

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/02/2026
NAME OF PROVIDER OR SUPPLIER O'Brien Memorial Health Care C		STREET ADDRESS, CITY, STATE, ZIP CODE 563 Brookfield Ave SE Masury, OH 44438	
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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, interview, and review of medication manufacturer guidelines and facility policy, the facility failed to ensure Resident #25 was free of a significant medication error. This affected one resident (Resident #25) out of seven residents observed for medication administration. The facility census was 73. Findings include: Review of medical record for Resident #25 revealed an admission date of 10/18/18 and his diagnoses included dementia, prostatic hyperplasia (enlarged prostate) without lower urinary tract symptoms, and overactive bladder. Review of care plan dated 01/10/19 revealed Resident #25 had mixed and functional incontinence related to dementia with confusion, decreased mobility and seizures. Interventions included checking and changing every two hours, using incontinence briefs, and cleaning peri-area after each incontinent episode. There was nothing in the care plan regarding his enlarged prostate and/or medication use for it. Review of Quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #25 had impaired cognition. Review of June 2026 Physician Orders and Medication Administration Record (MAR) revealed Resident #25 had an order dated 12/18/25 for tamsulosin (an alpha-blocker used to relieve urinary symptoms caused by an enlarged prostate) hydrochloride (HCL) 0.4 milligrams (mg) capsule, give one capsule by mouth one time daily due to his prostate. He also had an order dated 12/17/25 for may crush crushable oral medications and open capsules unless contraindicated. Observation on 06/01/26 at 9:03 A.M. revealed Licensed Practical Nurse (LPN) #604 prepared Residents #25's morning medication. She took his tamsulosin HCL 0.4 mg capsule, opened the capsule, poured the medication contents into a plastic medication cup into other already crushed medications, added vanilla pudding to the mixture and administered Resident #25 his medications. Interview on 06/01/26 at 9:15 A.M. with LPN #604 verified she opened the tamsulosin HCL capsule and poured the medication contents into a medication cup, added vanilla pudding and administered Residents #25 his medications. She verified on the tamsulosin medication card dispensed from pharmacy it had in the instructions, do not crush. She revealed she did not realize the tamsulosin HCL capsule could not be opened. Interview on 06/01/26 at 9:57 A.M. with Pharmacist #605 from the facility contracted pharmacy verified the tamsulosin HCL manufacturer guidelines stated the capsule should not be crushed, chewed or opened. She revealed potential side effects included chance of abnormal absorption and the possibility of ineffectiveness of the medication. Review of Drugs.com, Tamsulosin: Package Insert/Prescribing Info, dated 01/20/26 revealed tamsulosin capsules should not be crushed, chewed or opened. Review of facility policy labeled, Medication Administration, dated March 2026 revealed the nurse was to check and review the MAR for medication administration orders and instructions. The nurse was to review the medication label and follow manufacturer's instructions for preparation and administration. If the resident was unable to swallow, crush the medication unless contraindicated and mix in applesauce and/or pudding. If the medication was unable to be crushed, contact the resident's physician and pharmacist for alternative medication orders and preparation instructions.		

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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