STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365535	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Three Meadows Post Acute	10540 Fremont Pike Rd Perrysburg, OH 43551

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, staff interview, and review of the facility policy, the facility failed to ensure protected health information (PHI) remained secure. This affected one (#155) of one resident observed for PHI. The facility census was 91.Findings include:Review of the medical record for Resident #155 revealed he was admitted on [DATE] with diagnoses including respiratory failure, heart disease, atrial fibrillation, pulmonary hypertension, peripheral venous insufficiency, a history of falling, and transient ischemic attacks.Review of the quarterly Minimum Data Set 3.0 (MDS) assessment, dated 02/13/26, revealed Resident #155 was cognitively intact and did not display any behaviors nor refusal of care at the time of the assessment. He utilized a wheelchair and required maximal to dependent levels of assistance with activities of daily living (ADLs).Observation on 03/11/26 at 12:00 P.M. revealed a medication cart at the second-floor nurses' station with a laptop open, displaying the landing page for Resident #155. The medication cart and laptop were unattended. Viewable PHI for Resident #155, visible to anyone passing by, included his photo, name, gender, room number, date of birth , code status, allergies, and most recent vital signs.Interview on 03/11/26 at 12:04 P.M. with Licensed Practical Nurse (LPN) #142 confirmed the above observed unattended laptop was open and displayed PHI for Resident #155 and was visible to anyone passing by.Review of an undated facility policy titled, Protected Health Information (PHI), Management and Protection of, revealed it was the responsibility of facility personnel to prevent the unauthorized disclosure of protected health information.This was an incidental finding discovered during the complaint investigation.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, staff interviews, and review of facility policy, the facility failed to ensure medications were stored in a locked compartment. This had the potential to affect all residents residing on the first and second floors, except 13 (#250, #251, #252, #253, #254, #255, #256, #257, #258, #259, #260, #261, and #262) residents identified by the facility as residing on the secured memory care unit. The facility census was 91.Findings include:1. Observation on 03/10/26 at 10:30 A.M. revealed a medication cart next to the first-floor nurses' station was unattended and unlocked.Interview on 03/10/26 at 10:31 A.M. with Licensed Practical Nurse (LPN) #130 confirmed the medication cart next to the first-floor nurses' station was left unattended and unlocked.2. Observation on 03/11/26 at 12:00 P.M. revealed a medication cart next to the second-floor nurses' station was unattended and unlocked.Interview on 03/11/26 at 12:04 P.M. with LPN #142 confirmed the medication cart next to the second-floor nurses' station was unattended and unlocked.Review of the facility policy titled, Medication Labeling and Storage, dated February 2023, revealed the facility would store all medication in locked compartments.This was an incidental finding discovered during the complaint investigation.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observations, staff interviews, and review of facility policies, the facility failed to utilize enhanced barrier precautions (EBP) and perform hand hygiene to prevent the spread of infection. This affected two (#165 and #185) of two residents observed for the use of EBP. The facility census was 91.Findings include:1. Review of the medical record for Resident #165 revealed she was admitted on [DATE] with diagnoses including stage four chronic kidney disease, osteoporosis, gastro-esophageal reflux disease (GERD), dysphagia, cognitive communication deficit, and muscle wasting.Review of the quarterly Minimum Data Set 3.0 (MDS) assessment, dated 12/05/25, revealed Resident #165 was cognitively impaired and did not display any behaviors nor refusals of care at the time of the assessment. She utilized a wheelchair and required maximal to dependent assistance with mobility, transfers, and activities of daily living (ADLs).Review of the physician orders for Resident #165 revealed an order dated 01/20/26 for EBP precautions to be used when providing high-contact care, including dressing changes. Continued review of her physician orders revealed she had an order dated 02/19/26 for wound care to the right first digit of her foot, cleanse with wound cleanser and paint with betadine every night shift.Observation on 03/10/26 at 3:50 P.M. of wound care provided by Licensed Practical Nurse (LPN) #105 revealed she began wound care for Resident #165 by removing her sock on her right foot. LPN #105 did not wear a gown. LPN #105 replaced the sock, left the room to verify wound care orders, then returned wearing a gown and gloves. LPN #105 removed Resident #165's sock then removed her gloves and applied new gloves without performing hand hygiene. LPN #105 proceeded with wound care as ordered and replaced Resident #165's sock and shoe.Interview on 03/10/26 at 3:59 P.M. with LPN #105 confirmed she began wound care for Resident #165 without wearing a gown and should have been wearing one. Continued interview with LPN #105 confirmed did not perform hand hygiene after removing her gloves and she was unsure if she should have.Review of the facility policy titled, Wound Care, dated 2010, revealed staff would perform hand hygiene during wound care after removing gloves and an old dressing.Review of the facility policy titled, Enhanced Barrier Precautions, dated December 2024, revealed staff would utilize a gown and gloves when providing high-contact care, including wound care, for residents.2. Review of the medical record for Resident #185 revealed he was admitted on [DATE] with diagnoses including traumatic subdural hemorrhage, malignant neoplasm of right kidney, hypovolemic shock, syncope, and history of falls.Review of the admission MDS assessment, dated 02/11/26, revealed Resident #185 was cognitively intact and did not display any behaviors nor refusals of care at the time of the assessment. He required moderate to maximal assistance with ADLs and required maximal assistance for transfers. Resident #185 had a urinary catheter for urinary retention, was incontinent of bowel, and was dependent for toileting hygiene and urinary catheter cleansing.Review of the physician orders for Resident #185 revealed an order dated 02/12/26 for EBP to be used when providing high-contact care, including dressing changes. Continued review of his physician orders revealed an order dated 02/10/26 for an indwelling urinary catheter and an order dated 02/10/26 for catheter care to occur every shift.Observation on 03/10/26 at 4:10 P.M. of Certified Nurse Assistant (CNA) #128 and CNA #146 providing catheter care and perineal hygiene for Resident #185 revealed both CNAs did not perform hand hygiene prior to applying gowns and gloves. Continued observation revealed CNA #128 changed her gloves while providing catheter care and did not perform hand hygiene. At the completion of care, CNA #146 did not perform hand hygiene after removing her gown and gloves then left Resident #185's room.Interview on 03/10/26 at 4:30 P.M. with CNA #128 and CNA #146 confirmed the above observation and verified they did not perform hand hygiene prior to, during, and after providing catheter care for Resident #185.Review of facility policy dated October 2023 and titled Handwashing/Hand Hygiene revealed staff would perform hand hygiene immediately after removing gloves.Review of facility policy dated August 2022 and titled Catheter (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Care, Urinary revealed staff would wash and dry their hands prior to and after providing perineal hygiene.Review of the facility policy titled, Handwashing/Hand Hygiene, dated October 2023, revealed staff would perform hand hygiene immediately after removing gloves.This deficiency represents non-compliance investigated under Complaint Number 2786839.