STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365706	A. Building B. Wing	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Lake Villa	7260 Ridge Rd Parma, OH 44129

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36650 Based on interview and record review the facility failed to ensure wound treatments were completed as ordered. This affected one of three residents (Resident #152) reviewed for wound treatments. The facility census was 171. Findings Included: Review of the medical record for Resident #152 revealed an admitted [DATE]. Diagnoses included but were not limited to diabetes mellitus, dependence on renal dialysis, depression, pulmonary hypertension, absence of right leg below the knee, and calciphylaxis (calcium accumulates in small blood vessels of the fat and skin tissues). Review of the quarterly Minimum Data Set (MDS) assessment, dated 01/10/24, revealed Resident #152 had intact cognition and was dependent or required maximal assistance for activities of daily living. Review of the treatment orders for April 2024 revealed an order to cleanse skin tear to right elbow once daily with normal saline, apply four by four and border gauze dressing daily, every day shift for wound care. Review of the Medication Administration Record (MAR) for February 2024 revealed documentation indicating the dressing to right elbow was completed on 02/28/24. There was no documentation the wound care was completed on 02/29/24 through 03/04/24. The MAR for April 2024 revealed no documentation the dressing change was completed on 04/01/23. Review of physician orders dated 03/03/24 revealed a new order for doxycycline 100 milligram (mg) tablet twice a day for wound infection. Review of the wound assessment dated [DATE] revealed no odor, no drainage and no signs of infection to the right elbow noted. Interview on 04/01/24 at 3:29 P.M. with Registered Nurse (RN) #450 revealed dressing changes were to be completed as ordered, usually daily, and all dressing changes were dated and initialed at time of dressing change. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365706	A. Building B. Wing	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Lake Villa	7260 Ridge Rd Parma, OH 44129

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 04/02/24 at 9:50 A.M. with Resident #152, Resident #152 was confused regarding the events of how she sustained the skin tear; she said she was chasing her son and fell . Resident #152 was unable to provide information regarding treatments/dressing changes. Interview on 04/02/24 at 10:09 A.M. with the Director of Nursing (DON) revealed Resident #152 had a skin tear to elbow which became infected. Resident #152 was put on doxycycline (antibiotic). The DON verified Resident #152 had not received the dressing change to her right elbow from 02/28/24 through 03/02/24 as ordered. Interview on 04/02/24 at 11:35 A.M. with Licensed Practical Nurse (LPN) #350 revealed dressing changes were completed according to physician orders. All dressings were to be initialed, dated and documented as completed at the time of the dressing change. Interview on 04/02/24 at 11:52 A.M. with LPN #449 revealed Resident #152 received a skin tear to her right elbow. There was an order for the dressing to be changed daily. LPN #344 stated nurses were to change wound dressings as ordered, the dressing should be initialed and dated, and nurses were to document the treatment was completed. This deficiency represents non-compliance investigated under Complaint Number OH00152308.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365706	A. Building B. Wing	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Lake Villa	7260 Ridge Rd Parma, OH 44129

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36650 Based on medical record review and interview the facility failed to ensure Resident #152 was not administered expired medication (budesonide) and the medication was available for administration. This affected one of three residents (Resident #152) reviewed for medication administration. The facility census was 171. Findings Included: Review of the medical record for Resident #152 revealed an admitted [DATE]. Diagnoses included but were not limited to eosinophilic esophagitis (an allergic inflammatory condition of the esophagus), diabetes mellitus, and dependence on renal dialysis. Review of the quarterly Minimum Data Set (MDS) assessment, dated 01/10/24, revealed Resident #152 had intact cognition. Review of the physician orders for February 2024 revealed orders for budesonide liquid 10 milliliters (ml) by mouth (corticosteroid, gastrointestinal) one hour before meals for eosinophilic esophagitis. Started on 02/11/24 and discontinued on 03/29/24. Review of the February and March 2024 medication administration record (MAR) revealed the budesonide liquid was not administered on March 1, 2, 3, 4, 5, 14 and 19. The budesonide was discontinued on 02/11/24 and restarted on 02/25/24 after Resident #152 returned from the hospital. The budesonide liquid expiration date was 02/21/24 and medication was given until 03/01/24 and then the medication was not available until 03/05/24. Interview on 04/02/24 at 10:09 A.M. with the Director of Nursing (DON) verified the bottle of budesonide liquid medication had an expiration date of 02/21/24 and this was not identified until 03/01/24. The unit manager (Licensed Practical Nurse #369) came to her on 03/01/24 and stated Resident #152's budesonide was expired, the family was notified and the doctor was contacted. The nurses were educated on checking medications to ensure that expired medications were not being given to residents. The DON confirmed Resident #152 received expired budesonide medication for six days. The DON stated after it was realized the medication was expired it took a few days to get more of the medication due to the medication was a specialty medication and only a specialty pharmacy could make the budesonide liquid. This deficiency represents non-compliance investigated under Complaint Number OH00152308.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365706	A. Building B. Wing	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Lake Villa	7260 Ridge Rd Parma, OH 44129

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36650 Based on medical record review and interview the facility failed to ensure Resident #152 received an anticoagulant medication to prevent the formation of blood clots as ordered. This affected one of three residents (Resident #152) reviewed for medication administration. The facility census was 171. Findings Included: Review of the medical record for Resident #152 revealed an admitted [DATE]. Diagnoses included but were not limited to diabetes mellitus, dependence on renal dialysis, pulmonary hypertension, absence of right leg below the knee, and calciphylaxis (calcium accumulates in small blood vessels of the fat and skin tissues. Calciphylaxis causes blood clots, painful skin ulcers and may cause serious infections that can lead to death.) Review of the quarterly Minimum Data Set (MDS) assessment, dated 01/10/24, revealed Resident #152 had intact cognition. Review of the physician orders for February 2024 revealed orders for apixaban (anticoagulant) 2.5 milligrams (mg) tablet by mouth two times a day for atrial fibrillation. Review of the February and March 2024 medication administration record (MAR) revealed apixaban 2.5 mg tablet was started on 02/11/24. The morning doses of apixaban were not administered on February 12, 14,16, 19,20,21,23, and 28 and on March 1, 6, and 14 (11 doses). Interview on 04/03/24 at 10:13 A.M. with Director of Nursing (DON) revealed Resident #152 was receiving dialysis three times a week in the mornings. The DON verified on dialysis days the nurses were not giving Resident #152 her apixaban. The DON verified apixaban was not being given as ordered. Review of Medscape website revealed if a dose of apixaban was not taken at the scheduled time, the dose should be taken as soon as possible on the same day and twice daily administration should be resumed. Premature discontinuation of any oral anticoagulant, including apixaban, increased the risk of thrombotic events. Because of the high plasma protein binding apixaban was not expected to be dialyzable. This deficiency represents non-compliance investigated under Complaint Number OH00152308.