STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365458	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wood Haven Health Care Senior Living & Rehab	1965 E Gypsy Lane Rd Bowling Green, OH 43402

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the medical record, staff interview, and policy review the facility failed to ensure adequate monitoring for psychotropic medication effectiveness, side effects, and adverse effects. This affected five (#1, #11, #12, #44, and #62) of five residents reviewed for unnecessary medications. The facility census was 83. Findings include:1. Review of Resident #1's medical record revealed an admission date of 09/18/26. Diagnoses included end stage renal disease, gastrointestinal hemorrhage, chronic obstructive pulmonary disease, type two diabetes mellitus, and major depressive disorder. Review of resident #1's admission Minimum Data Set (MDS) dated [DATE] revealed Resident #1 had intact cognition with a Brief Interview for Mental Status (BIMS) score of 15. Additionally, Resident #1 took antianxiety, antidepressant, diuretic, opioid, and hypoglycemic medications. Review of Resident #1's care plan dated 08/28/25 revealed Resident #1 was at risk for side effects of psychotropic medication used for the diagnoses of depression and anxiety. Interventions for psychotropic medications included to monitor for any changes in mental status, observe for potential side effects of psychotropic medication used for anxiety and depression, and to notify physician if side occur. Review of current physician orders for Resident #1 revealed an order for Xanax oral tablet 0.25 milligrams (mg), one tablet by mouth one time a day every Monday, Wednesday, and Friday related to anxiety disorder and Duloxetine capsule delayed release 30 mg, one capsule by mouth two times a day related to major depressive disorder. Review of Resident #1's Medication Administration Record (MAR) and Treatment Administration Record (TAR) for the month of March 2026 revealed no monitoring was in place for side effects of psychotropic medications. 2. Review of medical record for Resident #11 revealed admission date of 10/13/25. The resident was admitted with Alzheimer's disease, dementia with behaviors, dementia with psychotic disturbances, anxiety and depression. Review of the quarterly MDS dated [DATE] revealed the resident had a BIMS score of 10 indicating impaired cognition, required set up assistance for eating and was dependent upon staff with toileting hygiene, transfers and bed mobility. No physical or verbal behaviors were marked on the look the behavioral symptoms during the lookback period. Review of the care plan revealed a risk for side effects of psychotropic medications used for the diagnosis of anxiety, depression and Alzheimer's disease initiated 10/21/25. Interventions included to (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365458	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wood Haven Health Care Senior Living & Rehab	1965 E Gypsy Lane Rd Bowling Green, OH 43402

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	observe for potential side effects of anti-depressant medications including nausea, insomnia, tremors, sweating, anxiety, restlessness, dizziness, weight gain, sleepiness, fatigue, dry mouth, diarrhea, constipation, or headaches. Potential for side effects of antipsychotic medications: blurred vision, dry mouth, drowsiness, muscle spasms, tremors, weight gain, sedation, headaches, dizziness, anxiety, diarrhea, orthostatic hypotension, constipation, and tardive dyskinesia. Review of the physician orders revealed an order for Lorazepam one mg by mouth three times a day related to anxiety disorder with a start date of 03/06/26 and an order for Risperidone one mg per (/) milliliter (ml) by mouth two times daily for psychosis behaviors with a start date of 03/06/26. Review of the MAR and TAR was silent for any medication side effect monitoring. 3. Review of the medical record for Resident #12 revealed an admission date of 01/31/24. Diagnoses included Alzheimer's, schizophrenia, anxiety, and psychotic disorder with hallucinations. Review of the current physician orders for 04/26 for Resident #12 revealed she was prescribed Ativan 0.5 mg twice daily and as needed for anxiety, Zoloft 100 mg daily for depression and anxiety, and Buspar 10 mg three times daily for anxiety. Review of the quarterly MDS assessment dated [DATE] for Resident #12 revealed she was cognitively impaired, had behaviors of hitting, scratching, and throwing items, and was receiving medication for anxiety and depression.Review of the care plan initiated 01/24 for Resident #12 revealed she was care planned for risks for side effects of psychotropic medications used for the diagnosis of dementia with behavior disturbances, psychosis, hallucinations, nightmares, insomnia, and anxiety. Interventions included monitor for changes in mood and behavior, notify physician if any side effects occur, observe for any potential side effects of anti-depressant medication: such as drowsiness, lack of energy, clumsiness, slow reflexes, slurred speech, confusion, disorientation, depression, dizziness, lightheadedness, impaired thinking and judgement, memory loss, forgetfulness, nausea, stomach upset, and blurred vision. Review of the MAR and TAR for 02/26, 03/26, and 04/16 for Resident #12 revealed there were no orders and no mechanism in place for monitoring behaviors for Resident #12 or for monitoring for any side effects from administration of psychotropic medications. Interview on 04/07/2026 at 2:32 P.M. with Registered Nurse (RN) #416 verified Resident #12 was prescribed antipsychotic medications. RN #416 stated the facility does not conduct routine monitoring for behaviors, and the facility does not monitor for side effects of psychotropic medications. 4. Review of Resident #44's medical record revealed an initial admission date of 02/26/24 and a re-entry date of 01/04/26. Diagnoses included polyneuropathy, hypoxemia, morbid obesity due to excess calories, rheumatic heart disease, major depressive disorder, and anxiety. Review of Resident #44's quarterly MDS assessment dated [DATE] revealed Resident #44 had intact cognition with a BIMS score of 13. Furthermore, Resident #44 took antianxiety, antidepressant, diuretic, opioid, antiplatelet, and anticonvulsant medications. Review of Resident #44's care plan dated 09/10/25 revealed Resident #44 was at risk for side effects of psychotropic medication used for the diagnoses of depression, anxiety, and insomnia with interventions that included to monitor for changes in the resident's mood and to observe for potential (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365458	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wood Haven Health Care Senior Living & Rehab	1965 E Gypsy Lane Rd Bowling Green, OH 43402

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	side effects of anti-anxiety, hypnotic, and anti-depressant medications. Review of Resident #44's physician orders revealed an order for Zoloft 75 mg by mouth one time a day related to major depressive disorder, Mirtazapine 7.5 mg by mouth one time a day related to major depressive disorder, and buspirone 10 mg by mouth one time a day related to anxiety. Review of Resident #44's MAR and TAR for the month of March 2026 revealed no orders or monitoring were in place for side effects of psychotropic medications. 5. Review of resident #62's medical record revealed an admission date of 02/20/25. Diagnoses included metabolic encephalopathy, psychotic disorder with delusions, hypocalcemia, anxiety, type two diabetes mellitus, hypertension, and dementia. Review of Resident #62's quarterly MDS assessment dated [DATE] revealed Resident #62 had severely impaired cognition with a BIMS score of three. Furthermore, Resident #62 took antipsychotic, antidepressant, and hypoglycemic medications. Review of Resident #62's care plan dated 08/06/25 revealed Resident #62 was at risk for side effects of psychotropic medication used for the diagnoses of insomnia with interventions that included to administer medications per the physician orders, and to monitor for changes in the resident's mood. Review of Resident #62's physician orders revealed orders for Zoloft 100 mg by mouth one time a day related to anxiety and Nuplazid 34 mg by mouth one time a day related to multiple psychotic disorders. Review of Resident #62's MAR and TAR for the month of March 2026 revealed no orders or monitoring were in place for side effects of psychotropic medications. Interview on 04/07/2026 at 2:32 P.M. with RN #416 verified the facility does not conduct routine monitoring for behaviors and the facility does not monitor for side effects of psychotropic medications. Further interview with RN #416 verified that there is no monitoring of behaviors or side effects of psychotropic medications for Residents #1, # 11, #12, #44, and #62. Interview on 04/07/26 at 2:40 P.M. with Licensed Practical Nurse (LPN) #450 stated she was unaware of a specific place for charting of resident behaviors. LPN #450 acknowledged there was not a specific place to prompt nurses to monitor for the side effects of psychotropic medications. Interview on 04/07/26 at 2:44 P.M. with LPN Unit Manager #341 stated the Certified Nursing Assistants (CNA's) chart behaviors in the Point Of Care (POC) electronic charting. The nurses are able to chart behavior in the progress note if there are specific behaviors of concern. LPN Unit Manager #341 acknowledged there was no place in the electronic charting to verify a resident had been assessed for the side effects of psychotropic medications as care planned. Review of the undated facility policy titled Unnecessary Drugs revealed each resident's drug regimen will be reviewed on an ongoing basis, taking into consideration dose, duration of use, indications and clinical need for medication, adequate monitoring for efficacy and adverse consequences, preventing identifying and responding to adverse consequences, or any combination of the reasons stated above.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365458	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wood Haven Health Care Senior Living & Rehab	1965 E Gypsy Lane Rd Bowling Green, OH 43402

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 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and policy review, the facility failed to ensure routine monitoring was implemented for mechanical lift slings and stand assist devices in the facility. This had the potential to affect 31 (#3, #15, #23, #34, #74, #83, #30, #43, #80, #9, #31, #63, #29, #12, #54, #61, #72, #25 #11, #13, #17, #32, #40, #44, #47, #51, #56, #61, #72, #78 and #81) that the facility identified as requiring the use of a mechanical lift slings or stand assist devices. The facility census was 83.Findings include:Observation on 04/07/26 at 12:59 P.M. of a mechanical lift transfer from wheelchair to bed for Resident #83 completed by Certified Nurse Aide (CNA) #372 and CNA #390 revealed the sling used was worn and no longer had a tag attached. Concurrent interview with CNA #390 verified the sling utilized to transfer Resident #83 was worn and no longer had a tag attached to the sling. Further interview with CNA #372 and #390 revealed they were not aware of who was responsible for monitoring the integrity of the mechanical lift slings. Interview on 04/07/26 at 1:20 P.M. with Environmental Services Aide (ESA) #336 and Environmental Services Supervisor (ESS) #407 revealed the facility washed the mechanical lift slings separately from the residents' clothes. The slings were not machine dried but air dried on a clothes line. ESA #336 stated the CNAs are responsible for checking the mechanical lift slings prior to use. ESA #336 stated that whatever the CNA's send down to laundry gets washed. ESA #336 stated the light blue slings had tags stating that they were disposable. Furthermore, ESA #336 verified they did not have any documentation regarding integrity monitoring for the slings. Continued observation and interview on 04/07/26 at 1:29 P.M. with ESS #407 verified there were two light blue slings that were worn, discolored and frayed hanging on the clothesline in the laundry area. ESS #407 verified the tags on the two slings that had been washed were labeled as disposable. Interview on 04/07/26 at 1:36 P.M. with CNA #386 verified she was not aware of who was supposed to monitor the integrity of the slings. Interview on 04/07/26 at 2:20 P.M. with Medical Records and Inventory Specialist (MRIS) #415 verified the disposable slings come from either transport, the hospital, or the Emergency Medical Services (EMS). Furthermore, MRIS #415 stated the CNAs were expected to monitor the slings before each use. MRIS #415 verified the facility had 26 brand new slings in the medical supply room. Interview on 04/08/26 at 8:11 A.M. with the Director of Nursing (DON) revealed laundry staff were responsible for monitoring the integrity of the mechanical lift slings. The DON verified they did not have any documentation regarding monitoring of the slings. Furthermore, the DON was unaware the facility was utilizing disposable slings. Interview on 04/09/26 at 12:16 P.M. with the Administrator verified the Administrator assumed the mechanical lift slings were inspected at least monthly or quarterly. Furthermore, the Administrator verified the CNAs should check the slings before each use and laundry staff should be monitoring the slings each time they are washed. Review of the Liko manufacturer's instructions revealed the slings had an expected lifetime of one to five years during normal use. Furthermore, the slings must be inspected at least once every six months. Review of the Guldmann manufacturer's instructions revealed slings must be inspected before each (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365458	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wood Haven Health Care Senior Living & Rehab	1965 E Gypsy Lane Rd Bowling Green, OH 43402

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 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	use. Inspection should include determining if the tag/label is present, are the stitches intact, is the fabric intact, and if any concerns are identified, the sling should be removed from use. Furthermore, slings should be inspected at least once every six months. 2. Review of the incident accident log revealed Resident #80 experienced a fall on 01/01/26 when the Sara Steady (stand assist) left seat cushion broke off the device while in use. Interview on 04/08/26 at 12:41 P.M. with Maintenance Manager (MM) #451 revealed he received a report there was an issue with a Sara Steady and staff had removed the device from the floor. MM #451 explained although he generally does not work on medical equipment, another maintenance person did replace a left seat bolt on the device. Phone interview on 04/08/26 at 12:47 P.M. in the presence of MM #451, Maintenance Staff (MS) #452 acknowledged he had welded a left seat bolt on a Sara Steady that had broken off approximately two weeks ago. Interview on 04/08/26 at 2:49 P.M. with MM #451 immediately following the phone call, revealed MM #451 recalled the [NAME] of a Sara Steady but believed there was a second device that was repaired. Follow up interview on 04/08/26 at 1:43 P.M. with MM #451 confirmed there were two different Sara Steady's that had an issue with the left seat cushion bolt. MM #451 acknowledged he was unaware until the day of the interview that the same bolt for the left seat of two separate devices had been repaired. MM #451 explained there was a third-party company who inspected and serviced the mechanical lifts but verified the company does not inspect the Sara Steady's. MM #451 stated there were four Sara Steady's used at the facility. MM #451verified he had not inspected the other two but would do so following the interview. Interview on 04/09/26 at 12:16 P.M. with the Administrator confirmed the facility had a third party company to inspect the mechanical lifts at the facility, but there was not anyone assigned to inspect the Sara Steady's. The Administrator shared if the staff find something wrong with any piece of equipment they should alert maintenance. If the equipment issue is something maintenance can fix, they will make the repairs, if not the equipment will be removed from resident care. Review of the LF1600 Stand Assist (Sara Steady) Assembly and Operational Manual documented under the Maintenance Heading To ensure safety and proper use, perform the following steps monthly: check all fasteners to ensure they are securely fastened and no wear and tear is evident. Replace and tighten any worn fasteners before using the Stand Assist. Check the two seat assemblies to make sure they are not worn or damaged, and that the bolts are tight. Replace any worn or damaged seat components before using the Stand Assist. Check the casters to make sure they are in working order and are secured firmly to the stand assist. Replace and worn or damaged casters before using the stand assist. If any maintenance procedure is not clear to you, ask your authorized distributer for assistance. Review of the undated facility policy titled Safe Resident Handling/Transfers, revealed damaged, broken, or improperly functioning lift equipment will not be used and tagged out according to facility policy. Furthermore, staff will inspect the equipment prior to each use. Review of the Facility Administrator job description dated 2014 documented the Administrator would monitor facility operations to ensure compliance with applicable federal, state and local standards, regulations and guideline, coordinate and monitor inspections pertaining to life safety code (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365458	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wood Haven Health Care Senior Living & Rehab	1965 E Gypsy Lane Rd Bowling Green, OH 43402

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 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	requirements, monitor facility operations, overall functionality of the facility, including maintaining equipment in good repair, cleanliness, and aesthetics.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365458	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wood Haven Health Care Senior Living & Rehab	1965 E Gypsy Lane Rd Bowling Green, OH 43402

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, staff interview, resident interview, review of manufacturer's instructions, and policy review, the facility failed to ensure mechanical lift slings were monitored and inspected per the manufacturer's instructions. This affected six (#83, #34, #15, #74, #23 and #3) and had the potential to affect 13 other residents (#11, #13, #17, #32, #40, #44, #47, #51, #56, #61, #72, #78 and #81) who the facility identified as requiring the use of a mechanical lift with slings for transfer. The facility census was 83.Findings include:1. Review of Resident #83's medical record revealed an admission date of 07/14/23. Diagnoses included muscle weakness, dementia, hypertension, major depressive disorder, and polyneuropathy.Review of Resident #83's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #83 had a memory problem. Furthermore, Resident #83 required substantial or maximum assistance for chair to bed, bed to chair, and toilet transfers.Review of Resident #83's care plan dated 09/15/25 revealed Resident #83 required partial to dependent assistance with daily care and to provide adaptive equipment per therapy recommendations.Observation on 04/07/26 at 12:59 P.M. of a mechanical lift transfer from wheelchair to bed for Resident #83 completed by Certified Nurse Aide (CNA) #372 and CNA #390 revealed the sling used was worn and no longer had a tag attached. Concurrent interview with CNA #390 verified the sling utilized to transfer Resident #83 was worn and no longer had a tag attached to the sling. Further interview with CNA #372 and #390 revealed they were not aware of who was responsible for monitoring the integrity of the mechanical lift slings. Interview on 04/07/26 at 1:20 P.M. with Environmental Services Aide (ESA) #336 and Environmental Services Supervisor (ESS) #407 revealed the facility washed the mechanical lift slings separately from the residents' clothes. The slings were not machine dried but air dried on a clothes line. ESA #336 stated the CNAs are responsible for checking the mechanical lift slings prior to use. ESA #336 stated that whatever the CNA's send down to laundry gets washed. ESA #336 stated the light blue slings had tags stating that they were disposable. Furthermore, ESA #336 verified they did not have any documentation regarding integrity monitoring for the slings. Continued observation and interview on 04/07/26 at 1:29 P.M. with ESS #407 verified there were two light blue slings that were worn, discolored and frayed hanging on the clothesline in the laundry area. ESS #407 verified the tags on the two slings that had been washed were labeled as disposable.Interview on 04/07/26 at 1:36 P.M. with CNA #386 verified she was not aware of who was supposed to monitor the integrity of the slings.2. Review of Resident #34's medical record revealed an initial admission date of 12/15/15 and a re-admission date of 06/30/23. Diagnoses included hemiplegia and hemiparesis, anemia, gastroesophageal reflux disease (GERD), and hypokalemia.Review of Resident #34's quarterly MDS assessment dated [DATE] revealed Resident #34 had severely impaired cognition. Furthermore, Resident #34 was dependent for chair to bed, bed to chair, and toilet transfers.Review of Resident #34's care plan dated 08/20/25 revealed Resident #34 had an ADL self-care deficit related to a history of cerebrovascular accident with interventions that included the resident to use a mechanical lift for safe transfers, and to receive assistance with personal hygiene.Observation and concurrent interview with Registered Nurse (RN) Unit Supervisor #416 on 04/07/26 at 2:02 P.M. verified the mechanical lift sling at the bedside of Resident #34 was being used for Resident #34. RN #416 verified the straps of the sling were worn and were frayed. 3. Review of Resident #15's medical record revealed an initial admission date of 04/28/21 and a re-entry date of 03/27/24. Diagnoses included chronic respiratory failure with hypoxia, shortness of breath, pulmonary hypertension, major depressive disorder, and muscle weakness.Review of Resident #15's annual MDS assessment date 04/06/26 revealed Resident #15 had intact cognition. Furthermore, Resident #15 was dependent for chair to bed transfers, bed to chair transfers, and toilet transfers.Review of Resident #15's care plan with an initiated date of 01/06/22 revealed Resident #15 had an ADL self-care deficit with interventions that included staff were to transfer Resident #15 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365458	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wood Haven Health Care Senior Living & Rehab	1965 E Gypsy Lane Rd Bowling Green, OH 43402

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	with a mechanical lift and staff were to provide assistance with personal hygiene.Observation and concurrent interview on 04/07/26 at 2:05 P.M. with RN #416 verified Resident #15's mechanical lift sling had significant fraying and the tag was unreadable. 4. Review of Resident #74's medical record revealed an admission date of 03/23/22. Diagnoses included heart failure, anemia, hypocalcemia, weakness, and stage three chronic kidney disease.Review of Resident #74's quarterly MDS assessment dated [DATE] revealed Resident #74 had moderately impaired cognition. Furthermore, Resident #74 was dependent for chair to bed, bed to chair, and toilet transfers.Review of Resident #74's care plan dated 07/01/25 revealed Resident #74 had an ADL self-care deficit with interventions that included the use a mechanical lift for safe transfers.Observation and concurrent interview with RN #416 on 04/07/26 at 2:10 P.M. verified the sling at the bedside of Resident #74 was used for Resident #74 and that the mechanical lift sling had extreme fraying, was extremely worn, and the tag unreadable. 5. Review of Resident #23's medical record revealed an admission date of 10/28/21. Diagnoses included major depressive disorder, hypertension, type two diabetes mellitus, obesity, and dementia.Review of Resident #23's quarterly MDS assessment dated [DATE] revealed Resident #23 had severely impaired cognition. Furthermore, Resident #23 was dependent for chair to bed, bed to chair, and toilet transfers.Review of Resident 23's care plan dated 08/13/25 revealed Resident #23 had an ADL self-care deficit with interventions that included to use a mechanical lift for all transfers and staff to assist with ADL tasks as needed.Observation and concurrent interview with RN #416 on 04/07/26 at 2:13 P.M. verified the mechanical lift sling at the bedside of Resident #23 was used for Resident #23 and that the mechanical lift sling contained no tag, had worn straps, and contained fraying.6. Review of Resident #3's medical record revealed an admission date of 07/12/25. Diagnoses included type two diabetes mellitus, anemia, schizoaffective disorder, paraplegia, and hypertension.Review of Resident #3's quarterly MDS assessment dated [DATE] revealed Resident #3 had intact cognition. Furthermore, Resident #3 was dependent for chair to bed, bed to chair, and toilet transfers.Review of Resident #3's care plan dated 07/16/25 revealed Resident #3 had an ADL self-care deficit related to transferring, interventions included for the resident to use a mechanical lift as needed for transfers and to assist with ADL tasks as needed.Observation and concurrent interview with RN #416 on 04/07/26 at 2:15 P.M. verified the mechanical lift sling at the bedside of Resident #3 was used for Resident #3 and that the mechanical lift sling was a disposable sling that had been washed and reused. RN #416 also verified the tag was worn and the words present on the tag could not be read. Interview on 04/07/26 at 2:20 P.M. with Medical Records and Inventory Specialist (MRIS) #415 verified the disposable slings come from either transport, the hospital, or the Emergency Medical Services (EMS). Furthermore, MRIS #415 stated the CNAs were expected to monitor the slings before each use. MRIS #415 verified the facility had 26 brand new slings in the medical supply room.Interview on 04/07/26 at 2:48 P.M. with Resident #34 revealed she was nervous every time they used the mechanical lift to transfer her as she fears the staff may drop her.Interview on 04/08/26 at 8:11 A.M. with the Director of Nursing (DON) revealed laundry staff were responsible for monitoring the integrity of the mechanical lift slings. The DON verified they did not have any documentation regarding monitoring of the slings. Furthermore, the DON was unaware the facility was utilizing disposable slings.Review of the Liko manufacturer's instructions revealed the slings had an expected lifetime of one to five years during normal use. Furthermore, the slings must be inspected at least once every six months.Review of the Guldmann manufacturer's instructions revealed slings must be inspected before each use. Inspection should include determining if the tag/label is present, are the stitches intact, is the fabric intact, and if any concerns are identified, the sling should be removed from use. Furthermore, slings should be inspected at least once every six months.Review of the undated facility policy titled Safe Resident Handling/Transfers, revealed damaged, broken, or improperly functioning lift equipment will not be used and tagged out according to facility policy. Furthermore, staff will inspect the equipment prior to each use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365458	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wood Haven Health Care Senior Living & Rehab	1965 E Gypsy Lane Rd Bowling Green, OH 43402

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, and policy review, the facility failed to ensure a thorough investigation was completed when an allegation of verbal abuse and neglect was reported. This affected one (#95) of one resident reviewed for verbal abuse and neglect. The facility census was 83.Findings include:Review of medical record for Resident #95 revealed admission date of [DATE]. Diagnoses included type two diabetes mellitus with diabetic polyneuropathy, depression, stroke and dysphasia. The resident was admitted to hospice on [DATE] and died in the facility on [DATE].Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #95 had a Brief Interview Mental Status (BIMS) score of five indicating severely impaired cognition. Furthermore, Resident #95 required set up for eating, moderate assistance with toileting hygiene, bed transfers and transfers.Interview on [DATE] at 2:16 P.M. with the Administrator, Director of Nursing (DON), and Assistant Director of Nursing (ADON) #380, revealed the facility submitted a self-reported incident (SRI) to the state agency in [DATE]. Review of SRI #267859 revealed Resident #95's spouse alleged there was physical and mental abuse occurring by the nursing staff prior to the resident's death on [DATE]. Resident #95's spouse provided the names of three staff members but would not elaborate specifically on what abuse occurred. Review of the facilities investigation included one interview with Resident #95's Power of Attorney (POA), and two interviews with Resident #95's spouse. Follow up interview with the Administrator and the DON on [DATE] at 2:35 P.M. verified the facility did not complete a thorough investigation on the allegation of abuse for Resident #95. Interview revealed the three staff members identified were not placed on leave, no other residents were interviewed, skin assessments were not completed, staff members were not interviewed, and no staff education was completed regarding the allegation. At the conclusion of the interview the DON stated she wished she had not submitted the SRI because she did not feel the abuse occurred.Review of the facility policy with a reviewed date of [DATE] titled Abuse, Neglect, and Exploitation revealed an immediate investigation is warranted when reports of abuse, neglect, or exploitation occur. Written procedures for investigations include identifying staff responsible for the investigation, investigating different types of alleged violations, identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who may have knowledge of the allegations. Also having complete and thorough documentation of the investigation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365458	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wood Haven Health Care Senior Living & Rehab	1965 E Gypsy Lane Rd Bowling Green, OH 43402

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, and review of the facility policy the facility failed to complete a Preadmission Screening and Resident Review (PASRR) level II following a new diagnosis of schizophrenia. This affected one (#12) of one resident reviewed for PASRR level II. The facility census was 83.Findings include:Review of the medical record for Resident #12 revealed an admission date of 01/31/24. Diagnoses included Alzheimer's disease, dementia, schizophrenia, psychotic disorder with hallucinations, anxiety, adult failure to thrive, and breast cancer.Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] for Resident #12 revealed the resident had severe cognitive impairment, had a diagnosis of schizophrenia, and was not receiving any anti-psychotic medications.Review of the care plan initiated 06/25 for Resident #12 revealed she was care planned for schizophrenia. Interventions included to administer medications as ordered, monitor for changes in the resident's mood, observe for potential side effects like drowsiness, lack of energy, clumsiness, slow reflexes, slurred speech, confusion, disorientation, depression, dizziness, nausea, upset stomach, blurred or double vision, and to notify the physician if side effects occur.Review of an electronic communication dated 07/31/24 authored by Nurse Practitioner (NP) #453 for Resident #12 revealed the content of the communication from NP #453 requested the diagnosis of schizophrenia be added to the resident's diagnosis list.Review of the medical record for Resident #12 revealed no evidence of Preadmission Screening and Resident Review (PASRR) level II being completed when the resident had a new diagnosis of schizophrenia added on 07/31/24.Interview on 04/07/26 at 3:03 P.M. with Social Worker #389 verified that Resident #12 had a new diagnosis of schizophrenia in 07/31/24. Social Worker #389 also verified a PASRR level II should have been completed for the new diagnosis of schizophrenia and further verified that a PASRR level II screening was not completed for Resident #12.Review of the facility policy titled, Behavioral Health Services, revised 09/25 revealed all residents are to receive the necessary behavioral health services to assist them in reaching and maintaining their highest level of mental and psychosocial functioning. The facility utilizes the comprehensive assessment process for identifying and assessing a resident's mental and psychosocial status and providing person-centered care. This process includes, but is not limited to: PASRR screening, history obtained from medical records, the resident, and as appropriate the resident's family and friends, MDS and care area assessments, care plan development and implementation, and evaluation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365458	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wood Haven Health Care Senior Living & Rehab	1965 E Gypsy Lane Rd Bowling Green, OH 43402

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and review of manufacturer guidelines, the facility failed to maintain and inspect resident transfer equipment to ensure safe transfers. This affected one (#80) of three residents reviewed for falls. The facility census was 83.Findings include:Review of medical record for Resident #80 revealed admission date of 04/04/23. The resident was admitted with type II diabetes mellitus, anxiety, anemia, and depression. The quarterly Minimum Data Set (MDS) dated [DATE] revealed the resident had a Brief Interview Mental Status (BIMS) score of 8 indicating impaired cognition. Resident #80 required supervision with eating, maximum assistance with toileting hygiene, bed mobility and was dependent upon staff with transfers.Review of the care plan dated 09/26/25 for Resident #80 revealed the resident had an activity of daily living self-care performance deficit related to diabetes mellitus, neuropathy and a mood disorder. Interventions included for the resident to use the mechanical lift or a stand assist device (Sara Steady) for safe transfers.Record review of the progress note dated 01/01/26 documented a commotion was heard and noted resident was lying on the floor, on his back with his arms out to his sides. The Sara Steady (stand assist) was in front of the resident with a broken seat cushion. An aide and nurse were present in the room. Resident #80 was assessed and vitals were taken and found to be within normal limits. There was an abrasion observed to Resident #80's right lower quadrant measuring 12 centimeters (cm) by (x) 10 cm from the right bar of the stand assist.Record review of the 01/01/26 episodic charting revealed blood pressure was 107 systolic over (/) 73 diastolic, pulse was 80 beats per minute, temperature was 98.2 Fahrenheit, oxygen saturation was 95 percent. Skin check and range of motion (ROM) were documented as within normal limits, and an abrasion was noted to his right lower quadrant measuring 12 cm x 10 cm. Resident #80 had no complaints of pain. The intervention was to remove the broken Sara Steady to the basement to prevent future use.Record review of the 01/01/26 fall investigation documented the fall occurred in Resident #80's room during a two-person assisted transfer using the Sara Steady. Immediate action taken was to assess the resident and provide notifications to the Director of Nursing, Administrator, family and physician.Interview on 04/08/26 at 12:41 P.M. with Maintenance Manager (MM) #451 revealed he received a report there was an issue with a Sara Steady and staff had removed the device from the floor. MM #451 explained although he generally does not work on medical equipment, another maintenance person did replace a bolt on the device.Phone interview on 04/08/26 at 12:47 P.M. in the presence of MM #451, Maintenance Staff (MS) #452 acknowledged he had welded a bolt on a Sara Steady that had broken off approximately two weeks ago. In a follow up interview on 04/08/26 at 12:49 P.M. with MM #451 immediately following the phone call, MM #451 stated he recalled the [NAME] of a Sara Steady but believed there was a second device that was repaired.Interview on 04/08/26 at 1:43 P.M. with MM #451 confirmed there were two different Sara Steady's that had an issue with the left seat cushion bolt. MM #451 acknowledged he was unaware until the day of the interview the same bolt on two separate devices had been repaired. MM #451 explained there was a third-party company who inspected and serviced the mechanical lifts but verified the company does not inspect the Sara Steady's. MM #451 stated there were four Sara Steady's used at the facility. MM #451verified he had not inspected the other two but would do so following the interview.Interview on 04/09/26 at 3:33 P.M. with Registered Nurse (RN) #417 confirmed she had worked on 01/01/26 and was present when Resident #80 fell. RN #417 explained the Sara Steady required two staff members for operation and Certified Nursing Assistant (CNA) #419 had requested her assistance to transfer Resident #80. RN #417 stated Resident #80 had grabbed the bar of the Sara Steady and pulled himself into the standing position. The seat cushions were then lowered. She explained Resident #80 then sat back heavily onto the seat cushions, and one of the seat cushions immediately gave way causing Resident #80 to fall. Resident #80 was assessed and an (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365458	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wood Haven Health Care Senior Living & Rehab	1965 E Gypsy Lane Rd Bowling Green, OH 43402

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	abrasion was noted to his right side; no other injuries were observed. RN #417 stated after she attended to Resident #80, she removed the Sara Steady from the unit so it would not be used for other residents.Review of the LF1600 Stand Assist (Sara Steady) Assembly and Operational Manual documented under the Maintenance Heading To ensure safety and proper use, perform the following steps monthly: check all fasteners to ensure they are securely fastened and no wear and tear is evident. Replace and tighten any worn fasteners before using the Stand Assist. Check the two seat assemblies to make sure they are not worn or damaged, and that the bolts are tight. Replace any worn or damaged seat components before using the Stand Assist. Check the casters to make sure they are in working order and are secured firmly to the stand assist. Replace and worn or damaged casters before using the stand assist. If any maintenance procedure is not clear to you, ask your authorized distributer for assistance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365458	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wood Haven Health Care Senior Living & Rehab	1965 E Gypsy Lane Rd Bowling Green, OH 43402

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of the medical record, staff interview, and review of the facility policy, the facility failed to administer oxygen at the correct rate. This affected one resident (#15) reviewed for oxygen. The facility identified 11 residents (#1, #2, #13, #15, #19, #21, #40 #50, #57, #65, and #84) that required the use of oxygen. The facility census was 83.Findings include:Review of the medical record for Resident #15 revealed an admission date of 04/28/21. Diagnoses included chronic respiratory failure, shortness of breath, pulmonary hypertension, and congestive heart failure.Review of the annual Minimum Data Set (MDS) assessment dated [DATE] for Resident #15 revealed she was cognitively intact and required the use of oxygen therapy.Review of the care plan revised 04/26 for Resident #15 revealed she was care planned for respiratory status and difficulty breathing related to asthma, chronic respiratory failure, and congestive heart failure with intervention in place to administer oxygen as ordered.Review of the current physician orders dated 04/26 for Resident #15 revealed she was ordered oxygen to be administered at two to three liters per minute via (by way of) nasal cannula. Further review of the physician orders revealed the oxygen orders were updated on 04/07/26 to reflect oxygen to be administered at two to four liters per minute.Observation on 04/06/2026 at 12:43 P.M. of Resident #15 revealed the resident was sitting in her wheelchair with oxygen running at four and half liters per minute via nasal cannula.Observation on 04/07/2026 at 9:38 A.M. of Resident #15 revealed the resident was sitting in her wheelchair and had oxygen running at four liters per minute via nasal cannula. Concurrent interview with Licensed Practical Nurse (LPN) #454 verified oxygen running for Resident was running at four liters per minute via nasal cannula and verified the oxygen order for Resident #15 was two to three liters. LPN #454 adjusted the oxygen rate to the correct rate.Review of the facility policy titled, Oxygen Administration, undated revealed oxygen is administered to residents who need it, consistent with professional standards of practice. Oxygen is administered under orders of a physician.