STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365339	A. Building B. Wing	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Terrace Rehabilitation Center	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NONCOMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY. Based on medical record review, review of a facility self-reported incident (SRI), review of a facility investigation, resident and staff interview, review of a facility policy, and review of facility corrective action documents, the facility failed to ensure a resident was free from verbal abuse. This affected one (#5) of three residents reviewed for abuse. The facility census was 86. Findings include: Review of Resident #5's medical record revealed an admission date of 12/27/21. Diagnoses included central cord syndrome at cervical vertebra 5 (C5), severe protein calorie malnutrition, stroke, epilepsy, quadriplegia, post-traumatic seizures, muscle weakness, cognitive communication deficit, peripheral vascular disease, and major depressive disorder. Review of Resident #5's Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating Resident #5 was cognitively intact. Resident #5 was dependent on staff for toilet use, bathing, dressing, bed mobility, and transfer. Resident #5 displayed no behaviors during the review period. Review of Resident #5's care plan, revised 02/10/25, revealed supports and interventions for smoking, self-care deficit, behavioral disturbance, increased risk for falls, risk for impaired skin integrity, seizures, and quadriplegia. (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
	365339	A. Building B. Wing	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Terrace Rehabilitation Center	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility SRI created on 05/05/25, and review of related facility investigation documents, revealed on 05/05/25 at 9:00 A.M. Receptionist #490 became aware of an incident involving Resident #5. Resident #9 reported Certified Nurse Aide (CNA) #400 humiliated Resident #5 while out smoking on 05/03/25 at approximately 3:00 P.M. It was reported CNA #400 said he would, slap the (expletive) out of Resident #5, mocked him, and threatened to wipe Resident #5's behind with an alcohol wipe. The facility assessed Resident #5 and no injury or pain was found. The facility took statements from residents who were smoking. Social services staff completed ongoing and as needed psychosocial checks with Resident #5. The allegation was verified by the facility based on interviews with the victims and witnesses. Follow-up interview with Resident #5 revealed he did reported the incident immediately but would do so in the future if needed. Resident #5 stated CNA #400 told him he would slap the (expletive) out of him and teased him for his disabilities. Resident #9 was interviewed and stated he reported the incident to Receptionist #490 and reported he witnessed CNA #400 say he would slap the (expletive) out of Resident #5, mocked him, then threatened to wipe Resident #5's behind with an alcohol wipe. CNA #400's statement denied threatening Resident #5 and indicated they (he and the residents) were all joking around. Interview on 05/19/25 at 11:14 A.M. with Resident #9 verified he was witness to CNA #400 degrading and threatening Resident #5. Resident #9 stated he did not report the incident right away for fear of retaliation from CNA #400. Resident #9 stated when no one else said anything and he did not see CNA #400 working, he told the receptionist what happened. Resident #9 stated he had not seen CNA #400 before the incident and had not seen him since. Resident #9 reported he felt safe in the facility. Interview on 05/19/25 at 11:25 A.M. with Resident #5 verified CNA #400 threatened him during a smoke break and was disrespectful to him. Resident #5 stated he now knew to make a report if something like that happens again. Interview on 05/19/25 at 12:01 P.M. with the Administrator verified CNA #400 was terminated due to threatening to slap Resident #5 and threatening to use an alcohol wipe on his behind. The Administrator reported she had been on staff at the facility for approximately two days when the incident was reported. After learning CNA #400 had previously been terminated and rehired, and hearing verification of his misconduct from witnesses regarding the 05/05/25 incident with Resident #5, the facility terminated him and flagged CNA #400 as not eligible for rehire. Interview on 05/19/25 at 2:17 P.M. with Resident #10 verified she was a witness to the verbal abuse from CNA #400 to Resident #5. Resident #10 reported CNA #400 was not acting like himself and brought his bad day into the facility. CNA #400 threatened Resident #5 and made them all feel uncomfortable. Resident #10 reported she had not seen CNA #400 working in the facility since the incident and she felt safe living there. Review of the undated facility policy titled, Abuse, Neglect, and Exploitation, revealed it was the policy of the facility to provide protections for the health, welfare, and rights of each resident by developing and implementing policies and procedures that prohibit and prevent abuse. As a result of the incident, the facility took the following actions to correct the deficient practice by 05/12/25: • (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365339	A. Building B. Wing	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Terrace Rehabilitation Center	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/05/25, Residents #5 was assessed for injuries and psychosocial impact with no concerns noted. Director of Social Services (DSS) #443 continued with ongoing monitoring of Resident #5's psychosocial with no additional findings related to the incident on 05/03/25. • On 05/05/25, CNA #400 was terminated from employment for misconduct and abuse. • Beginning on 05/05/25, all staff were educated on abuse policies and procedures by the Director of Nursing (DON). All staff education was completed on 05/06/25. • On 05/09/25, Resident #5 and Resident #9 were interviewed regarding the incident with no additional findings identified. • On 05/12/25 interviews and assessments were completed with all residents who smoked. There were no other concerns identified regarding abuse. • Interviews conducted between 05/19/25 and 05/21/25 at random times with 11 licensed practical nurses (LPNs), seven CNAs, two housekeeping and laundry staff, two respiratory therapists, and one social services staff member confirmed they were provided abuse education and were able to identify types of abuse and recalled aspects of the educational content. • On 05/19/25, two additional residents (#9 and #10) were sampled and reviewed for abuse with no concerns identified. • On 05/19/25, review of additional facility SRIs and related investigation documentation revealed there were no further concerns identified regarding abuse. This deficiency represents non-compliance investigated under Master Complaint OH00165637.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365339	A. Building B. Wing	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Terrace Rehabilitation Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, review of hospital documentation, staff interview, and facility policy, the facility failed to ensure wound treatments and dressing applications were applied in accordance with physician orders. This affected one (#7) of three residents reviewed for wound care and treatment services in a facility census of 86. Findings include: Review of the medical record for Resident #7 revealed the resident admitted to the facility on [DATE] with the diagnoses including, type II diabetes mellitus with a foot ulcer, chronic kidney disease stage four (4), atrial fibrillation, anemia, heart failure, depression, absence the left leg above the knee, non-pressure chronic ulcer part of the right foot, absence the right toes, and hypertension. Review of the most current Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #7 was assessed with intact cognition, was dependent on staff for the completion of activities of daily living, was incontinent of bowel and bladder, was at risk for pressure ulcer development with two stage 4 pressure ulcers (full-thickness skin and tissue loss), and a diabetic foot ulcer. Review of the hospital community referral form physician orders dated 05/15/25 revealed Resident #7 was admitted to the hospital from the facility on 05/08/25 and discharged back to the facility on [DATE]. Wound care orders included a treatment to the right foot and heel to cleanse with normal saline, apply cavilon periwound, paint the heel with betadine, cover with abdominal dressing (ABD) pad, loosely secure with kerlix, and wrap loosely with all cotton elastic (ACE) from the base of the toes up toward the calf. The treatment was to be performed twice daily and as needed. Treatment of the resident's right calf wound revealed to cleanse with mild soap and water, rinse and pat dry, apply Triad paste thinly over the wound, cover with silicone boarder foam, and change every three (3) days and as needed. Review of Resident #7's medical record revealed physician orders dated 05/18/25 for a treatment to the right calf to include for staff to cleanse with mild soap and water, rinse well and pat dry, apply a thin layer of Triad cream, cover with silicone border foam, and change the dressing every 3 days. Further review also revealed on 05/18/25 a treatment was modified to the right foot and heel to cleanse the foot and heel with normal saline, apply skin prep to periwound areas, paint the heel with betadine, pack openings of the foot with 0. 125% Dakins solution, cover all with ABDs pads, loosely secure with kerlix, and wrap with ACE wrap to the calf and complete the treatment every shift. Observation on 05/19/25 at 7:48 A.M. noted Resident #7 seated in a wheelchair with a gauze wrapped dressing and a fracture boot to the right lower extremity. Continued observation revealed the dressing was soiled with red and green drainage and no border foam dressing was in place to the right calf. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365339	A. Building B. Wing	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Terrace Rehabilitation Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/19/25 at 11:20 A.M. observation and interview with the Wound Specialist Certified Nurse Practitioner (CNP) and Registered Nurse (RN) #499 verified no dressing was applied to Resident #7's right calf. RN #499 also verified the dressing was heavily soiled and no date was applied to the dressing indicating when the dressing was last changed. Continued observation of Resident #7's right calf wound was identified as a partial thickness venous ulcer with a moderate amount of serous drainage. The measurements of the wound were were 5.20 centimeters (cm) long by (x) 0.80 cm wide x 0.10 cm deep. Additional observation verified a gauze wrap dressing was heavily soiled to the resident's right foot and heel with red and green drainage. Resident #7's right lateral foot was described as a full thickness diabetic ulcer measuring 27.20 cm long x 21. 50 cm wide x 1.30 cm deep and draining a moderate amount of serosanguineous exudate. The resident's right anterior foot was described as a full thickness diabetic ulcer measuring 24.30 cm long x 24.40 cm wide x 2.20 cm deep and draining a moderate amount of serosanguineous exudate. Review of Resident #7's medical record lacked documentation indicating the dressings were changed to the right calf since returning to the facility from the hospital on [DATE]. Review of the resident's treatment administration records noted the right foot dressing was last changed on 05/17/25. On 05/19/25 at 12:42 P.M. interview with the Director of Nursing (DON), during review of Resident #7's medical record, verified the dressing to the resident's right calf had not been changed since readmission to the facility and the right foot dressing had not been changed since 05/17/25. The DON confirmed the wound treatments were not completed as ordered. Review of an undated facility wound treatment management policy revealed wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change. Dressing changes may be provided outside the frequency parameters in certain situations including the dressing is dislodged or the dressing is soiled otherwise, or is wet. This deficiency represents non-compliance investigated under Complaint Number OH00165335.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365339	A. Building B. Wing	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Terrace Rehabilitation Center	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, staff interview, and facility policy, the facility failed to provide timely interventions to prevent urinary incontinence. This affected one (#22) of three residents reviewed for incontinence care and services in a facility census of 86. Findings include: Review of Resident #22's medical record revealed the resident admitted to the facility on [DATE] with the diagnoses including, chronic obstructive pulmonary disease, type II diabetes mellitus, schizoaffective bipolar type, thyroid disorder, irritable bowel syndrome, coronary artery disease, and mild dementia with psychotic disturbance. Review of the most current Minimum Data Set (MDS) assessment dated [DATE] assessed Resident #22 with severe cognitive impairment, no resistive behavior, utilized a walker for mobility, required supervision and touching assistance with ambulation and toileting, was always continent of bladder, and had no rated bowel continence. Review of a nursing plan of care dated 01/27/25 revealed it was revised to address Resident #22's activity of daily living (ADL) self-care deficit with an intervention for toileting requiring maximum assist of one staff for toileting. Review of nurses notes discovered on 04/04/25 at 5:20 P.M. Resident #22's daughter indicated the resident told her she had no knowledge of when she has to urinate or when she was, in fact, urinating. Review of social services progress notes on 04/07/25 at 12:28 P.M. revealed the Social Service Director (SSD) had approached Resident #22 multiple times to go and have her aide help her change when she was in the common areas and had a bowel movement. Resident #22 hesitates to ask for help and often her daughter was the one doing her changes, rinsing soiled clothing, and changing her linen. Resident #22's daughter asked the SSD to look into her aides helping more. Review of a nursing plan of care dated 04/08/25 revealed it was developed to address Resident #22's bowel incontinence due to irritable bowel syndrome and confusion. An intervention included to check the resident every two hours and assist with toileting as needed, and staff to encourage and assist the resident to toilet during night. On 04/08/25, a nursing plan of care was developed to address Resident #22's occasional bladder incontinence related to confusion and impaired mobility with interventions including to check as needed/required for incontinence. Review of Resident #22's electronic task documentation between 04/22/25 and 05/21/25 contained in the medical record lacked documentation indicating Resident #22 was checked every two hours for bladder elimination and documented the resident as mostly continent with two episodes of incontinence charted on 04/28/25 and 05/09/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365339	A. Building B. Wing	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Terrace Rehabilitation Center	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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 05/21/25 at 7:27 A.M. discovered Resident #22 seated on the toilet in her room. The resident was incontinent of bladder through an adult brief onto her pants. No staff were observed assisting the resident. On 05/21/25 at 7:32 A.M., Licensed Practical Nurse (LPN) #326 was summonsed to Resident #22 room. LPN #326 stated she had assumed care of Resident #22 at 6:00 A.M.; however, LPN #326 had not observed the resident yet. LPN#326 stated Resident #22 was incontinent of bowel and bladder frequently during the day and required frequent clothing changes due to soiling. Continued observation verified Resident #22 was incontinent of bladder which was not contained in the adult brief and resulting in urine soiling through a folded bath blanket and top sheet onto the mattress. The top sheet was also observed with a brown stain on the surface. On 05/21/25 at 7:41 A.M. interview with Certified Nurse Aide (CNA) #479 revealed she assumed shift and Resident #22 care at 6:00 A.M. CNA #479 stated she did not provided notification regarding Resident #22 incontinence checks and verified the resident required two hour checks due to heavy incontinence. CNA #479 was unaware when Resident #22 was last checked for incontinence and had not observed Resident #22 since assuming care at 6:00 A.M. On 05/21/25 at 7:55 A.M. interview with the Director of Nursing (DON), during a review of Resident #22's medical record, verified the resident required two hour checks for incontinence. The DON confirmed Resident #22 required frequent incontinence checks due to having a history of heavy incontinence episodes. Review of facility's undated incontinence policy revealed based on the resident's comprehensive assessment, 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. This deficiency represents non-compliance investigated under Complaint Number OH00165335.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365339	A. Building B. Wing	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Terrace Rehabilitation Center	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)
F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, review of hospital documents, staff interview, and facility policy, the facility failed to ensure peripherally inserted central catheters (PICC) were maintained in accordance with physician orders and dressing changes were completed using appropriate appropriate technique. This affected two (#7 and #8) of two residents reviewed for PICC line care and treatment in a facility census of 86. Findings include: 1. Review of Resident #7's medical record revealed the resident admitted to the facility on [DATE] with the diagnoses including type II diabetes mellitus with a foot ulcer, chronic kidney disease stage four (4), atrial fibrillation, anemia, heart failure, depression, absence of the left leg above the knee, non-pressure chronic ulcer of part of the right foot, absence right toes, and hypertension. Review of the most current Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #7 was assessed with intact cognition, was dependent on staff for the completion of activities of daily living, was incontinent of bowel and bladder, was at risk for pressure ulcer development with two stage 4 pressure ulcers (full-thickness skin and tissue loss), and a diabetic foot ulcer. Review of a hospital community referral form (CRF) revealed Resident #7 was admitted to the hospital from the facility on 05/08/25 and discharged back to the facility on [DATE]. The CRF documented Resident #7 with a PICC single lumen in place to the right brachial vein originally placed on 04/10/25. On 05/15/25, site assessment documented an occlusive, transparent dressing to the PICC insertion site. There was no physician order indicated frequency of dressing changes to the PICC line site. Review of Resident #7's medical record revealed on 05/16/25 a physician order was initiated for a PICC line dressing change to the right arm weekly and as needed scheduled for every Friday on the night shift to maintain function and infection control. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365339	A. Building B. Wing	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Terrace Rehabilitation Center	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)
F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation and interview on 05/19/25 at 10:21 A.M. with Licensed Practical Nurse (LPN) #328, during observation of Resident #7's PICC line dressing, noted the dressing pealing away from the site. The dressing was dated 05/08/25. LPN #328 verified Resident #7's PICC dressing was dated 05/08/25 and stated the dressing was to be changed every week or as needed. Additional observation noted LPN #328 washed hands and applied a mask, clean gloves, and a disposable gown. LPN #328 opened a sterile central venous line dressing change kit and place the contents on the surface of a overbed table inside Resident #7's room. No clean field including a disposable cloth or linen saver was placed on the overbed table followed by a sterile drape. LPN #328, with gloved hands, placed a disposable mask to Resident #7. With non-sterile gloved hands, LPN #328 removed the existing dressing. LPN #328 proceeded to wash hands and donned non-sterile gloves, obtained a packet of chlorhexidine applicators, and cleansed the catheter insertion site. LPN #328 handled a sterile disposable measuring tape and measure the catheter from insertion site placing the measuring tape on the exposed catheter. LPN #328 handled the sterile kit contents after removing gloves and requested a second sterile kit. LPN #326 obtained a second kit and LPN #328 placed the kit to the overbed table surface. LPN #328 opened the kit and obtained sterile gloves while handling contents of the kit with non-sterile hands. LPN #328 donned the sterile gloves, obtained a skin protectant packet, opened the packet, and wiped the pad back and forth wiping toward the insertion site and exposed catheter. LPN #328 proceeded to obtain a catheter stabilizer applied it to the site and covered with an transparent dressing. On 05/19/25, immediately following the observation, interview with LPN #328 verified multiple occurrences of cross contamination to the PICC line insertion site and sterile central line catheter kit contents. 2. Review of Resident #8's medical record revealed the resident admitted to the facility on [DATE] with the diagnoses including, open wound to the lower back and pelvis, biliary cirrhosis, chronic obstructive pulmonary disease, cerebral infarction, type II diabetes mellitus, chronic kidney disease stage five (5), urinary tract infection, anemia, and hypertension. Review of the most current MDS assessment dated [DATE] assessed Resident #8 with intact cognition, substantial to maximal assistance with activities of daily living, incontinent of bowel and bladder, and at risk for pressure ulcer development admitted with an unstageable pressure ulcer (obscured full-thickness skin and tissue loss). Review of Resident #8's medical record revealed on 05/12/25 a physician order was initiated to change the midline dressing to the resident's right upper arm every seven (7) days and as needed. Observation on 05/19/25 at 8:06 A.M. revealed Resident #8 was observed in bed. Resident #8 was noted with a PICC line placed to the right upper arm. A transparent dressing was dislodged and pealing and the dressing was dated 05/06/25. On 05/19/25 at 8:57 A.M. interview with LPN #314, during observation of Resident #8, verified the PICC line dressing to the resident's right arm was dated 05/06/25. The site appeared with dried blood around perimeter of the insertion site. LPN #314 verified the PICC line dressing was to be changed weekly. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365339	A. Building B. Wing	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Terrace Rehabilitation Center	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)
F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the undated facility PICC dressing change policy revealed the staff are to change peripherally inserted central catheter (PICC), midline, or central venous catheters dressing weekly or if soiled, in a manner to decrease potential infection and or cross-contamination. Physician's orders will specify type of dressing or frequency of changes. Compliance guidelines noted the following; 1. Perform hand hygiene and put on mask. Place mask on the resident if they cannot keep their head turned away. Perform hand hygiene. Set-up a clean field on the overbed table with needed supplies for the dressing change. Place a disposable cloth or linen saver on the overbed table. Perform hand hygiene. Open the sterile dressing change kit, lay out the sterile drape, and place supplies on the sterile field being careful not to contaminate them. Wash hands and put on clean gloves. Remove the old dressing beginning at device hub and pull dressing toward the insertion site. Remove and discard engineered stabilization device. Inspect the catheter and hub for any defects. Remove and discard gloves. Perform hand hygiene and put on sterile gloves. Use sterile measuring tape to measure external length of the catheter from the hub to skin entry to ensure that it has not migrated. Clean the insertion site with antiseptic. Apply chlorhexidine with an applicator using side to side motion for at least 30 seconds. Allow to dry completely. Apply skin barrier. Secure catheter with engineered stabilization device. Apply transparent semi-permeable dressing to insertion site. Discard used supplies and perform hand hygiene. This deficiency represents non-compliance investigated under Complaint Number OH00165335.