

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365488	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER Continuing Healthcare of Toledo		STREET ADDRESS, CITY, STATE, ZIP CODE 4420 South Avenue Toledo, OH 43615	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, and review of facility policy, the facility failed to ensure the physician was notified when the resident refused their anti-seizure medications. This affected one (Resident #10) of three residents reviewed for notification of change. Findings include: Review of the medical record for Resident #10 revealed an admission date of 05/25/25. Diagnoses included epilepsy. Review of the Medicare five-Day Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #10 was cognitively intact. Review of Resident #10's physician order for July 2025 revealed an order for 1,000 milligrams (mg) of Keppra (a medication used to treat seizure disorders) to be administered orally (PO) twice a day (BID) for seizures. Review of the July 2025 medication administration record (MAR) for Resident #10 revealed on 07/19/25 Resident #10 refused her physician ordered dose of Keppra in the morning (AM) as well at bedtime (HS). On 07/20/25, Resident #10 refused her physician ordered dose of Keppra in the AM. The medical record including the MAR and progress notes did not indicate the physician was notified of Resident #10's refusal to take Keppra for three consecutive doses. Interview on 07/29/25 at 2:24 P.M. with the Director of Nursing (DON) verified there was no documentation the facility notified the physician of Resident #10's refusals of three consecutive doses of Keppra. Review of the facility policy titled Change in a Resident's Condition or Status dated February 2021 revealed the nurse will notify the resident's attending physician or physician on call when there has been a refusal or treatment or medications two or more consecutive times. This was an incidental finding discovered during the course of the complaint investigation.</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, test tray review, resident interview, staff interview, review of facility policy, and review of Food and Drug Administration (FDA) guidelines, the facility failed to ensure foods were served at a proper temperature and were palatable. This affected four residents (#32, #51, #54, and #62) of seven residents reviewed for food and had the potential to affect an additional 64 residents who received meals prepared by the kitchen. The facility identified Resident #66 as receiving no food from the kitchen. The facility census was 69. Findings included: Interview on 07/28/25 at 9:28 A.M. with Resident #62 revealed she eats all of her meals in her room and her meals were always cold when delivered and were typically not palatable. Interview on 07/28/25 at 9:30 A.M. with Resident #54 revealed she eats all of her meals in her room and while the quality of the food was acceptable, her meals were never warm when they were delivered to her. Interview on 07/28/25 at 9:39 A.M. with Certified Nursing Assistant (CNA) #201 revealed when resident food was delivered to resident rooms, it was typically room temperature. Interview on 07/28/25 at 9:45 A.M. with Resident #32 revealed the food served in the facility was not palatable. Interview on 07/28/25 at 11:15 A.M. with Dietary Manager #130 revealed there have been concerns voiced in Resident Council regarding the temperature of food and as a result of these concerns, the dietary department has instituted a new process of warming plates in the plate warmer and placing them on an insulated base and covering them with an insulated cover in an attempt to keep food warmer. Interview on 07/29/25 at 6:32 A.M. with Licensed Practical Nurse (LPN) #205 revealed she has received complaints from residents the food was not palatable. Interview on 07/29/25 at 7:54 A.M. with Registered Nurse (RN) #206 revealed he has received complaints from residents regarding the palatability and temperature of facility food. Observation on 07/29/25 from 12:15 P.M. through 12:22 P.M. of tray delivery to the 200-hall revealed all of the Jell-O on the trays was not appropriately set up and were in a liquid state. Interview on 07/29/25 at 12:25 P.M. with Dietary Manager #130 verified the Jell-O served was not adequately congealed and was in a liquid state. She stated the Jell-O was made the evening of 07/28/25 and she feels that it was not prepared with hot enough water to allow the gelatin to melt and congeal properly. Review of the test tray with Dietary Manager #130 and conducted on 07/29/25 at 12:27 P.M. revealed the contents of the tasting tray included a fish sandwich with American cheese, carrots, green beans, pears, and a carton of one-percent milkfat milk. Temperatures of the food on the test tray was conducted with a kitchen thermometer, the surveyor, and Dietary Manager #130 and the readings were as followed: Fish sandwich with American cheese 123 degrees Fahrenheit (F), carrots 110 degrees F, green beans 108 degrees F, and a the milk was 53 degrees F. The fish sandwich was cold, had a mushy texture, and was overwhelmingly salty, making it not palatable. Interview on 07/29/25 at 12:29 P.M. with Dietary Manager #130 verified the fish sandwich was served cold, had a mushy texture, was overwhelmingly salty, and unpalatable. Interview on 07/29/25 at 1:16 P.M. with Resident #51 stated she didn't like the fish sandwich and it was cold when it was delivered to her room. Interview on 07/29/25 at 1:26 P.M. with Residents #54 and #62 stated their lunch was cold and was not palatable. Review of the FDA Food Safety and Inspection Service Guidelines for Safe Food Temperatures, dated 07/18/17, revealed hot foods are to be served at temperatures of 140 degrees F or above and cold foods are to be served at temperatures of 40 degrees F or below. The temperature range between 40 degrees F and 140 degrees F is known as the danger zone and this temperature range allows for bacteria in food to grow. Review of the facility policy titled Food and Nutrition Services dated October 2017 revealed each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into considerate the preferences of each resident. This deficiency represents non-compliance investigated under Complaint Number OH00164298.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, staff interview, and review of a facility policy, the facility failed to provide a clean, well-maintained, and homelike environment. This had the potential to affect all 69 residents residing in the facility. Findings included: 1.) Observation on 07/28/25 at 9:14 A.M. of Resident #44's room revealed large spots on the floor by the resident bed, scuffs on the wall throughout the room, and two gouges on the floor each approximately three inches in diameter. Interview on 07/30/25 at 3:03 P.M. with the Administrator verified the large spots by the bed, scuff marks on the walls, and the two gouges on the floor. 2.) Observation on 07/28/25 at 10:03 A.M. of the common area in the 200-hall revealed dirt and debris coating the floor by the nurse's station. Interview on 07/30/25 at 3:03 P.M. with the Administrator verified the dirt and debris coating on the floor by the 200-hall nurse's station. 3.) Observation on 07/30/35 at 6:15 A.M. of the hall by four resident (#4, #5, #3, and #50) rooms revealed the wall to the left of Resident #50's rooms entry door was soiled with an unidentified black substance, the hallway flooring had eight cracked tiles, and the wall next to the entry to Resident #4's room was splattered with an unidentified brown substance. Interview on 07/20/25 at 6:18 A.M. with Licensed Practical Nurse (LPN) #208 verified there was an unidentifiable black substance by Resident #50's room, the hallway flooring had eight cracked tiles, and the wall next to the entry to Resident #4's room was splattered with an unidentified brown substance. 4.) Observation on 07/30/25 at 6:15 A.M. of the dining room in the 200-hall with Licensed Practical Nurse (LPN) #208 verified 14 spots of unidentified food on the floor, a cigarette butt by the scale, and the floor under the air filter was coated with an unidentified black substance and debris. Review of the facility policy titled Homelike Environment dated February 2021 revealed residents are provided with a safe, clean, comfortable, and homelike environment. This was an incidental finding discovered during the course of the complaint investigation.</p>