STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365555	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
O'Brien Memorial Health Care C	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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview and facility policy review, the facility failed to have documented evidence that nonpharmacological interventions were attempted prior to administering opioid pain medication for Resident #12. This affected one resident (#12) of five reviewed for unnecessary medications. The facility census was 68.Findings include:Review of the medical record for Resident #12 revealed an admission date of 08/28/25. Diagnoses included alcohol dependence, dementia, kidney failure, obesity, high cholesterol, bipolar disorder, chronic pain, vertebral compression fractures and anxiety.Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #12 was severely cognitively impaired. She required supervision for toileting, set up assistance for eating and personal hygiene and partial to moderate assistance for showering.Review of the physician's orders for March 2026 revealed an order for Tramadol (a prescription opiate used to treat moderate to severe pain) 50 milligrams (mg) every eight hours as needed (prn) for moderate to severe pain. The order began on 12/05/25. She also had an order for Acetaminophen Extra Strength 500 mg two tablets three times a day at 9:00 A.M., 2:00 P.M. and 9:00 P.M. Review of the care plan dated 02/03/26 revealed Resident #12 had chronic pain due to spinal fusion and compression fractures. Interventions included attempting non-drug treatments for pain including heat, rest or distraction, evaluating the effectiveness of pain interventions and monitoring and documenting the probable cause for each pain episode.Review of the medication administration record (MAR) for January 2026 revealed Resident #12 received Tramadol on 01/01/26 for pain level of seven and once for a pain level of six, twice on 01/02/26 for a pain level of seven, twice 01/03/26 for a pain level of six, once on 01/04/26 for pain level of seven and one square pain level of six, once on 01/05/26 for pain level of eight, once on 01/06/26 for pain level of four and once for a pain level of six, once on 01/07/26 for pain level of six and once for a pain level of seven, once on 01/08/26 for pain level of seven and once for a pain level of six, once on 01/09/26 for pain level of seven and once for pain level of six, once on 01/10/26 for pain level of six and once for a pain level of seven, 17011226 for a pain level of seven, once for a pain level of two and once for a pain level of five, once on 01/13/26 for pain level four, once on 01/14/26 for pain level of 6, once on 01/15/26 for pain level of seven, once on 01/17/26 for a pain level of seven and once for a pain level of six, twice on 01/18/26 for a pain level of zero, once on 01/19/26 for a pain level of seven and once for a pain level of a nine, once on 01/20/26 for pain level of eight and once for pain level of four, once on 01/21/26 for a pain level of seven, once on 01/22/26 for a pain level of one, once on 01/23/26 for a pain level of zero, once on 01/24/26 for a pain level of seven, once on 01/25/26 for a pain level of seven and once for a pain level of eight, once on 01/26/26 for a panel of five, once on 01/27/26 for a pain level of seven, once on 01/28/26 for a pain level of six, once on 01/30/26 for a pain level of seven and once on 01/31/26 for pain level of six and once for pain level of zero. She also received Acetaminophen Extra Strength 500 mg two tablets three times a day at 9:00 A.M., 2:00 P.M. and 9:00 P.M.Review of the MAR for February 2026 revealed Resident #12 received Tramadol twice on 02/1/26 for pain level of seven, once on 02/02/26 for pain level of six and once on 02/02/26 for pain level of two, once on 02/03/26 for pain level of five and once for a pain level of three, once on 02/04/26 for pain level of seven, once (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
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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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	on 02/06/26 for a pain level of seven, once on 02/07/26 for a pain level of six, once on 02/09/26 for a pain level of one, once on 02/10/26 for a pain level of seven and once for a pain level of zero, once on 02/11/26 for pain level of seven, once on 02/12/26 for a pain level of one, once on 02/13/26 for a pain level of one, once on 02/14/26 for a pain level of six and once for pain level of seven, once on 02/15/26 for a pain level of seven, once on 02/16/26 for a pain level of six and once for a pain level of zero, twice on 02/17/26 for pain level of zero, once on 02/18/26 or a pain level of seven, Once on 02/19/26 for a pain level of zero, once on 02/20/26 for a pain level of eight, once on 02/21/26 for a pain level of seven, once on 02/23/26 for a pain level of one, once on 02/24/26 for pain level of seven, once on 02/25/26 for a pain level of six, once on 02/26/26 for a pain level of four, once on 02/27/26 for a pain level of seven and once on 02/28/26for a pain level of seven. She also received Acetaminophen Extra Strength 500 mg two tablets three times a day at 9:00 A.M., 2:00 P.M. and 9:00 P.M.Review the MAR for 03/01/26 through 03/07/26 revealed Resident #12 received Tramadol twice on 03/01/26 for a pain level of seven, once on 03/04/26 for a pain level of eight, once on 03/06/26 for pain level of seven and once on 03/07/26 for pain level of eight. She also received Acetaminophen Extra Strength 500 mg two tablets three times a day at 9:00 A.M., 2:00 P.M. and 9:00 P.M.Review of the progress noted from 01/01/26 through 03/07/26 revealed no documented evidence nonpharmacological interventions were attempted prior to the administration of an opioid medication.Interview on 03/10/26 at 12:50 P.M. with Licensed Practical Nurse (LPN) #532 revealed she offered nonpharmacological interventions to a resident prior to administering pain medication in the presence of reported or observed pain. Attempts were documented in the resident progress notes. She also confirmed she would attempt a more mild, non-opioid or narcotic pain medication prior to administering a medication such as Tramadol. If a resident reported severe pain such as a level eight, nine or 10 she would administer a more significant pain controlling medication, otherwise she would offer Tylenol (analgesic) or Ibuprofen (non-steroidal anti-inflammatory drug) first. Interview on 03/10/26 at 2:55 P.M. with the Director of Nursing (DON) confirmed there was no documented evidence nonpharmacological interventions were attempted consistently for Resident #12. Tramadol had been consistently given to Resident #12 for mild to moderate pain.Review of the facility policy titled Pain Management, dated February 2026, revealed nonpharmacological interventions would be attempted prior to medication interventions or in combination with pain medication to allow for lower doses of medication and to lower risk for adverse consequences. Nonpharmacological interventions could include environmental changes such as repositioning, seating services or adjusting the temperature, physical modalities such as heat or cold treatments, baths or exercise or cognitive and behavioral interventions such as relaxation techniques, diversional activities or aroma therapy.