6, #70, #72, #73, #75, #76, and #77) who required one staff assistance with all care.</p> <p>Review of the staffing schedules from 01/13/25 and 01/14/25 revealed during the 6:00 A.M. to 2:00 P.M. shift, one certified nursing assistant (CNA) was scheduled to the [NAME] unit, one CNA was scheduled to the Main unit, and two CNAs assigned to the House unit and Pulmonary unit.</p> <p>Interview on 01/13/25 at 2:25 P.M. with Resident #4, who resided on the main unit, stated residents were not getting put back into bed for extended periods of time due to the lack of staff to assist them.</p> <p>Interview on 01/14/25 at 6:25 A.M. with Resident #14, who resided on the pulmonary unit, stated he was not getting showers due to lack of towels, wash clothes and limited staff availability.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00161494, Complaint Number OH00160878, and Complaint Number OH00160313.</p>		

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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>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15816</p> <p>Based on observation, medical record review, physician and staff interview, and review of policy, the facility failed to ensure medications were administered as ordered by the physician. This affected two (#1 and #4) of four residents reviewed for medication administration. The facility census was 88.</p> <p>Findings include:</p> <p>1. Record review revealed Resident #1 admitted to the facility on [DATE]. Diagnoses included end stage renal disease and type II diabetes mellitus. According to the most current Minimum Data Set (MDS) assessment dated [DATE], Resident #1 had intact cognition and received insulin injections.</p> <p>According to hospital community referral form (CRF) documentation dated 12/24/24, Resident #1 was ordered to receive Humalog KwikPen Insulin 20 to 25 units three times daily with meals. The CRF noted short acting Humalog insulin dosage sliding scale blood glucose monitoring obtained before meals and at bedtime. Physician follow-up appointment instructions noted Physician #001 listed for follow-up regarding insulin regimen control.</p> <p>Resident #1's medical record lacked physician notification related to the monitoring of Resident #1's blood sugar to determine the dosage of Humalog (short acting insulin) to be administered three times daily with meals. The medical record lacked documentation indicating Resident #1 received Humalog administration or monitoring from 12/24/24 until 12/26/24 at 4:00 P.M.</p> <p>On 01/15/25 at 9:55 A.M., an interview with the Director of Nursing (DON) verified Resident #1's Humalog administration and blood sugar monitoring was not provided as ordered per the CRF from the time of admission and went without monitoring until clarified on 12/26/24 with Certified Nurse Practitioner (CNP) #1.</p> <p>Telephone interview on 01/15/25 at 12:01 P.M. with Physician #001 verified the facility did not contact him to establish Resident #1's daily insulin management or related medical care.</p> <p>Review of the facilities undated Medication Administration policy revealed medications are administered by licensed nurses and staff legally authorized, as ordered by the physician.</p> <p>2. Review of Resident #4's medical record revealed Resident #4 admitted to the facility on [DATE] with the diagnoses including type II diabetes mellitus, end stage renal disease (ESRD), and dependence on renal dialysis. According to the most current Minimum Data Set (MDS) assessment dated [DATE], Resident #4 had intact cognition and received renal (Hemo) dialysis.</p> <p>2a. Review of the physician orders dated 08/27/24 revealed an order for Sevelamer Carbonate oral tablet (used to lower phosphorous levels in the blood if you have ESRD with dialysis) 800 milligrams (mg) give four tablets by mouth with meals (morning, afternoon, evening) related to end stage renal disease.</p> <p>(continued on next page)</p>		

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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 #4's medication administration records (MAR) between 01/05/25 through 01/13/25 revealed Sevelamer Carbonate 800 mg was recorded as not administered to Resident #4.</p> <p>Review of the nursing notes revealed an entry on 01/05/25 noting Sevelamer Carbonate 800 mg to be administered once obtained from pharmacy. No entries from 01/05/25 to 01/13/25 noted the medication available or administered.</p> <p>Observation on 01/14/25 at 7:38 A.M. noted Licensed Practical Nurse (LPN) #300 obtaining and preparing Resident #4's medications from the medication cart. LPN #300 was unable to locate the medication Sevelamer Carbonate 800 mg tablets within the cart. LPN #300 proceeded to summons Unit Manager LPN #303 and attempted to obtain Sevelamer 800 mg tablets from the facilities contingency (in-house) supply. Unit Manager LPN #303 reviewed the contents of the contingency supply and stated Sevelamer Carbonate 800 mg tablets were not available in the facility and would have to be ordered from the pharmacy.</p> <p>Interview on 01/14/25 at 7:54 A.M. with LPN #303 during review of the medical record confirmed Sevelamer Carbonate 800 mg was not available or administered to Resident #4 since 01/05/25.</p> <p>2b. Additional review of the medical record revealed a physician order dated 02/21/24 for the administration of Oxycodone-Acetaminophen oral tablet 10-325 mg give one tablet by mouth four times a day for pain.</p> <p>The MAR from January 2025 revealed there were doses omitted on 01/05/25 between 7:00 P.M. to 11:00 P.M., and on 01/06/24 upon rising, afternoon, and evening.</p> <p>The nursing notes on 01/06/25 at 9:44 P.M. revealed the medication was not available.</p> <p>Interview on 01/15/25 at 9:55 A.M. with Director of Nursing during medical record review confirmed Resident #4's medications were not obtained or administered as ordered by the physician.</p> <p>Review of the facilities undated Medication Administration policy revealed medications are administered by licensed nurses and staff legally authorized, as ordered by the physician.</p> <p>Review of the facilities undated pharmacy services policy revealed the facility will provide pharmaceutical services to include procedures that assure accurate acquiring, receiving, dispensing, an administering of all routine and emergency drugs and biologicals to meet the needs of each resident.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00161494 and Complaint Number OH00160313.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15816</p> <p>Based on observation, medical record review, staff interview, and facility policy review, the facility failed to ensure medications were administered according to the physician orders to the residents without any significant medication errors. This affected one (#4) of four residents reviewed for medication administration. The facility census was 88.</p> <p>Findings include:</p> <p>Review of Resident #4's medical record revealed Resident #4 admitted to the facility on [DATE] with the diagnoses including type II diabetes mellitus, end stage renal disease (ESRD), and dependence on renal dialysis. According to the most current Minimum Data Set (MDS) assessment dated [DATE], Resident #4 had intact cognition and received renal (Hemo) dialysis.</p> <p>Review of the physician orders dated 08/27/24 revealed an order for Sevelamer Carbonate oral tablet (used to lower phosphorous levels in the blood if you have ESRD with dialysis) 800 milligrams (mg) give four tablets by mouth with meals (morning, afternoon, evening) related to end stage renal disease.</p> <p>Review of Resident #4's medication administration records (MAR) between 01/05/25 through 01/13/25 revealed Sevelamer Carbonate 800 mg was recorded as not administered to Resident #4.</p> <p>Review of the nursing notes revealed an entry on 01/05/25 noting Sevelamer Carbonate 800 mg to be administered once obtained from pharmacy. No entries from 01/05/25 to 01/13/25 noted the medication available or administered.</p> <p>Observation on 01/14/25 at 7:38 A.M. noted Licensed Practical Nurse (LPN) #300 obtaining and preparing Resident #4's medications from the medication cart. LPN #300 was unable to locate the medication Sevelamer Carbonate 800 mg tablets within the cart. LPN #300 proceeded to summons Unit Manager LPN #303 and attempted to obtain Sevelamer 800 mg tablets from the facilities contingency (in-house) supply. Unit Manager LPN #303 reviewed the contents of the contingency supply and stated Sevelamer Carbonate 800 mg tablets were not available in the facility and would have to be ordered from the pharmacy.</p> <p>Interview on 01/14/25 at 7:54 A.M. with LPN #303 during review of the medical record confirmed Sevelamer Carbonate 800 mg was not available or administered to Resident #4 since 01/05/25.</p> <p>Interview on 01/15/25 at 9:55 A.M. with Director of Nursing during medical record review confirmed Resident #4's medications were not obtained or administered as ordered by the physician.</p> <p>Review of the facilities undated Medication Administration policy revealed medications are administered by licensed nurses and staff legally authorized, as ordered by the physician.</p> <p>Review of the facilities undated pharmacy services policy revealed the facility will provide pharmaceutical services to include procedures that assure accurate acquiring, receiving, dispensing, an administering of all routine and emergency drugs and biologicals to meet the needs of each resident.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This deficiency represents non-compliance investigated under Master Complaint Number OH00161494 and Complaint Number OH00160313.</p>

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NAME OF PROVIDER OR SUPPLIER Park Terrace Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2735 Darlington Rd Toledo, OH 43606	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>15816</p> <p>Based on observation, staff interview, review of facility dietary spreadsheets and resident dietary order documentation, the facility failed to ensure dietary meal portions were provided as required. This affected 60 residents (#1, #2, #4, #6, #7, #8, #9, #10, #11, #12, #13, #14, #17, #18, #20, #21, #22, #25, #26, #29, #30, #33, #35, #37, #43, #44, #46, #48, #49, #51, #53, #54, #55, #57, #58, #59, #60, #61, #62, #63, #64, #65, #66, #68, #69, #70, #71, #73, #74, #75, #76, #77, #78, #79, #80, #83, #84, #85, #87, and #88) of 86 residents who were on a regular diet and 15 of the residents who were on a no concentrated sweets diet (NCS). The facility census was 88.</p> <p>Findings include:</p> <p>Observation in the facilities kitchen on 01/14/25 at 11:45 A.M. with Dietary Director #1 revealed the lunch meal items were placed to the steam table which included meatloaf, gravy, mashed potatoes, french cut green beans, apple crisp. Dietary Director #1 confirmed dietary was utilizing a three-ounce slotted spoodle (cross between a serving spoon and a ladle) for french cut green beans and a four-ounce spoodle for apple crisp. Dietary staff was observed to utilize the serving portions to provide 86 residents their lunch meal.</p> <p>Review of the the facilities therapeutic spreadsheet for 01/14/24 for the lunch meal revealed dietary should serve four ounces of french cut green beans and four ounces of apple crisp. Residents receiving a NCS diet were to receive two ounces of apple crisp desert.</p> <p>Review of the resident's physician dietary orders revealed 60 residents (#1, #2, #4, #6, #7, #8, #9, #10, #11, #12, #13, #14, #17, #18, #20, #21, #22, #25, #26, #29, #30, #33, #35, #37, #43, #44, #46, #48, #49, #51, #53, #54, #55, #57, #58, #59, #60, #61, #62, #63, #64, #65, #66, #68, #69, #70, #71, #73, #74, #75, #76, #77, #78, #79, #80, #83, #84, #85, #87, and #88) were on a regular diet and only received three ounces of green beans vs. the four ounces that was supposed to be administered. There were 15 residents (#1, #4, #6, #30, #46, #59, #62, #73, #74, #76, #77, #80, #83, #85, and #87) who were ordered a NCS diet and these residents received four ounces of apple crisp vs. the two ounces that was supposed to be administered.</p> <p>On 01/14/25 at 12:55 P.M., an interview with Dietary Director #1, following the meal service, verified all residents receiving the meal other than puree and residents requesting no vegetable did no receive the required portion sizes indicated on the approved therapeutic spreadsheets.</p> <p>On 01/15/25 at 11:01 A.M., an interview with the facilities Registered Dietitian (RD) #2 and Diet Technician #3, during a review of 01/14/25 lunch menu with associated spread sheets, confirmed residents were not provided with required vegetable portions and NCS restricted diets were provided with a double portions of desert on 01/14/25.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00161494.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>15816</p> <p>Based on observation, staff interview, and review of facility policy, the facility failed to ensure soiled linen was contained to prevent cross contamination with clean linen. This had the potential to affect all 88 residents receiving laundry services. The facility census was 88.</p> <p>Findings include:</p> <p>Observation of the facility laundry on 01/14/25 at 6:40 A.M. with Housekeeper/Laundry Staff (HLS) #800 revealed the facility was equipped with two commercial washing machines and four commercial dryers. HLS #800 stated the facility was down to one operating washing machine and three commercial dryers. Located next to the dryers identified three wheeled laundry bins with soiled clothing and linens mixed together. The soiled laundry was mounted over the top of the bins and spilling to the floor. Two large piles of soiled laundry were located on the floor of the laundry room placed in front of the dryers. HLS #800 verified soiled linens were mixed with resident personal clothing and associated facility laundry. HLS #800 also stated the soiled laundry was piled on the floor in front of the dryers in preparation to place into washer and confirmed clean laundry was placed into the dryers from the washer in the same location of the soiled laundry.</p> <p>On 01/14/25 at 2:10 P.M., an interview Environmental Director #1 confirmed the facility was using one washer due to plumbing concerns with second washer. ED #1 verified facility laundry was to be contained in laundry bins and not placed on the floor of the laundry room. Resident personal clothing and laundry was to be sorted from soiled linens.</p> <p>Review of the facility's undated handling of soiled linen policy revealed linen can become contaminated with pathogens from contact with intact skin, body substances, or from environmental contaminants. Transmission of pathogens can occur through direct contact with linens or aerosols generated by sorting and handling contaminated linen. Linen should not be allowed to touch the uniform or floor and should be handled as little as possible, with minimum agitation to avoid contamination of air, surfaces, and persons. Used or soiled linen shall be collected at the bedside and placed in a linen bag or designated linen receptacle. The bag shall be closed securely and placed in the soiled utility room. If linen is heavily soiled, wet and/or presents risk of leakage or soaking through, the linen shall be double bagged. Soiled linen shall be kept separate from clean linen.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00161494.</p>		

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<p>F 0917</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure each resident has 1) at least one window to the outside in a room; 2) a room at or above ground level; 3) adequate bedding; 4) furniture that meets the resident's needs; or 5) adequate closet space.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15816</p> <p>Based on observation, medical record review, and resident and staff interview, the facility failed to ensure residents were provided with a bed of appropriate size and comfortable, intact mattress. This affected one (#1) of six residents observed for the provision of furniture and room furnishings. The facility census was 88.</p> <p>Findings include:</p> <p>Record review revealed Resident #1 was admitted to the facility on [DATE]. Diagnoses included morbid obesity. According to the most current Minimum Data Set (MDS) assessment dated [DATE], Resident #1 had intact cognition. Resident #1's height was six foot two inches and weight of 282 pounds.</p> <p>There was no documentation indicating Resident #1's bed was assessed for proper size or if the mattress was examined for designed pressure relieving properties.</p> <p>Observation on 01/14/25 at 6:13 A.M. revealed Resident #1 was lying in bed resting on his back with both feet pressed against the foot board and his head at top of mattress. On 01/15/25 at 5:55 A.M., Resident #1 was observed in bed, alert and awake. Resident #1's right foot had a wound dressing in place which was pressed against the foot board and left foot was resting on the top of the foot board, over the edge of the mattress. Resident #1 was also observed with the mattress compressed to the bed springs through the mattress. Resident #1 stated the mattress and bed were not comfortable and his buttock was pressing against the springs.</p> <p>On 01/15/25 at 2:30 P.M., an interview with the Director of Nursing verified she was unable to provide evidence indicating Resident #1's bed was assessed for proper fit or comfort.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00161494.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15816</p> <p>Based on observations and staff interview, the facility failed to ensure wash clothes and towels were provided to residents. This had the potential to affect all 88 residents residing in the facility.</p> <p>Findings include:</p> <p>Observation on 01/14/25 at 6:04 A.M. with Certified Nurse Aide (CNA) #206 noted the main unit linen storage room supplied with seven washcloths and nine bath towels. Observation inside the house unit clean linen storage room discovered no clean washcloths or towels. Interview with CNA #206 stated frequently no washcloths or towels were available and staff cut linen (sheets and bath blankets) to cleanse residents.</p> <p>Observation on 01/14/25 at 6:09 A.M. with CNA #202 revealed the [NAME] unit clean linen storage room lacked any available clean washcloths or towels. CNA #202 stated staff will cut large size linens to cleanse residents.</p> <p>Observation on 01/14/25 at 6:40 A.M. with Housekeeping/Laundry staff (HLS) #800 during a tour of the facility laundry noted the facility utilizing one washing machine and the second was out of service. HLS #800 was observed with a bin of clean bed linen in the clean section of the laundry room. However, no clean washcloths or towels were available. Continued tour identified in the main laundry storage located in the basement two packs of new wash cloths containing 12 each. No new towels were available.</p> <p>Observation on 01/14/25 at 6:57 A.M. of the Cove unit clean linen storage room with CNA #201 revealed there were two towels and four washcloths. Interview with CNA #201 stated she was unsure what to do about providing residents with morning activities of daily living (ADLs) due to the lack of clean towel and washcloth supply.</p> <p>Observation on 01/14/25 at 7:02 A.M. revealed the Garden unit linen closet was equipped with no washcloths or towels. At 7:05 A.M., an interview with CNA #200 revealed when no washcloths or towels were available, the care staff have to cut up bath blankets. CNA #200 stated using cut up bed linen made it difficult to get resident's clean.</p> <p>Observation on 01/14/25 at 1:37 P.M. revealed Resident #2 was in his room and placed to bed by CNA #204, #205, and #203 using a mechanical lift. Resident #2 was discovered to be heavily soiled with urine, which soaked through his brief, pants and mechanical lift sling. CNA #203 with the assistance of CNA #204 and CNA #205 removed the soiled pants and provided incontinence care. During the incontinence care procedure CNA #203 was observed to use a bath towel to cleanse the resident's perineum. Interviews with CNA #204, #205, and #203 stated there no washcloths available and a towel was used to cleanse the resident.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 01/14/25 at 2:10 P.M., an interview with Environmental Director (ED) #1 confirmed the facility was using one washer due to plumbing concerns with second washer. ED #1 verified the lack of clean washcloths and towels.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00161494.</p>		