

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365580	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/19/2025
NAME OF PROVIDER OR SUPPLIER Shepherd of the Valley-Boardman		STREET ADDRESS, CITY, STATE, ZIP CODE 7148 West Blvd Youngstown, OH 44512	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility failed to ensure wound treatments were completed per physician orders for Resident #24. This effected one resident (Resident #24) out of three residents reviewed for wound care. The facility census was 42.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #24 revealed an admission date of 12/05/22 with diagnoses including sepsis, orthostatic hypotension, anemia, dysphagia, type two diabetes mellitus, sacral wound, dementia, chronic kidney disease, and spinal stenosis of the lumbar region.</p> <p>Review of Resident #24's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident had severely impaired cognition. They required partial to moderate assistance with eating and upper body dressing. They required substantial to maximal assistance with oral hygiene, personal hygiene, and bed mobility. Additionally, they were dependent on staff for showers, toileting hygiene, bed mobility and transfers with a full lift by two staff members.</p> <p>Review of Resident #24's care plan indicated 03/10/25 the resident had an unstageable pressure ulcer to her sacrum. The resident was at risk for pressure ulcers related to incontinence, poor skin integrity, lumbar stenosis, rediculopathy, constipation, hypertension, weakness and chronic kidney disease. Goals and interventions included reduction of the risk for skin breakdown over the next 90 days, assess and monitor for additional skin breakdown and report to the physician, turn and reposition at a minimum of every two hours, suspend heels off bed surface with pillow under lower legs, wound care per physician orders, and pressure reduction measures to wheelchair and bed.</p> <p>Review of Resident #24's physician orders dated May 2025 revealed the resident was to be turned and repositioned every two hours and as needed every shift, pressure redistribution pad in wheelchair every shift, air mattress to bed every shift, and cleanse site to buttocks with normal sterile saline (NSS), apply Santyl ointment nickel thickness to wound bed and loosely pack with moistened NSS kerlix gauze and cover with an abdominal dressing daily and as needed.</p> <p>Review of Resident #24's Treatment Administration Record (TAR) for May 2025 revealed all treatments had been initialed as completed per physician orders.</p> <p>(continued on next page)</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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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 05/14/25 at 10:20 A.M. of wound care for Resident #24 by Licensed Practical Nurse (LPN) #800 with assistance from Certified Nursing Assistant (CNA) #805 revealed the dressing on Resident #24's buttocks was dated 05/12/25. LPN #800 proceeded to remove this dressing and provide wound care per physician orders and followed appropriate infection control procedures. LPN #800 stated Resident #24's dressing was to be changed every day or as needed.</p> <p>Interview on 05/14/25 at 10:32 A.M. with LPN #800 confirmed Resident #24 was to have their dressing to their coccyx changed daily and when performing wound care this A.M. the old dressing removed was dated for 05/12/24.</p> <p>This deficiency represents non-compliance identified during the investigation of Complaint Number OH00164318.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and review of facility policy, the facility failed to ensure weights were obtained per physician orders for residents receiving dialysis treatment. This effected three residents (Residents #22, #34, and #35) of three residents reviewed for dialysis. The facility identified eight residents (#22, #34, #35, #36, #37, #39, #42 and #43) as receiving dialysis treatment. The facility census was 42.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #22 revealed an admission date of 05/01/24 with diagnoses including pleural effusion, dependence on renal dialysis, and endstage renal disease.</p> <p>Review of Resident #22's annual Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident had cognitive impairment. They required setup assistance with eating, supervision with oral hygiene, and bed mobility, they required substantial to maximal assistance with dressing and was dependent for toileting hygiene, showers, and personal hygiene.</p> <p>Review of Resident #22's care plan dated 06/05/24 revealed Resident #22 had end-stage renal disease, required dialysis and had a tessio catheter to right chest. Resident #22 received dialysis at the facility Monday through Friday. Goals and interventions included the resident would remain free from complications related to dialysis, shunt or tessio access over the review period, and weights and vital signs as ordered pre and post dialysis and daily.</p> <p>Review of Resident #22's physician orders dated for May 2025 revealed the resident was to be weighed daily every day shift and document the weight and notify the physician as needed.</p> <p>Review of Resident #22's daily weights from 04/01/25 to 05/13/25 revealed there were six weights not completed on 04/08/25, 04/13/25, 04/19/25, 04/26/25, 04/27/25, and on 05/04/25.</p> <p>2. Review of the medical record for Resident #34 revealed an admission date of 09/05/24 with diagnoses including end stage renal disease, dependence on renal dialysis, and acute on chronic systolic congestive heart failure.</p> <p>Review of Resident #34's quarterly MDS 3.0 assessment dated [DATE] revealed some cognitive impairment. They required setup or clean up assistance for eating and oral hygiene, supervision or touching assistance for toileting hygiene, showers, dressing and bed mobility and were independent with personal hygiene.</p> <p>Review of Resident #34's care plan revealed they were at risk for weight changes due to dialysis. Goals and interventions included the resident would maintain an intake of 50 -100 percent of their meals, maintain a weight of 97 pounds plus or minus three pounds, daily weights, and monitor labs and diagnostic work as ordered with results to the physician.</p> <p>Review of Resident #34's physician orders dated for May 2024 revealed the resident was to be weighed daily every day shift, staff were to document the weight and notify the physician as needed.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #34's daily weights from 04/01/25 to 05/14/25 revealed there were 11 weights not completed on 04/05/25, 04/06/25, 04/10/25, 04/12/25, 04/13/25, 04/19/25, 04/25/25, 04/27/25, 05/03/25, 05/04/25, and 05/10/25.</p> <p>Interview on 05/14/25 at 10:07 A.M. with Resident #34 revealed they were not weighed everyday per their physician orders for dialysis.</p> <p>3. Review of the medical record for Resident #35 revealed an admission date of 04/28/25 with diagnoses including endstage renal disease, and dependence on renal dialysis.</p> <p>Review of Resident #35's Medicare five day MDS 3.0 assessment dated [DATE] revealed the resident had intact cognition. They required setup or clean up assistance with eating, supervision or touching assistance with oral hygiene, partial to moderate assistance with toileting hygiene, showers, dressing, and personal hygiene. They were independent with bed mobility.</p> <p>Review of Resident #35's care plan dated 04/28/25 revealed the resident had nutritional problem or potential nutritional problems related to end stage renal disease on hemodialysis, hypertension, hyperlipidemia, and diabetes. Interventions and goals included the resident was at risk for weight changes due to dialysis, fluid restriction, staff would monitor, document, and report any significant weight changes.</p> <p>Review of Resident #35's physician orders dated May 2025 revealed the resident was to be weighed daily every dayshift and document weight and notify the physician as needed.</p> <p>Review of Resident #35's daily weights dated from 04/01/25 to 05/13/25 revealed there were 10 weights not completed per physician orders on 04/02/25, 04/05/25, 04/06/25, 04/09/25, 04/28/25, 05/03/25, 05/04/25, 05/08/25, 05/10/25, and 05/11/25.</p> <p>Interview on 05/13/25 at 11:00 A.M. with the Director of Clinical Services and Licensed Practical Nurse (LPN) #800 revealed they confirmed the missing weights for Residents #22, #34, and #35.</p> <p>Interview on 05/13/25 at 11:45 A.M. with Certified Nursing Assistant (CNA) #805 revealed weights were obtained and documented correctly for dialysis residents but at times they are missed especially when they are pulled to the floor to provide resident care on the units.</p> <p>Interview on 05/13/25 at 2:52 P.M. with Resident #35 revealed he was not weighed per physician orders. Resident #35 stated there were days when he was not weighed at all before or after dialysis.</p> <p>Review of the facility policy titled Weight Monitoring, dated 07/02/2020, revealed a weight monitoring schedule would be developed upon admission and if clinically indicated, weights would be obtained daily.</p> <p>This deficiency represents non-compliance identified during the investigation of Complaint Number OH00161533</p>		