

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365658	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER Cardinal Woods Skilled Nursing & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 6831 Chapel Road Madison, OH 44057	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48565</p> <p>Based on medical record review, observation, interview and policy review, the facility failed to ensure Resident #53 received medications in a timely manner. This affected one resident (#53) of four residents reviewed for medication administration. The facility census was 91.</p> <p>Findings include:</p> <p>A review of medical records for Resident #53 revealed an admitted [DATE]. Significant diagnoses included schizoaffective disorder bipolar type, major depressive disorder, nicotine dependence, obesity due to excessive calories, bipolar disorder, unspecified, mild intellectual disability, type two diabetes mellitus, schizophreniform disorder, anxiety, Tourette's disorder, hypertension, and asthma. Significant orders included, Abilify 12 milligrams (mg) (antipsychotic), one tablet daily for schizoaffective disorder, bipolar type and schizophreniform disorder, acidophilus 100 mg (probiotic) one capsule orally one time a day for gastrointestinal health, Colace 100 mg (stool softener), one tablet one time a day to prevent constipation, Depakote 500 mg (anticonvulsant), two tablets by mouth one time a day at bedtime, Dupixent 300 mg per two milliliters (monoclonal antibody to treat severe eczema), inject one syringe subcutaneously every 14 days, Melatonin (hormone to treat insomnia) 5 mg, two tablets by mouth one time a day at bedtime for insomnia, Metformin 500 mg (antihyperglycemic), one tablet by mouth in the morning for diabetes, MiraLAX 17 grams (laxative), give 17 grams by mouth one time a day for constipation, Pravastatin 10 mg (statin to treat high cholesterol), give one tablet by mouth one time a day for hyperlipidemia, Propranolol 80 mg (beta blocker to treat hypertension), give one tablet by mouth one time a day for blood pressure, protonin 40 mg proton-pump inhibitor to treat gastroesophageal reflux disease), give one tablet by mouth one time a day for gastrointestinal reflux for six weeks dated 01/09/25, Singulair 10 mg (medication to treat asthma), give one tablet by mouth daily for allergies, Trazodone 25 mg (antidepressant), give one tablet by mouth at bedtime for difficulty sleeping, vitamin D-125 micrograms (mcg) (supplement), give one capsule by mouth one time daily for vitamin deficiency, Vraylar 1.5 mg (antipsychotic), give one capsule by mouth daily for anxiety at bedtime, fish oil 1000 mg (supplement), give one capsule by mouth two times a day with breakfast and at bedtime., Fluticasone (steroid), one puff orally two times a day for asthma, Olmesartan 20 mg (medication to treat hypertension), give one tablet by mouth two times a day for hypertension at 9:00 A.M. and 9:00 P.M., Pepcid 20 mg (medication to treat gastroesophageal reflux disease), give one tablet by mouth two times a day for dyspepsia at breakfast and bedtime, Buspar 15 mg (antianxiety), give one tablet by mouth three times a day for anxiety at breakfast, lunch, and bedtime.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #53 was cognitively intact.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the self-medication assessment dated [DATE] revealed Resident #53 was not capable of self-administering oral medications.</p> <p>Review of the medication administration record (MAR) dated 01/01/25 through 01/31/25 for Resident #53 revealed morning medications were Abilify 12 mg at breakfast, acidophilus 100 mg at breakfast, Colace 100 mg at breakfast, Metformin 500 mg at 8:00 A.M., MiraLAX 17 grams at breakfast, Propranolol 80 mg at breakfast, Singulair 10 mg at breakfast, vitamin-D 125 mcg at breakfast, fish oil 1000 mg at breakfast, Fluticasone inhalation at breakfast, Olmesartan 20 mg at 9:00 A.M., Pepcid 20 mg at breakfast and Buspar 15 mg at breakfast.</p> <p>On 01/21/25 at 11:45 A.M. an interview with Resident #53 revealed he had just received his morning medications.</p> <p>On 01/21/25 at 11:50 A.M. an interview with Licensed Practical Nurse (LPN) #267 revealed she had just given Resident #53 his morning medications. LPN #267 also verified that the medications were given late.</p> <p>A review of the facility listed medication times revealed one time a day medication should be administered between 4:00 A.M. and 10:00 A.M. Medications with meals should be administered at 8:00 A.M.</p> <p>A review of the policy titled Medication Administration dated December 2012 revealed medication shall be administered in a safe and timely manner and as prescribed. Sub point #4 states medications must be administered within one hour of their prescribed time unless otherwise specified.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH000161096.</p>		