

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365570	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/30/2024
NAME OF PROVIDER OR SUPPLIER  Park View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  328 West Vine Street Edgerton, OH 43517	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41528</b></p> <p>Based on medical record review, observation, staff interview, and facility policy, the facility failed to ensure a resident's bathroom was adequately maintained and in a sanitary condition. This affected one (#29) of four residents reviewed. The facility census was 53.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #29 was admitted on [DATE]. Diagnoses included unspecified dementia severe with agitation, chronic kidney disease, chronic obstructive pulmonary disease, type two diabetes mellitus without complications, schizophrenia, and bipolar disorder.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was severely cognitively impaired. The resident required supervision assistance with toileting and was frequently incontinent of bowel and bladder.</p> <p>Review of the most recent care plan revealed Resident #29 had potential for bowel and bladder incontinence, frequently or almost always urinates on the floor in the bathroom, misses the toilet or does not even attempt to sit on the toilet to urinate and urine goes all over the floor. One intervention states for staff to frequently check bathroom floor for urine on the floor.</p> <p>Observation on 07/29/24 at 11:00 A.M. revealed a strong malodorous odor from the hallway. Upon further investigation Resident #29's resident bathroom was observed to have a substantial amount of liquid on the floor. The tile floor was stained, discolored, and warped. The area around the toilet was black in color and the wood like bathroom cabinet appeared to be warped on the bottom left side.</p> <p>Interview on 07/29/24 at 11:21 A.M. with Registered Nurse (RN) #202 verified Resident #29's bathroom was unclean, unsanitary, and not in a good state of repair. RN #202 reported Resident #29 often urinated on the bathroom floor.</p> <p>Review of policy, Quality of Life- Homelike Environment, revised May 2017, verified the facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a homelike setting including a clean, sanitary, and orderly environment.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00155509.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>41528</p> <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observation, resident interviews, staff interviews, and facility policy, the failed to maintain an effective pest control program. This affected all 17 (#14, #17, #21, #23, #25, #27, #29, #32, #33, #36, #38, #45, #47, #53, #57, #58, and #60) residents on the Pathways locked unit. The facility census was 53.</p> <p>Findings include:</p> <p>Observation on 07/29/24 at 10:56 A.M. of the Pathways locked unit revealed flies in the resident hall.</p> <p>Interview on 07/29/24 at 11:06 A.M. with Housekeeping #210 and #211 verified there were flies in the hall.</p> <p>Observation on 07/29/24 at 11:11 A.M. of Resident #21's room revealed a fly near the window. Subsequent interview with Resident #21 revealed there are always flies in her room.</p> <p>Interview on 07/29/24 at 11:13 A.M. with State tested Nursing Assistant (STNA) #203 verified the fly in Resident #21's room.</p> <p>Interview on 07/29/24 at 11:21 A.M. with Registered Nurse (RN) #202 verified there are flies in the facility including the hallway, common area, and resident rooms. RN #202 reports she walked around with a fly swatter earlier and tried to kill them.</p> <p>Observation on 07/29/24 at 11:30 A.M. revealed the dining area with the resident's eating lunch. Three flies were observed in the dining room.</p> <p>Interview on 07/29/24 at 11:37 A.M. with Resident #25 revealed there are always a lot of flies and it bothers her.</p> <p>Interview on 07/29/24 at 11:40 A.M. with Resident #40 revealed there are always flies in the dining room and it really bothers her.</p> <p>Interview on 07/29/24 at 3:46 P.M. with STNA #205 and STNA #206 revealed there are always a lot of flies and gnats in the facility.</p> <p>Review of policy, Pest Control, revised May 2008 revealed the facility maintains an on-going pest control program to ensure the building is kept free of insects and rodents.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00155509.</p>		