STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365667	A. Building B. Wing	11/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medina Center for Rehabilitation and Nursing	555 Springbrook Dr Medina, OH 44256

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42733 Based on observation, interview, record review and facility policy review, the facility failed to ensure oxygen tubing was changed as ordered for residents #21 and #40. This affected two residents (#21 and #40) of four residents observed for respiratory care. The facility census was 66. Findings include: 1. Review of Resident #21's medical record revealed an admitted [DATE] with a diagnosis of chronic obstructive pulmonary disease (COPD). Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #21 had impaired cognition. Review of the care plan dated 11/01/24 revealed Resident #21 had alterations in respiratory function related to COPD. An intervention included administer oxygen as ordered. Review of the physician orders for November 2024 revealed Resident #21 had an order to change oxygen tubing every Sunday on night shift. Observation on 11/21/24 at 11:11 A.M. revealed Resident #21 was in bed and was wearing oxygen via a nasal cannula. Further observation revealed the oxygen tubing was dated 09/25/24. The observation was confirmed with the Director of Nursing (DON), and the DON stated oxygen tubing was to be changed weekly and also as needed. 2. Review of Resident #40's medical records revealed an admitted [DATE] with a diagnoses including COPD and congestive heart failure. Review of the care plan dated 10/18/24 revealed Resident #40 had oxygen therapy related to chronic respiratory failure. Interventions included oxygen via nasal cannula at three liters per minute per nasal cannula. Review of the MDS assessment dated [DATE] revealed Resident #40 had intact cognition. Review of the physician orders for November 2024 revealed Resident #40's had an order to change oxygen tubing every Sunday on night shift. (continued on next page)

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
	365667	A. Building B. Wing	11/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medina Center for Rehabilitation and Nursing	555 Springbrook Dr Medina, OH 44256

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 11/21/24 at 11:30 A.M. revealed Resident #40 was in a chair in her room wearing oxygen via nasal cannula. Further observation revealed Resident #40's oxygen tubing was dated 10/31/24. The observation was confirmed by Licensed Practical Nurse (LPN) #255 who stated, oxygen tubing was to be changed every week and as needed. Review of the undated facility policy titled Oxygen Administration revealed oxygen tubing was to be changed weekly and as needed. This deficiency was an incidental finding of non-compliance identified during the complaint investigation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365667	A. Building B. Wing	11/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medina Center for Rehabilitation and Nursing	555 Springbrook Dr Medina, OH 44256

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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42733 Based on observation, interview and record review, the facility failed to ensure therapeutic diets were provided as ordered by the physician for Residents #25 and #39. This affected two residents (#25 and #39) of four residents observed for therapeutic diets. The facility census was 66. Findings include: 1. Review of Resident #25's medical record revealed an admitted [DATE]. Diagnoses included dementia and cognitive deficits. Review of the care plan dated 10/02/24 revealed Resident #25 had nutritional problems. Interventions included providing/serving the diet as ordered. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #25 had impaired cognition. Review of the physician orders for November 2024 revealed Resident #25 had an order for a mechanical soft diet with ground meats. Observation on 11/21/24 at 7:52 A.M. revealed Resident #25's breakfast consisted of scrambled eggs, a blueberry muffin, and two strips of whole bacon. The observation of Resident #25's meal ticket revealed a mechanical soft diet and chopped up meats. The observation was confirmed with Licensed Practical Nurse (LPN) #255. Resident #25 was not able to be interviewed due to impaired cognition. 2. Review of Resident #39's medical record revealed an admitted [DATE]. Diagnoses included dysphasia (difficulty swallowing) and cognitive deficits. Review of the MDS assessment dated [DATE] revealed Resident #39 had impaired cognition. Review of the care plan dated 11/04/24 revealed Resident #39 had nutritional problems. Interventions included providing meals as ordered. Review of the physician orders for November 2024 revealed Resident #39 had an order for a mechanical soft diet with ground meats. Observation on 11/21/24 at 12:33 P.M. revealed Speech Therapist (ST) #256 was present in Resident #39's room. There was a sign posted on the wall next to Resident #39's bed that stated, [Resident #39] was on a mechanical soft diet with ground meat. ST #256 confirmed Resident #39 sign and diet. Observation of Resident #39's lunch tray revealed a sloppy joe sandwich, diced potatoes, a whole grilled cheese sandwich, and a cup of fruit cocktail that contained whole cherries. ST #256 stated Resident #39's grilled cheese sandwich should have been cut in half, and ST #256 stated Resident #39 should not have been served whole cherries. Resident #39 was not able to be interviewed due to impaired cognition. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365667	A. Building B. Wing	11/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medina Center for Rehabilitation and Nursing	555 Springbrook Dr Medina, OH 44256

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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This deficiency represents non-compliance investigated under Master Complaint Number OH00159494.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365667	A. Building B. Wing	11/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medina Center for Rehabilitation and Nursing	555 Springbrook Dr Medina, OH 44256

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. 42733 Based on observation and interview, the facility failed to ensure crash carts contained the appropriate supplies. This had the potential to affect all residents residing in the facility. The facility census was 66. Findings include: Interview on 11/21/24 at 8:10 A.M. with Licensed Practical Nurse (LPN) #259 revealed the memory care unit did not have a crash cart. LPN #259 stated there was a crash cart located outside of the unit; however, she was not aware if the crash cart had the appropriate equipment. Observation of the crash cart with LPN #255 on 11/21/24 at 8:51 A.M. revealed there was no checklist of equipment. She stated she was not sure of all the required equipment that should be on the cart. Observation revealed the crash cart had an empty oxygen tank, no non-rebreather mask (oxygen mask that delivers a high concentration of oxygen) or blood pressure cuff. Observation of the crash cart on 11/25/24 at 11:30 A.M. with LPN #257 revealed no oxygen tank on the cart and no checklist of required supplies. LPN #257 stated there should have been an oxygen tank on the cart and stated she was not sure of all the equipment needed. The interview on 11/25/24 at 12:48 P.M. with Regional Risk Registered Nurse (RRRN) #260 revealed the crash carts should have full oxygen tanks and a check list of the required equipment on them. This deficiency represents non-compliance investigated under Complaint Number OH00159305.