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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>365570 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>03/05/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Park View Care Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>328 West Vine Street<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>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.</p> <p>Based on observation, staff interviews, and review of facility policies, the facility failed to ensure stocked medications were not expired. This had the potential to affect all residents in the facility. The facility census was 63. Findings include: Observation on 03/04/26 at 3:40 P.M. of the medication storage room revealed eight five milliliter (mL) flushes with an expiration date of 02/01/26, one open bottle of milk of magnesia with no opened date, one bottle of glucosamine chondroitin advanced capsules with an opened date of 01/07/25 and was past the expiration date printed on the label, 12 10 mL flushes of normal saline with an expiration date of 03/01/26, and nine bottles of 20 mL sterile water injections with an expiration date of November 2025. Interview on 03/04/26 at 3:55 P.M. with Licensed Practical Nurse #146 confirmed the observed medications were undated and expired and the medication storage room was utilized for all residents in the facility. Interview on 03/04/26 at 12:20 P.M. with [NAME] President of Clinical Resources #219 confirmed the above noted bottle of glucosamine chondroitin advanced capsules was expired and should have been disposed of as it was over a year since it had been opened and it was past the printed expiration date on the label. Interview on 03/05/26 at 2:00 P.M. with VPCR #219 confirmed the medication storage room was utilized for all residents in the facility. Review of a facility policy dated February 2023 and titled Medication Labeling and Storage revealed the facility would contact the pharmacy for instructions on disposing of expired medications. Additionally, this policy indicated the facility would label over the counter medications with an expiration date. Review of a facility policy dated 10/15/18 and titled Policy 3.16 OTC Bulk Medications revealed bulk over the counter medications would be used within one year of opening or by the manufacturer's expiration date, whichever is shorter.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, resident interview, staff interview, and policy review, the facility failed to provide bathing per resident choice. This affected one (Resident #27) of one reviewed for activities of daily living (ADL). The facility census was 63 residents. Review of the medical record revealed Resident #27 was admitted to the facility on [DATE]. Diagnoses included unspecified convulsions, dysphagia, epilepsy, hyperlipidemia, hypothyroidism, gastric esophageal reflux disease, anxiety, and asthma. Review of the annual Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed no cognitive impairment, and the resident required substantial/maximal assistance for activities of daily living. Review of the care plan dated 02/05/25 revealed the resident required substantial maximal assistance for showers and was to be provided every Monday, Wednesday, and Friday during second shift with staff assistance. Review of the bathing flow record, dated the last 30 days, for Resident #27 revealed on 02/13/26, 02/18/26, 02/25/26, and 03/02/26 the Resident received a bed bath instead of a shower. The bathing record confirmed that Resident preferred showers. On 02/11/26 and 02/23/26 the Resident refused a bed bath. Interview on 03/02/26 10:36 A.M. with Resident #27 confirmed staff did not provide her with a shower because there are not enough staff in the building and verified her showers become bed baths. She sometimes refuses the bed bath because she wants a shower instead. Interview on 03/04/2026 3:41 P.M. with Certified Nursing Assistant (CNA) #157 verified she was unable to provide Resident #27 her shower because she did not have time. She did provide a bed bath to the Resident. CNA #157 confirmed Resident #27 was to receive her shower on second shift every Monday, Wednesday, and Friday. Interview on 03/04/2026 3:41 P.M. with Certified Nursing Assistant (CNA) #119 verified there is few instances where showers were not given due to the lack of time. She confirmed that when she cannot give a shower, she will make sure she gives the best bed bath she can give. Review of facility policy entitled, Resident Rights Policy, dated 08/01/25 revealed Self-determination; The Resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> |   |  |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on resident interview, observation, staff interviews, and review of facility policy, the facility failed to ensure a clean and homelike environment. This affected one (Resident #56) of 20 residents residing on B hall. The facility census was 63. Findings include: Interview on 03/02/26 at 11:40 A.M. with Resident #56 revealed she was recently admitted to the facility for rehabilitation and reported black stuff on the ceiling of the shower room on B hall. Continued interview revealed it was bothersome to her and she was concerned it was mold that would aggravate her asthma. Observation on 03/02/26 at 11:45 A.M. of the shower room on B hall revealed a black substance on the ceiling of the shower room, where the wall met the ceiling, above the door and to the right of the door. Additional observation revealed a musty odor in the shower room. Interview on 03/02/26 at 11:45 A.M. with the Director of Nursing and [NAME] President of Clinical Services #219 confirmed there was a black substance on the ceiling of the shower room and there was a musty odor in the shower room on B hall. Interview on 03/02/26 at 11:50 A.M. with the Maintenance Director confirmed there was a black substance on the ceiling of the shower room. Review of a facility policy dated 08/01/25 and titled Resident Rights Policy revealed residents had the right to a clean and homelike environment.</p> |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review, observation, and staff interview, the facility failed to ensure care planned interventions to reduce injury from falls were implemented. This affected one (Resident #16) of three residents reviewed for accident hazards. The facility census was 63. Findings include: Review of the medical record for Resident #16 revealed he was admitted on [DATE] with diagnoses including type two diabetes mellitus, anxiety, depression, muscle weakness, unsteadiness on his feet, and acquired absence of his right leg below the knee. Review of the quarterly Minimum Data Set 3.0 assessment dated [DATE] for Resident #16 revealed he had moderate cognitive impairment and did not display any behaviors at the time of the assessment. Resident #16 utilized a manual wheelchair with supervision. He required partial assistance for bed mobility and was dependent for all transfers. Review of the fall risk assessment dated [DATE] for Resident #16 revealed he was at risk for falls. Review of the care plan for Resident #16 revealed an intervention dated 01/22/24 for a mattress to be placed on the floor by his bed when he was in bed. Observation on 03/03/26 at 9:55 A.M. of Resident #16's room revealed he was resting in bed and did not have a mattress on the floor by his bed, as indicated in his care plan, to reduce injury from falls. Interview on 03/03/26 at 10:10 A.M. with the Director of Nursing confirmed Resident #16 did not have a mattress on the floor by his bed and should have per his care planned intervention related to reducing injury from falls. Review of facility policy dated March 2018 and titled Falls and Fall Risk, Managing revealed the facility would implement a resident-centered fall prevention plan and identify fall prevention interventions related to the resident's specific risks.</p> |