

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365441	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026
NAME OF PROVIDER OR SUPPLIER Lake Pointe Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22 Parrish Road Conneaut, OH 44030	
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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietitian. Based on interviews, and review of the dietitian contract, the dietetic technician's personnel file, and emails, the facility failed to ensure dietitian oversight of a dietetic technician's competency. This had the potential to affect all residents residing in the facility. The facility census was 61. Findings include: Review of the contract between the facility and Consultant Registered Dietitian (CRD) #249 dated 08/01/25 revealed the said dietitian provided the facility with medical nutrition therapy for its residents to include but not limited to nutrition assessments based on the minimum data set (MDS) schedule, and assessments of residents experiencing significant weight changes, compromised skin integrity (pressure ulcers specifically), or has a high risk with receiving specialized care, such as dialysis, tube feeding or hospice services and pediatrics as needed. The primary clinical duties were carried out by the Dietetic Technician (DT), which CRD #249 would supervise. The CRD visited the facility quarterly and more often as needed to complete food service operations audits, sanitation rounds, dining audits and clinical chart audits to ensure proper policies and procedures were in place to be in regulatory compliance. The DT's competency was evaluated annually, based on the documentation reviewed and clinical systems evaluated. The CRD was available for annual state survey or a complaint survey as needed. Review of the personnel file for DT #241 revealed a resume and copy of an associate's degree in applied science in dietetic technology in 1986. There was no evidence of documented initial or ongoing monitoring of competency such as performance evaluations or clinical audits. Interview on 01/05/26 at 9:16 A.M. with DT #241 via phone revealed she worked for an independent consulting company under the license of CRD #249. DT #241 was at the facility once weekly usually on Fridays. She did all the clinical nutritional work, but CRD #249 was available if needed to sign off on such as if there was a special tube feeding. DT #241 stated in a moment's notice she could get CRD #249 on the phone, and CRD #249 came in occasionally, only when needed. Interview on 01/05/26 at 10:20 A.M. with CRD #249 via phone revealed she had an independent consulting company and DT #241 was at the facility the majority of the time and did all the work. CRD #249 stated DT #241 would consult her for high acuity cases where she would review and approve the DT's notes for those cases. She also approved menu changes as needed. CRD #249 stated she was there as a support person and had visited the facility in the past but did not know the last time. CRD #249 stated she did not know any dates. CRD #249 stated that her and DT #241 were close and communicated about twice a week. Review of an email provided by the Administrator dated 01/05/25 at 2:45 P.M. from CRD #249 revealed CRD #249 provided clinical oversight by verbally discussing with DT #241 via telephone regarding high nutritional risk and high acuity patients on an as needed basis. Follow-up interviews on 01/06/26 at 8:52 A.M. and 9:46 A.M. via phone with DT #241 revealed she was not sure if she had received any evaluations from CRD #249. DT #241 stated she did not think she would be able to locate any. DT #241 reiterated that she and CRD #249 talked all the time.		

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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365441	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026
NAME OF PROVIDER OR SUPPLIER Lake Pointe Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22 Parrish Road Conneaut, OH 44030	
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on observation, interviews, and facility policy review, the facility failed to maintain resident medical records in a secure environment that safeguarded it from unauthorized use and prevented loss or destruction. This affected an unidentified number of discharged residents. The facility census was 61. Findings include: Interview on 12/30/25 at 12:30 P.M. with Director of Nursing (DON) regarding storage of resident medical records revealed storage of any current residents' records were kept in the locked business office area for confidentiality but stated being unsure of where discharged residents' records were kept. Observation on 12/30/25 at 12:55 P.M. of a detached storage garage on the facility grounds with Director of Maintenance (DOM) #210 revealed it was an unlocked storage area which contained general storage of maintenance equipment and a large amount of banker boxes filled with files. Near the entrance of the garage door were approximately ten opened and unsealed boxes piled on top of each other which contained confidential medical and personal information of discharged residents. At the back of the garage on multiple wooden shelves were additional unsealed banker boxes which contained numerous resident medical and personal records, which included resident shower sheets and assessment sheets. The total number of unsecured boxes exceeded 30. The garage area was easily accessible to any unauthorized individual and was not locked. The residents' records were also not under any climate control to prevent mold, pests, or any environmental changes which could damage the files. A few of the boxes by the garage entrance had damaged corners and were not completely closed. Interview at the time of the observation with DOM #210 revealed he was told to move the boxes to the garage, was unaware of what all the boxes contained and did not realize the garage needed to be locked or that the files needed to be secured as well as protected from the environment. A follow-up interview on 12/30/25 at 1:20 P.M. with the DON revealed she was aware of some resident records being kept in the garage but not of the amount. During the survey, the facility was unable to provide a list of residents by name whose records were being stored in the unsecured garage. Review of facility policy titled, Confidentiality of Information and Personal Privacy revised October 2017 revealed the facility protected and safeguarded resident confidentiality and personal privacy and that access to resident personal and medical records was limited to authorized staff and business associates. This violation is an example of noncompliance investigated under Master Complaint Number 2694466.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365441	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026
NAME OF PROVIDER OR SUPPLIER Lake Pointe Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22 Parrish Road Conneaut, OH 44030	
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 0570 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure the security of all personal funds of residents deposited with the facility. Based on interviews, review of the facility surety bond, review of the resident fund balance, and review of a facility email review, the facility failed to maintain surety bond coverage to meet or exceed the total resident fund balance. This affected 29 residents (#1, #2, #3, #6, #9, #12, #14, #16, #20, #25, #27, #28, #29, #31, #32, #33, #35, #38, #39, #41, #44, #45, #47, #48, #51, #52, #53, #56 and #59) out of 29 residents reviewed for resident funds. The facility census was 61. Findings include: Review of the facility document labeled Trust Current Account Balance as of 01/05/26, the total resident fund balance for Residents #1, #2, #3, #6, #9, #12, #14, #16, #20, #25, #27, #28, #29, #31, #32, #33, #35, #38, #39, #41, #44, #45, #47, #48, #51, #52, #53, #56 and #59 was \$24,725.31. Review of the facility's surety bond signed 10/24/24 and effective for effective from 02/01/25 through 02/01/26 revealed a coverage amount of \$15,000.00, which is less than the total resident fund balance. Review of a facility email dated 01/06/26 at 8:38 A.M. revealed a request by the Chief Financial Officer (CFO) #252 to increase the surety bond to coverage of \$25,000.00. Interview on 01/06/26 at 9:30 A.M. with Human Resources #205 verified the surety bond amount of \$15,000 and it was less than the total resident account balance of \$24,725.31. Interview on 01/06/26 at 10:48 A.M. with the Regional Administrator verified the above findings.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365441	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026
NAME OF PROVIDER OR SUPPLIER Lake Pointe Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22 Parrish Road Conneaut, OH 44030	
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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interviews, and facility policy, the facility failed to ensure residents had a clean, comfortable, and homelike environment. This affected five Residents (#15, #19, #24, #25 and #41) out of five residents reviewed for environment. The facility census was 61. Findings include: 1. Observation on 12/29/25 at 10:00 A.M. with Maintenance Director (MD) #210 of Residents #24 and #25's room revealed packaging tape wrapped around the window curtains over the window. A strong draft of cold air was felt leaking around the closed curtains. The bathroom had stained and dirty flooring as well as a black substance around the faucet fixtures. The bathroom door had a large piece of wood missing and the door edges were uneven and rough having potential for splintering. The air pressure alarm for Resident #25's mattress was alarming. Interview at the time of the observation with Residents #24 and #25 and MD #210 revealed the residents complained to MD #210 regarding the draft of cold air leaking from the window. MD #210 provided Resident #25 with wide packaging tape to seal the window over the curtains due to the resident's bed location being next to the window. MD #210 stated he would fix the window, however; the residents complained it had been over a month. Resident #24 stated she had asked MD #210 to either fix the low-pressure alarm or provide a new mattress because the alarm would sound whether in or out of the bed. Interview with Regional Maintenance Director (RMD) #211 on 12/29/25 at 10:30 A.M. verified the heavy draft from Resident #24's and #25's window and stated he would remove the tape and seal the window. RMD #211 stated it was unacceptable to just place tape over the drapes to seal it. RMD #211 also verified the bathroom floor being stained and dirty and stated the floor should be replaced. RMD #211 confirmed the black substance around the faucets and damage to the inside of the bathroom door. RMD #211 stated he would refer the cleaning to housekeeping and fix the bathroom door. RMD #211 also confirmed the air mattress alarming and stated it may be a leak in one of the valves. He would check the mattress and if unable to repair it would order a new one. 2. Observation on 12/29/25 at 10:11 A.M. of Resident #41's room revealed two deep wall gashes from mid wall down to the floor with wall debris on floor behind the bed. Interview at the time of the observation with Resident #41 revealed the wall had been that way for a couple of months and that staff were aware. Observation on 12/29/25 at 10:20 A.M. of Resident #41's wall behind the bed with Licensed Practical Nurse (LPN) #234 verified the observed findings. Interview at the time of the observation with LPN #234 revealed the damage to the wall from the resident's bed had been fixed before by maintenance. LPN #41 stated the current state of the wall had been that way for about one month and stated she would inform maintenance. 3. Observation on 12/29/25 at 10:24 A.M. of Resident #19's room revealed the bathroom floor was stained and dirty. There was a heavy leak of air from the window which had a pillow placed over it to defer the draft. The resident's bed was located next to window, and the bathroom was notably stained with blackened areas. The mirror and sink in the bathroom were dirty with dirt built up around the faucets. Interview at the time of the observation with Resident #19 and RMD #211 revealed Resident #19 complained that the window had been leaking cold air and although maintenance and administration were notified one month ago, nothing had been done. RMD #211 verified the large cold air draft coming from Resident #19's window as well as the stained bathroom floor and unclean sink and mirror area. RMD #211 also confirmed there was a pillow placed in the window to defer the cold air draft coming in and stated he would also seal the window. RMD #211 also stated the flooring in the (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365441	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026
NAME OF PROVIDER OR SUPPLIER Lake Pointe Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22 Parrish Road Conneaut, OH 44030	
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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	bathroom should be replaced and was stained from prior cleaning products, and there was a plan to replace the bathroom floors in the future. 4. Observation on 12/29/25 at 11:23 A.M. of Resident #15 revealed the resident in bed covered with three blankets. Interview at the time of the observation with Resident #15 revealed he wanted the air conditioner (AC) unit out of the window because it was causing his room to be cold. Resident #15 complained he had asked staff to remove the AC unit for the last two months when it had started to get cold outside. Review of Resident 15's medical record revealed a therapy note dated 12/18/25 at 9:46 A.M. in which a case manager met with Resident #15 in his room and was observed lying in bed covered with multiple blankets. Resident #15 reported feeling cold due to an AC unit remaining installed in the window. Interview on 12/29/25 at 11:28 A.M. with RMD #211 verified Resident #15's AC unit was still installed in the resident's window. RMD #211 stated the AC units were typically removed in September and should have been removed a long time ago. Review of the facility policy labeled Quality of Life-Homelike Environment, undated revealed the facility staff and management maximized to the extent possible the characteristics of the facility that reflect a personalized, homelike setting, which included a clean, sanitary and orderly environment with comfortable and safe temperatures. Review of the facility policy labeled Homelike Environment, revised February 2021, revealed residents were provided a safe, clean, comfortable, sanitary and homelike environment.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365441	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026
NAME OF PROVIDER OR SUPPLIER Lake Pointe Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22 Parrish Road Conneaut, OH 44030	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, medical records and facility policy, the facility failed to ensure care plans reflected resident needs regarding diagnoses and medications. This affected one Resident (#4) out of eight resident records reviewed. The facility census was 61. Review of medical record for Resident #4 revealed an admission date of 11/04/25 with a diagnoses of cellulitis left lower limb, septic pulmonary embolism, methicillin resistant staphylococcus aureus, staphylococcal arthritis left ankle and foot, neuromuscular dysfunction of bladder, and iron deficiency anemia. Review of comprehensive care plan dated 11/04/25 revealed no goals or interventions to manage Resident #4's foley catheter which was present on admission, or was revised to include diagnosis of anemia and hypokalemia (low potassium) which required a blood transfusion and intravenous potassium chloride infusion at the hospital on [DATE]. Resident labs are now being monitored weekly for any acute changes and medication management and were not included in the plan of care. Review of resident progress notes and hospital record revealed Resident #4 had a critical hemoglobin value of 6.8 on 21/01/25. The hemoglobin reference range is 13.5-17.5 grams per deciliter. Resident received one unit of packed red blood cells on 12/02/25 and ferrous sulfate 325 milligrams twice daily was added to resident's medication regimen. Additionally, the potassium lab value on 11/28/25 resulted in 3.1 milliequivalents per liter with a normal reference range of 3.5-5.3 milliequivalents per liter. Potassium Chloride Extended Release 20 milliequivalents (mEq.) was ordered twice daily and added to the resident's medication regimen. Weekly lab work for basic metabolic panel (BMP) and complete blood count (CBC) was ordered to monitor Resident #4's lab results. Interview with LPN #220 on 01/05/26 at 12:45 P.M. revealed the indwelling foley and diagnoses of anemia and hypokalemia were absent from the comprehensive care plan. Review of facility policy titled, Comprehensive Assessments, dated March 2022, revealed comprehensive assessments are conducted to assist in developing a person-centered care plan. Completed assessment included a significant change in status assessment are used to develop, review and revise the resident's comprehensive care plan.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365441	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026
NAME OF PROVIDER OR SUPPLIER Lake Pointe Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 22 Parrish Road Conneaut, OH 44030	
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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, interviews, and review of facility menus, the diet report and resident council minutes, the facility failed to ensure a well-balanced meal was served at lunch on 12/25/25 and the menu changes were approved by the dietitian. This affected one resident (#2) of three residents (#2, #18 and #37) reviewed for food service. The facility census was 61. Findings include: Review of the medical record for Resident #2 revealed an admission date of 04/29/23. Diagnoses included osteoarthritis, depressive disorder, congestive heart failure, and anxiety. Review of the quarterly minimum data set (MDS) assessment dated [DATE] revealed the resident had intact cognition and required set up and clean up help with eating. Review of the diet type report dated 12/05/25 revealed Resident #2 received a regular diet. Interview on 12/29/25 at 9:38 A.M. with Resident #2 revealed the food was not nutritional, lunch on 12/25/25 was four ounces of chicken noodle soup and applesauce. Resident #2 stated they get a menu, but do not get what they choose. Resident #2 stated they had been fighting with them about this forever. Review of the menu for 12/25/25 revealed handwritten homemade chicken noodle soup and typed under that was coffee/tea, and condiments. Interview on 01/05/26 at 9:28 A.M. with Diet Tech (DT) #241 and Dietary Manager (DM) #240 via phone revealed DT #241 stated she was not aware of the changes to the lunch on 12/25/25 to chicken noodle soup and apple sauce and confirmed it was not a balanced meal. DM #240 verified it was homemade chicken noodle soup and applesauce, and the change was made due to resident choice through resident council. DM #240 stated she was off on 12/25/25 but received a call that residents were complaining that they were still hungry, so she came in to help serve seconds of the homemade chicken noodle soup. DM #240 stated residents were then satisfied. Follow up interview on 01/05/26 at approximately 11:05 A.M. with DM #240 stated menu changes were usually signed off by the dietitian but verified the lunch changes on 12/25/25 were not approved by the dietitian. Review of the resident council meeting minutes dated 10/02/25, 11/06/25, and 12/04/25 under dietary were silent for residents' choice for Christmas lunch. Interview on 01/05/26 at 12:44 P.M. with DM #240 revealed she had her own food committee that met usually the week following the resident council meeting where they discussed menu changes. DM #240 stated she did not keep minutes for the food committee, and verified the resident council minutes under dietary did not indicate it was residents' choice for changes to the lunch on 12/25/25.		