

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365550	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Oak Hills Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3650 Beavercrest Drive Lorain, OH 44053	

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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44454</p> <p>Based on medical record review and staff interview, the facility failed to ensure as needed (PRN) psychotropic medications were monitored by a physician and had a stop date after 14 days of use. This affected one (#1) of three sampled residents reviewed for unnecessary medications. The facility census was 58.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #1 was admitted to the facility on [DATE]. Diagnoses included Parkinson's disease, anxiety, and insomnia.</p> <p>Review of the quarterly Minimum Data Set assessment dated [DATE] identified the resident as cognitively impaired.</p> <p>Review of Resident #1's prescribed medications list for 10/01/24 through 11/24/24 identified an order dated 10/16/24 for Ativan (anti-anxiety) oral tablet 0.5 milligrams every eight hours as needed for anxiety. The Ativan was active as of 11/25/24.</p> <p>An interview on 11/25/24 at 3:20 P.M. with the Director of Nursing verified the Ativan was ordered to be given as needed beginning on 10/16/24 and did not have a stop date.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159442.</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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