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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>365339                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                            | (X3) DATE SURVEY COMPLETED<br><br>12/04/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Park Terrace Rehabilitation Center                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2735 Darlington Rd<br>Toledo, OH 43606 |                                              |
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| <p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, staff interview, and facility policy the facility failed to ensure call lights were functioning properly. This affected two (#7 and #55) of ten residents reviewed for call lights. The facility census was 86. Findings include: 1. Review of the medical record revealed Resident #7 was admitted on [DATE]. Diagnoses included Alzheimer's disease with late onset, essential hypertension, major depressive disorder recurrent, hyperlipidemia, unspecified dementia, liver disease, and chronic kidney disease stage III. Review of the Minimum Data Set (MDS) assessment, dated [DATE], revealed Resident #7 was severely cognitively impaired and was dependent for all care, except eating. Review of the care plan, dated [DATE], revealed Resident #7 had a communication problem, increased risk of falls, and bladder incontinence. Interventions included to ensure the call light was within reach. Observation on [DATE] at 9:20 A.M. of Resident #7's call light revealed the call light button on the wall and hand held call light device were missing. The call light was not functional. Interview on [DATE] at 9:36 A.M. with Certified Nursing Assistant (CNA) #511 verified Resident #7's call light did not work and confirmed the resident was capable of using the call light. 2. Review of the medical record revealed Resident #55 was admitted on [DATE]. Diagnoses included hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, Type two diabetes mellitus with diabetic nephropathy, blindness right eye, delusional disorders, cognitive communication deficit, and major depressive disorder recurrent. Review of the MDS assessment, dated [DATE], revealed Resident #55 was rarely understood and was dependent for all care. Review of the care plan, dated [DATE], revealed the resident was at risk of falls and bladder incontinence. Interventions included to ensure the resident's call light was within reach and encourage the resident to use it for assistance as needed. Observation on [DATE] at 9:20 A.M. of Resident #55's call light revealed the call light did not work when pressed by the resident. Interview on [DATE] at 9:36 A.M. with CNA #511 verified Resident #55's call light was not functioning and confirmed the resident was capable of using the call light. Review of the facility policy titled, Call Lights: Accessibility and Timely Response, dated 2025, revealed the call system would be accessible to residents while in their bed or other sleeping accommodations within the resident's room. The staff would report problems with a call light or the call system immediately to the supervisor and/or maintenance director and would provide immediate or alternate solutions until the problem could be remedied. This violation represents non-compliance investigated under Complaint Number 2656377.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE     | (X6) DATE                             |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                   | Event ID: | Facility ID:<br>365339                |
|                                                                       |           | If continuation sheet<br>Page 1 of 14 |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review, observation, and staff interview, the facility failed to ensure comfortable room temperatures. This affected three (#49, #57, and #95) of ten residents reviewed for room temperatures. The facility census was 86. Findings include: 1. Review of the medical record revealed Resident #49 was admitted on [DATE]. Diagnoses included Alzheimer's disease, heart failure, essential hypertension, chronic kidney disease stage three, hypotension, hyperkalemia, and muscle weakness. Review of the Minimum Data Set (MDS) assessment, dated 11/12/25, revealed the resident was severely cognitively impaired and dependent for care. 2. Review of the medical record revealed Resident #57 was admitted on [DATE]. Diagnoses included unilateral primary osteoarthritis, unspecified dementia, altered mental status, iron deficiency anemia secondary to blood loss, essential hypertension, and cognitive communication deficit. Review of the MDS assessment, dated 09/13/25, revealed the resident was severely cognitively impaired. 3. Review of the medical record revealed Resident #95 was admitted on [DATE]. Diagnoses included encounter for other orthopedic aftercare, schizophrenia, hypothyroidism, depression, fracture of the unspecified part of neck of left femur, ileus, cognitive communication deficit, and third nerve palsy right eye. Review of the MDS assessment, dated 11/12/25, revealed the resident was cognitively intact. Observation on 12/02/25 at 9:35 A.M. revealed Resident #49 and #57 shared a room. Both residents were laying in bed. The room air temperature felt cool. Continued observation of Resident #95's room revealed the air temperature felt cool. Observation on 12/02/25 at 10:26 A.M. of Resident #49 and Resident #57's room, with Maintenance Director (MD) #403, revealed the ambient room temperature ranged from 59 degrees Fahrenheit (F) to 62 degrees F. Resident #49 and Resident #57 remained in their beds. Further observation of Resident #95's room revealed the resident had returned to his room. The ambient air temperature ranged from 59 degrees F to 63 degrees F. Concurrent interview with MD #403 verified the low resident room temperatures. This violation represents non-compliance investigated under Complaint Number 2656377 and 2675165.</p> |                                                                                     |                                              |

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| <p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on review of facility policy, review of personnel files, and staff interview, the facility failed to develop a facility abuse policy which directed staff to immediately report any allegations to the Administrator. Additionally, the facility failed to ensure background checks were completed for new employees, per facility policy. This had the potential to affect all residents in the facility. The facility census was 86. Findings include:</p> <p>1) Review of facility the undated policy titled Abuse, Neglect, and Exploitation revealed the facility will develop and implement written policies and procedures that investigate any such allegations. Under the heading titled Reporting and Response included the facility will have written procedures that include reporting of all alleged violations to the Administrator. The policy does not note a timeframe for reporting allegations to the Administrator and does not direct staff to report any allegations immediately to the Administrator.</p> <p>2) Review of Licensed Practical Nurse (LPN) #607's personnel file revealed a hire date of 12/04/24 and a termination date of 02/17/25. Further review revealed no evidence a background check was completed for LPN #607.</p> <p>Interview on 11/26/25 at 2:00 P.M. with Human Resources (HR) #452 revealed a background check was submitted for LPN #607 on 12/04/24, but it was rejected and never rerun. HR #452 verified a background check had not been completed for LPN #607.</p> <p>Review of the facility policy titled, Abuse, Neglect and Exploitation, undated, revealed potential employees would be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. Background, reference, and credential checks would be conducted on potential employees, contacted temporary staff, students affiliated with academic institutions, volunteers, and consultants.</p> <p>This violation represents non-compliance investigated under Complaint Number 2628333.</p> |                                                                                     |                                              |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Respond appropriately to all alleged violations.</p> <p>Based on medical record review, staff and resident interview, review of employee timecards, review of facility Self Reported Incident, review of facility investigation, and review of facility policy, the facility failed to ensure allegations of staff to resident abuse were reported timely to the Administrator, implemented protective measures for alleged victims, and thoroughly and accurately investigate alleged occurrences of abuse and misappropriation of medications. This affected two (#21 and #88) of four residents reviewed for abuse prohibition and one Self Reported Incident (#256925) in a facility census of 86. Findings include: 1. Review of a statement written on 09/22/25 (no time recorded) by Certified Nurse Aide (CNA) #605 documented he was told there was an issued with him and Resident #88. CNA #605 documented he was unaware what the resident was talking about.</p> <p>Review of a facility investigation on 09/23/25 at 12:00 P.M. revealed administration received a complaint from CNA #497 that Resident #88 was upset with CNA #605 and did not want him in his room. The Administrator advised the Director of Nursing and scheduler to keep CNA #605 out of the area. After further assessment the Administrator suspended CNA #605 that morning.</p> <p>Review of timecard report for CNA #605 noted hours worked on 09/21/25 to be between 10:00 P.M. and 6:00 A.M., 09/22/25 between 10:00 P.M. and 6:00 A.M., 09/23/25 between 2:00 P.M. and 5:30 P.M., and 09/23/25 between 6:13 P.M. and 10:00 P.M.</p> <p>Review of facility witness statement revealed on 09/24/25 CNA #497 informed the Administrator regarding an incident on 09/23/25. CNA #497 informed the Administrator Resident #88 was upset with CNA #605 and reported the resident felt threatened by him. Resident #88 stated to CNA #497 he sat up in his chair all night because he was afraid to ask CNA #605 to put him to bed. No further statement or investigation was initiated.</p> <p>Result of investigation noted CNA #605 denying mistreatment of Resident #88. According to personnel file no previous disciplines have been issued regarding staff to resident treatment.</p> <p>Review of the personnel file revealed on 09/30/25 CNA #605 received an employee disciplinary form related to professionalism and customer service. First warning for customer service training, one on one with the Director of Nursing, and professionalism policy reviewed.</p> <p>(continued on next page)</p> |                                                                                 |                                              |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Interview on 12/01/25 at 9:40 A.M. the Administrator confirmed the investigation lacked statements from all potential witnesses, the facility allowed the alleged perpetrator continue to work with an allegation of resident mistreatment, and staff failed to timely reported the alleged incident to the Administrator. Review of facility the undated policy titled Abuse, Neglect, and Exploitation revealed an immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. Written procedures for investigations include: Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and Providing complete and thorough documentation of the investigation. Protection of resident included; The facility will make efforts to ensure all residents are protected from physical and psychosocial harm, as well as additional abuse, during and after the investigation. Examples include but are not limited to: Responding immediately to protect the alleged victim and integrity of the investigation and staffing changes, if necessary, to protect the resident(s) from the alleged perpetrator. Reporting and response included the facility will have written procedures that include reporting of all alleged violations to the Administrator.</p> <p>2.) Review of the medical record for the Resident #21 revealed an admission date of 11/07/25. Diagnoses included acute and chronic respiratory failure with hypercapnia, dependence on respirator (ventilator), asthma, chronic obstructive pulmonary disease (COPD), anxiety, depression, cognitive communication deficit, chronic pain, and Raynaud's syndrome.</p> <p>Review of Resident #21's most recent quarterly Minimum Data Set (MDS) assessment, dated 09/23/25, revealed the resident was relatively cognitively intact.</p> <p>Interview on 12/01/25 at 12:46 P.M. with Resident #21 revealed CNA #426 smacked her hand while changing her brief. Resident #21 stated she did not suffer any physical or psychosocial harm and she cannot remember the exact date or time which this incident occurred, but thinks it happened approximately one to one and a half months ago. Resident #21 states she reported the incident to Registered Nurse (RN) #491 but was unsure of how long after the incident occurred that she reported it to RN #491. Resident #21 stated she received no follow-up regarding this incident or the facility's investigation after she reported it to RN #491. To the best of her knowledge the only intervention put in place by the facility was to have CNA #426 not provide care to her. Interview on 12/01/25 at 12:52 P.M. with RN #491 revealed Resident #21 reported the incident of CNS #426 smacking the resident's hand. RN #491 reported this to the former Director of Nursing (DON), who then asked RN #491 to ask Resident #21 what occurred. RN #491 stated she was unsure of the exact date or time when this incident occurred. RN #491 stated when Resident #21 demonstrated to her how this event occurred it was more of a brushing motion than a smack, slap, or hit. RN #491 stated at the request of the former DON she conducted the investigation into this incident. She stated she did not conduct interviews with other residents CNA #426 provided care to, there was no ongoing monitoring, skin sweeps were not performed, and no staff education was given as a result of this incident. Interview on 12/01/25 at 12:54 P.M. with the Administrator revealed the former DON spoke to CNA #426 regarding this incident. The Administrator initially stated CNA #426 was suspended pending investigation, but through further investigation it was determined the aid was not suspended. The Administrator revealed there was no ongoing monitoring, skin sweeps were not performed, and no staff education was given as a result of this incident. Interview on 12/01/25 at 3:50 P.M. with the Administrator revealed discipline for CNA #426 regarding the incident with Resident #21 cannot be located.</p> <p>(continued on next page)</p> |                                                                                     |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>365339                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>12/04/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Park Terrace Rehabilitation Center                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2735 Darlington Rd<br>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.                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                              |
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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Review of the facility investigation dated 10/13/25 revealed a thorough investigation of this incident was not conducted.</p> <p>3. Review of the facility Self Reported Incident #256925 dated 02/07/25 revealed 30 Norco were missing from a narcotic drawer of a medication cart. One of the nurses identified as the last having access included Licensed Practical Nurse (LPN) #607.</p> <p>Review of the facility investigation revealed Former Human Resources #606 documented she administered a drug screen to LPN #607 on 02/05/25 with the results being negative.</p> <p>Review of LPN #607's personnel file revealed a hire date of 12/04/24 and a termination date of 02/17/25.</p> <p>Interview on 11/26/25 at 2:00 P.M. with Human Resources #452 verified an occurrence happened before he began employment with the facility during which a drug test was allegedly initiated on 02/05/25 for LPN #607. However, upon investigation there was no evidence the drug test was complete. Human Resources #452 stated based on the documentation there was no evidence the required drug test for LPN #607 was completed and the drug test form was forged.</p> <p>Interview on 11/26/25 at 2:53 P.M. with the Administrator verified Former Human Resources #606 forged a drug test for LPN #607. The drug test paperwork indicated LPN #607 was negative for all panels, however there was no evidence the drug test was completed by Former Human Resources #606.</p> <p>Review of the Employee Handbook, dated 06/27/24, verified when the facility has reasonable suspicion to believe that an employee's behavior, and/or performance is included by controlled substances, the facility may require the employee to submit blood, breath, or urine samples for testing.</p> <p>This deficiency represents non-compliance investigated under Complaint Numbers 2675165, 2656377, 2631520, 2628333.</p> |                                                                                     |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>365339 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>12/04/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Park Terrace Rehabilitation Center |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2735 Darlington Rd<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                    |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(continued on next page)</p> |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>365339                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>12/04/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Park Terrace Rehabilitation Center                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, staff interview, and policy review, the facility failed to ensure portable heaters were safe and adequately monitored. This affected nine residents (#13, #14, #17, #18, #19, #20, #21, #22, #23) and had the potential to affect all 19 residents (#13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31) residing on the Memory Care unit. The facility census was 83.1. Review of the medical record for Resident #13 revealed an admission date of 06/06/25. Diagnoses included hemiplegia and hemiparesis, blindness of the right and left eyes, seizures and delusional disorders. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had severe cognitive impairment. The resident was dependent for activities of daily living. Further review of the medical record revealed no documentation of safety monitoring due to the use of space heaters. Review of the medical record for Resident #14 revealed an admission date of 07/19/25. Diagnoses included hemiplegia, type two diabetes mellitus, and hypertension. Review of the quarterly MDS assessment dated [DATE] revealed the resident had severe cognitive impairment. The resident was dependent on staff for activities of daily living. Further review of the medical record revealed no documentation of safety monitoring due to the use of space heaters. Observation on 01/07/26 at 10:35 A.M. with the Director of Maintenance (DOM) #200 in the shared room of Resident #13 and Resident #14 revealed there were two oil radiator space heaters in the room. The exposed metal surface on the space heaters was extremely hot when touched for less than one second. The space heaters were turned to maximum heat and the room temperature taken by DOM #200 revealed the room temperature was 71 degrees Fahrenheit. Interview on 01/07/26 at 10:35 A.M., DOM #200 verified the presence of the two space heaters in the residents room. DOM #200 verified the heaters were hot to the touch. DOM #200 revealed the facility was using space heaters in five rooms. DOM #200 was asked how the heaters and residents were being monitored for safety. DOM #200 revealed the residents usually were in the common area outside of their room during the day. DOM #200 revealed the space heaters had been in use since the room temperatures had dropped below 71 degrees during a previous survey at the beginning of December. 2. Review of the medical record for Resident #17 revealed an admission date of 01/05/19 and a readmission date of 01/04/24. Diagnoses included Alzheimer's disease, dementia, bilateral primary open angle glaucoma, and peripheral vascular disease. Review of the quarterly MDS assessment dated [DATE] revealed the resident had severe cognitive impairment. Further review of the medical record revealed no documentation of safety monitoring due to the use of space heaters. Review of the medical record for Resident #18 revealed an admission date of 12/09/20. Diagnoses included peripheral vascular disease, schizophrenia, and depression. Review of the annual MDS assessment dated [DATE] revealed the resident had intact cognition. The resident was independent for transfers and required set up assistance for ambulating ten feet. Further review of the medical record revealed no documentation of safety monitoring due to the use of space heaters. Observation on 01/07/26 at 10:39 A.M. with DOM #200 in the shared room of Resident #17 and Resident #18 revealed there were two oil radiator space heaters in the room. The exposed metal surface on the space heaters was extremely hot when touched for less than one second. The space heaters were turned to maximum heat and the room temperature taken by DOM #200 revealed the room temperature was 71 degrees Fahrenheit. Interview on 01/07/26 at 10:39 A.M., DOM #200 verified the presence of the two space heaters in the residents room. DOM #200 verified the heaters were hot to the touch. 3. Review of the medical record for Resident #19 revealed an admission date of 12/23/25. Diagnoses included chronic pulmonary obstructive disease, type two diabetes mellitus, repeated falls, and a history of a traumatic brain injury. Review of the admission MDS assessment revealed the resident had intact cognition. The resident required supervision with transfers and ambulation. Further review of the medical record revealed no documentation of safety monitoring due to the use of space heaters. Observation on 01/07/26 at 10:42 A.M. with DOM #200 in the room of Resident #19 revealed there was one oil radiator space heater and one ceramic space heater in the room. The exposed metal surface on the oil radiator space heater was extremely hot when touched for less than one second. The space heaters were turned to maximum heat and the room temperature taken by DOM #200 revealed the room temperature was 71 degrees Fahrenheit. Interview on 01/07/26 at 10:42 A.M., DOM #200 verified the presence of the two space heaters in the residents room. DOM #200 verified the oil radiator heater was hot to the touch. 4. Review of the medical record for Resident #20 revealed an admission date of 08/03/21. Diagnoses included dementia</p> |                                                                                     |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>365339                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                            | (X3) DATE SURVEY COMPLETED<br><br>12/04/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Park Terrace Rehabilitation Center                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2735 Darlington Rd<br>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.                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 |                                              |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on medical record review and staff interview, the facility failed to ensure residents were suctioned per order. This affected one (#91) resident reviewed for respiratory therapy. The facility census was 86. Findings include: Review of the medical record for Resident #91 revealed an admission date of 06/18/25. Diagnoses included dementia, morbid obesity, end stage renal disease (ESRD), type two diabetes mellitus (DM2), obstructive sleep apnea (OSA), hypertension (HTN), metabolic encephalopathy, anemia, delirium, depression, anxiety, sepsis, dependence on renal dialysis, and convulsions. Review of the record revealed a physician order dated 11/15/25 at 2:00 P.M. for chest physiotherapy (PT) and oral suctioning every six hours for 48 hours per respiratory therapist for chest congestion for two days. Review of the medication administration record (MAR) revealed this order was completed on 11/15/25 at 2:00 P.M. Further review of the MAR for Resident #91 revealed this order was not completed on 11/15/25 at 8:00 P.M. and this administration time was documented with chart code 9. Review of the record revealed chart code 9 means other/see nurse notes effective. Review of the MAR revealed this order was not completed on 11/16/25 at 12:00 A.M., 8:00 A.M., or 2:00 P.M. and he was documented as being out of the facility. Interview on 12/02/25 at 9:39 A.M. with Registered Nurse (RN) #432 verified Resident #91 did not transfer out of the facility until 11/16/25 at approximately 3:25 P.M. RN #432 verified Resident #91 did not receive chest PT or suctioning on 11/15/25 at 8:00 P.M. or on 11/16/25 at 12:00 A.M., 8:00 A.M., or 2:00 P.M. while he was still alive and in the facility. This deficiency represents non-compliance investigated under Complaint Numbers 2675165 and 2656377.</p> |                                                                                 |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>365339 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>12/04/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Park Terrace Rehabilitation Center |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2735 Darlington Rd<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                       |
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| <p>F 0700</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>(continued on next page)</p> |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Park Terrace Rehabilitation Center                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| (X4) ID PREFIX TAG                                                                                                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <p>F 0700</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on closed medical record review, staff interviews, review of staff witness statements, review of the hospital notes, and review of the facility policy, the facility failed to ensure bed rails were properly installed. This resulted in Actual harm to Resident #89 when on 10/11/25 the facility applied bed rail broke off during resident care, causing the resident to roll out of bed, be lowered to the floor by staff, and maneuvered onto a Hoyer pad. Consequently, Resident #89 sustained a displaced fracture of the right humeral neck (upper arm). This affected one (#89) of three residents reviewed for falls. The facility census was 86. Findings include: Review of the closed medical record revealed Resident #89 was admitted on [DATE] and discharged on 10/25/25. Diagnoses included unspecified displaced fracture of surgical neck of right humerus (10/14/25), Type two diabetes mellitus with diabetic polyneuropathy, acute respiratory failure with hypoxia, chronic obstructive pulmonary disease (COPD), primary pulmonary hypertension, and complete traumatic amputation at level between knee and ankle of the right lower leg. Review of the care plan, dated 05/05/25, revealed Resident #89 had an activities of daily living (ADLs) self-care performance deficit and required maximum assistance by staff with shower/bathing and bed mobility by one to two staff. Review of the Device Observation documentation, dated 09/19/25, revealed Resident #89 expressed a desire to have bed rails. Bilateral bed rails/assistive devices were indicated for the resident to assist with autonomy. Review of the Minimum Data Set (MDS) assessment, dated 10/19/25, revealed Resident #89 was cognitively intact, dependent for toileting, showering, upper and lower body dressing, and personal hygiene. The assessment indicated a bed rail was not used. Review of a progress note, dated 10/11/25 and authored by Licensed Practical Nurse (LPN) #425, revealed that while providing care, including incontinence care and a bed bath, Resident #89 was rolled to the side (in bed). The side rail fell off the bed, and the staff lowered the resident to the floor. The writer and two other staff members were in the room providing care. The resident stated he was rolled out of bed onto the floor and stated his right shoulder popped/cracked. The writer called more staff to assist. The resident was soiled and assisted to roll onto a Hoyer pad to lift the resident back into bed. Vital signs were obtained, and the resident was assessed for injury. The resident complained of pain to the right shoulder and was unable to perform range of motion prior to the incident and was not attempted per resident refusal. Resident demanded to go to the hospital to have an X-ray completed. All notifications were completed, and the resident was transported to the hospital. Review of a written statement, dated 10/11/25 and completed by Certified Nursing Assistant (CNA) #440, revealed that while providing a bed bath for Resident #89, he was rolled over, the bed rail broke off, and the resident was lowered to the ground by staff. The nurse was also present giving care. Review of a written statement, dated 10/11/25 and completed by CNA #493, revealed CNA #493 and CNA #440 were giving Resident #89 a bed bath and when they turned him on his side, the bed rail broke, and CNA #440 caught the first (top) half of his body, so he did not hit the ground hard. LPN #425 was present in the room, and she was helping change a dressing on his bottom and she also helped get him down to the ground safely. Review of a written statement, dated 10/11/25 and completed by LPN #425, revealed she was assisting with a bed bath and when rolling the resident, the side rail fell off, and one staff held (the resident) as long as she could while the other staff went around the bed to assist and the writer was holding the left leg. The resident was soiled and wet when it was realized he could not be held. Staff lowered him to the ground and called more staff to assist with getting him onto a Hoyer pad and assisted him back to bed. Review of the hospital notes, dated 10/11/25, revealed Resident #89 was being rolled in his bed when he fell on his right side and hurt his shoulder. The X-ray of the right shoulder showed a mildly displaced fracture of the right humeral neck. Swelling and signs of injury were present during the musculoskeletal examination. The resident's arm was placed in a sling, Tylenol and oxycodone were ordered for pain, and an orthopedic referral was made. A telephone interview on 11/25/25 at 10:41 A. M. with CNA #493 verified that on 10/11/25, she and another aide (CNA #440) were giving Resident #89 a bed bath. An aide was on each side of the resident, and the nurse (LPN #425) was at the foot of the bed. CNA #493 stated that when they turned him, the resident was holding on to the bed rail, and the entire bed rail broke off because he was leaning on it. All three staff lowered him to the ground, and the resident reported his shoulder cracked. CNA #493 stated the resident had told her the bed had just been fixed. Interview on 11/25/25 at 11:23 A.M. with Maintenance Director (MD) #403 revealed Resident #89 had a bariatric air mattress and mobility bars (bed rails) placed on each side of the bed. MD #403 stated the day</p> |                                                                                     |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>365339                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>12/04/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Park Terrace Rehabilitation Center                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2735 Darlington Rd<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                              |
| <p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Ensure that residents are free from significant medication errors.</p> <p>Based on medical record review and staff interview, the facility failed to obtain blood pressures to monitor the ordered parameters for administering medication for one (#91) of three residents reviewed for medication administration. The facility census was 86. Findings include: Review of the medical record revealed Resident #91 had an admission date of 06/18/25. Diagnoses included dementia, morbid obesity, end stage renal disease (ESRD), type two diabetes mellitus (DM2), obstructive sleep apnea (OSA), hypertension (HTN), metabolic encephalopathy, and dependence on renal dialysis. Review of the record revealed a physician order dated 08/16/25 for Midodrine 5 milligrams (mg) three times a day for hypotension, hold for a systolic blood pressure (SBP) greater than 90. Review of Resident #91's medication administration record (MAR) for September 2025 revealed no documentation of blood pressures being obtained prior to the administration of Midodrine to Resident #91 from 09/01/25 through 09/30/25. Review of Resident #91's MAR for October 2025 revealed no documentation of blood pressures being obtained prior to the administration of Midodrine to Resident #91 from 10/01/25 through 10/31/25. Review of Resident #91's MAR for 11/01/25 through 11/11/16/25 revealed no documentation of blood pressures being obtained prior to the administration of Midodrine to Resident #91 on 11/01/25, 11/02/25, 11/03/25, 11/04/25, 11/06/25, 11/07/25, 11/08/25, 11/09/25, 11/10/25, 11/11/25, 11/12/25, 11/13/25, or 11/14/25. Interview on 12/02/25 at 11:45 A.M. with Registered Nurse (RN) #432 verified no evidence of blood pressures being obtained prior to the administration of Midodrine to Resident #91 for the entire month of September and October, or on 11/01/25, 11/02/25, 11/03/25, 11/04/25, 11/06/25, 11/07/25, 11/08/25, 11/09/25, 11/10/25, 11/11/25, 11/12/25, 11/13/25, and 11/14/25. This is an example of non-compliance identified during the investigation of Complaint Number 2656377 and 2676659.</p> |                                                                                     |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>365339                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>12/04/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Park Terrace Rehabilitation Center                                                             |                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2735 Darlington Rd<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                        |                                                                                     |                                              |
| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>(continued on next page)</p> |                                                                                     |                                              |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>365339                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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Building<br>B. Wing                            | (X3) DATE SURVEY COMPLETED<br><br>12/04/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Park Terrace Rehabilitation Center                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review, staff interview, and review of facility policy, the facility failed to ensure accurate and timely documentation in the medical record. This affected two (#87 and #91) of three residents reviewed for accurate documentation. The facility census was 86. Findings include: 1. Review of the medical record for Resident #87 revealed an admission date of [DATE] and a discharge date of [DATE]. Diagnoses included chronic respiratory failure with hypercapnia, severe protein-calorie malnutrition, chronic obstructive pulmonary disease (COPD), dementia, osteomyelitis of sacral and sacrococcygeal vertebra, heart failure, cerebral infarction, dependence on a respirator, heart disease, and atrial fibrillation. Review of the nursing progress note for Resident #87, dated [DATE] at 7:30 P.M., revealed it was created on [DATE] at 2:53 P.M. Review of the nursing progress note for Resident #87, dated [DATE] at 7:38 P.M., revealed it was created on [DATE] at 8:45 P.M. Review of the nursing progress note for Resident #87, dated [DATE] at 9:00 P.M., revealed it was created on [DATE] at 2:54 P.M. Review of the nursing progress note for Resident #87, dated [DATE] at 9:00 P.M., revealed it was created on [DATE] at 2:54 P.M. Review of the nursing progress note for Resident #87, dated [DATE] at 9:00 P.M., revealed it was created on [DATE] at 2:54 P.M. Review of the nursing progress note for Resident #87, dated [DATE] at 11:00 P.M., revealed it was created on [DATE] at 3:07 P.M. Review of the nursing progress note for Resident #87, dated [DATE] at 11:30 P.M., revealed it was created on [DATE] at 3:14 P.M. Review of the nursing progress note for Resident #87, dated [DATE] at 2:14 A.M., revealed it was created on [DATE] at 3:21 P.M. Review of the nursing progress note for Resident #87, dated [DATE] at 2:46 A.M., revealed it was struck out on [DATE] at 3:29 P.M., citing incorrect documentation. Review of the nursing progress note for Resident #87, dated [DATE] at 3:18 P.M., revealed it was struck out on [DATE] at 2:25 P.M., with no reason given. Review of the nursing progress note for Resident #87, dated [DATE] at 3:08 P.M., revealed it was struck out on [DATE] at 2:09 P.M., citing incorrect documentation. Interview on [DATE] at 11:41 A.M. with Licensed Practical Nurse (LPN) #434 revealed she was a new LPN and she did not feel she documented Resident #87's death properly at the time it happened. She stated she was assisted by Registered Nurse (RN) #609, who was the Assistant Director of Nursing (ADON) when Resident #87 passed away, with documenting Resident #87's death on [DATE]. She stated she was not asked to falsify her documentation. Interview on [DATE] at 1:05 P.M. with RN #494 revealed she did not participate in the investigation into SR #87's death, nor did she have any part in the documentation that was in the medical record. Additional interview on [DATE] at 4:26 P.M. with RN #494 revealed RN #609 assisted LPN #434 with documentation regarding Resident #87's death. Interview on [DATE] at 9:19 A.M. with the Administrator revealed documentation should be corrected when it is noted to be inaccurate and she does not feel two weeks is an appropriate timeframe for correcting documentation. She stated documentation should be entered correctly and accurately the first time and only changed, or corrected, when needed. She stated the facility has a consulting firm that noticed the issues with the documentation in Resident #87's record on [DATE]. Review of facility policy titled Documentation in Medical Record, dated [DATE], revealed each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation. Documentation shall be completed at the time of services, but no later than the shift in which the assessment, observation, or care service occurred. 2. Review of the medical record for Resident #91 revealed an admission date of [DATE]. Diagnoses included dementia, morbid obesity, end stage renal disease (ESRD), type two diabetes mellitus (DM2), obstructive sleep apnea (OSA), hypertension and dependence on renal dialysis. Review of the record revealed a physician order dated [DATE] at 2:00 P.M. for chest physiotherapy (PT) and oral suctioning every six hours for 48 hours per respiratory therapist. Review of the medication administration record (MAR) revealed this order was completed on [DATE] at 2:00 P.M. Further review of the MAR for revealed this order was not completed on [DATE] at 8:00 P.M. and this administration time was documented with chart code 9. Review of the record revealed chart code 9 means other/see nurse notes effective. Review of a nursing progress note dated [DATE] at 10:42 P.M. revealed this order was not completed on [DATE] at 8:00 P.M. as Resident #91 was documented as being deceased. Review of the MAR for Resident #91 revealed this order was not completed on [DATE] at 12:00 A.M., 8:00 A.M., or 2:00 P.M. and he was documented as being out of the facility. Review of the record for Resident #91 revealed he was not deceased and he was not transferred to</p> |                                                                                 |                                              |