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	06/02/2026

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observations, interviews, and review of the facility policy and procedure, the facility failed to ensure a clean and sanitary resident environment affecting 44 residents (#4, #8, #9, #11, #12, #13, #18, #19, #26, #29, #32, #33, #41, #45, #48, #50, #57, #58, #65, #76, #79, #102, #104, #109, #110, #114, #127, #133, #136, #141, #146, #147, #155, #158, #160, #171, #175, #178, #182, #188, #190, #192, #201, and #205) of 44 residents that resided on the Rosewood unit and had the potential to affect all 170 residents residing in the facility. Findings include: 1. During an interview on 05/26/26 at 10:32 A.M., Resident #32 reported that housekeeping did not routinely pick up trash or sweep and mop the floors. Observation at that time revealed crumbs and stains between, under, and behind both beds; under the heater; along the wall under the window; and between the dressers and the television. Dried stains were also noted on the heater. On 05/28/26 at 2:40 P.M., the Housekeeping Supervisor (HSKS #416) stated residents' rooms and common areas were to be cleaned daily. At that time, the floor near the Rosewood nurses' station was visibly dirty with numerous scratch marks. HSKS #416 confirmed the floor required stripping and waxing. Observation on 05/28/26 at 2:51 P.M. of Resident #32's room with HSKS #416 verified the findings, stating surfaces needed to be wiped down and the floors swept and mopped, particularly along wall edges and under the beds. Review of the daily census dated 05/26/26 provided by the facility confirmed 44 residents (#4, #8, #9, #11, #12, #13, #18, #19, #26, #29, #32, #33, #41, #45, #48, #50, #57, #58, #65, #76, #79, #102, #104, #109, #110, #114, #127, #133, #136, #141, #146, #147, #155, #158, #160, #171, #175, #178, #182, #188, #190, #192, #201, and #205) resided on the rosewood unit. 2. On 05/26/26 at 10:05 A.M., an observation of Residents #57 and #192's shared room revealed multiple brown and yellow stains on the floor throughout the room, as well as dust and debris on the floor around the dressers and on the wallˆside of the bed. Certified Nursing Assistant (CNA) #763 confirmed the observations and stated housekeeping was expected to clean floors daily. She acknowledged it was evident the floor had not been cleaned recently. A review of the facility policy titled Environmental Cleaning (reviewed 01/06/25) indicated that housekeeping surfaces—including floors and tabletops—must be cleaned regularly, when spills occur, and whenever surfaces are visibly soiled. A review of the policy titled Resident Rights & Facility Responsibilities (reviewed 01/06/25) stated that residents have the right to a safe and clean-living environment. This deficiency represents non-compliance investigated under Complaint Numbers 2993500, 2647553, 2628650, 1280694 (OH00166522), 1280692 (OH00165826), 1280691 (OH00165570), and 1280688 (OH00164496).

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)
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** Based on record review and interview, the facility failed to ensure Resident #233's medications were administered as ordered by the physician. This finding affected one resident (#233) of four residents reviewed for medication administration. The facility census was 170. Findings include:Review of Resident #233's medical record revealed the resident was admitted on [DATE] and discharged home on [DATE] with diagnoses including type one diabetes, anxiety disorder and depression.Review of Resident #233's physician orders revealed an order dated 03/31/26 (discontinued 05/09/26) for amitriptyline (used to treat depression, nerve pain, prevent migraines and an off-label used to treat insomnia, anxiety and other conditions) 100 milligrams (mg) give one tablet by mouth at bedtime for depression (due at 9:00 P.M.).Review of Resident #233's admission Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition.Review of Resident #233's Psychotropic Medications Care Plan dated 04/06/26 revealed an intervention dated 04/06/26 to administer medications per the physician's order.Review of Resident #233's medication administration record (MAR) from 04/01/26 to 04/30/26 revealed the amitriptyline due at 9:00 P.M. was administered on 04/01/26 at 11:09 P.M.; 04/03/26 at 11:02 P.M.; 04/08/26 at 1:45 A.M.; 04/11/26 at 10:59 P.M., 04/17/26 at 10:45 P.M.; 04/21/26 at 11:28 P.M.; and 04/26/26 at 11:09 P.M.Interview on 05/27/26 at 12:24 P.M. with the Director of Nursing (DON) revealed Resident #233 would not be in her room on multiple occasions and the staff would have to hunt her down to administer the medications. She stated she felt the resident was not available for staff to administer the medications in a timely manner.Review of the Person-Centered Care Med Pass Policy and Procedure dated 05/05/21 revealed the facility, with the Medical Director and Primary Care Physician's approval, will schedule medications twice daily (BID) to the extent feasible, without compromising care to enhance Resident-Centered Care by encourage participation in activities and, establish a medication regimen similar to how residents take medications at home.This deficiency represents non-compliance investigated under Complaint Numbers 2974688, 2792081, 2647553, 2646266, 2622273, 2587155, 1280689 (OH00165091), and 1280686 (OH00164002).

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, interviews, and facility policy review, the facility failed to ensure that indwelling urinary catheter care was completed every shift as ordered and as required by facility policy, resulting in significant accumulation of smegma (body secretion made of oils, sweat, and dead skin cells) and increased risk of infection for one resident (#56) of three reviewed for catheter use. The facility census was 170.Findings include:Review of Resident #56 medical record revealed an admission date of 04/17/26 with multiple orthopedic injuries and a diagnosis of neuromuscular bladder dysfunction.Review of care plan for Resident #56 dated 04/20/26 revealed goals and interventions for risk of infection related to indwelling urinary catheter. Interventions included: assessing the resident for pain/discomfort; checking catheter for patency; enhanced barrier precautions; flushing catheter as needed; use catheter securement device; monitor for signs and symptoms of urinary tract infection; use catheter privacy bag, and provide catheter care every shift per facility policy.Review of admission Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 15 of 15, indicating Resident #56 had intact cognition. He was dependent on staff for all activities of daily living (ADL), hygiene, transfers, and mobility. Resident #56 had an indwelling urinary catheter and was continent of bowels, had no pressure wounds but had multiple surgical incisions that were well approximated with intact staples.During interview on 05/26/26 at 10:28 A.M., Resident #56 stated staff were not providing catheter care every shift.Observation on 05/27/26 at 9:16 A.M. of catheter care for Resident #56 provided by Certified Nursing Assistant (CNA) #608 revealed a large amount of accumulated smegma in the genital fold and under the foreskin, requiring multiple attempts to remove. CNA #608 confirmed the buildup indicated that catheter care had not been provided every shift.During an interview on 05/27/26 at 1:15 P.M., the Director of Nursing (DON) reviewed CNA task sheets indicating catheter care was marked as completed; however, the DON acknowledged the amount of buildup and the need for staff reeducation.During an interview on 06/02/26 at 8:10 A.M., the DON provided evidence of staff re-education regarding catheter and meatal care.Review of the facility policy titled, Foley Catheter (revised 01/06/25) revealed catheter care would be provided at least twice daily and again after defecation or bowel incontinence. Meatal care would also include assessing the catheter where it enters the meatus for encrusted material and drainage.This deficiency represents non-compliance investigated under Complaint Number 2622273.

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(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** Based on record review, interview, and facility policy review, the facility failed to ensure Resident #217's controlled medications were appropriately monitored and tracked by the facility. This finding affected one resident (#217) of four residents reviewed for medication administration. The facility census was 170. Findings include:Review of Resident #217's medical record revealed the resident was admitted on [DATE] and discharged on 06/13/25 with diagnoses including dementia, atrial fibrillation and anxiety disorder.Review of Resident #217's discharge Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited severe cognitive impairment.Review of Resident #217's progress note dated 06/07/25 at 9:58 P.M. revealed two nurses placed calls to the pharmacy regarding the lacosamide anti-seizure (controlled medication) and narcotic pain medication (controlled medication). The pharmacist stated the medications were shipped at 7:00 P.M. and would be in. The family supplied the medications since admission. The family member was extremely agitated, and the physician was notified.Review of Resident #217's progress note dated 06/08/25 at 6:18 A.M. revealed the lacosamide and narcotic pain medications arrived at the facility and were verified by all nurses.Review of Resident #217's physician orders revealed an order dated 06/04/25 (discontinued 06/14/25) for Vimpat (lacosamide) 100 milligrams (mg) give one tablet by mouth two times a day for seizures.Review of Resident #217's medication administration records (MAR) revealed the Vimpat was documented by the nursing staff as administered on 06/04/25 for the evening dose, 06/05/25 for the morning and evening doses, 06/06/25 for the morning and evening doses, and 06/07/25 for the morning and evening doses.Review of Resident #217's facility issued Controlled Drug Administration Record dated 06/04/25 revealed the facility received Vimpat 100 mg oral tablet from home. The Vimpat medication was administered on 06/04/25 at 11:20 P.M.Review of Resident #217's facility issued Controlled Drug Administration Record dated 06/06/25 revealed the Vimpat 100 mg one dose was received on 06/06/25. The dose was administered on 06/06/25 at 10:08 A.M. with no doses remaining.Review of Resident #217's pharmacy issued Controlled Substance Proof of Use dated 06/08/25 at 6:18 A.M. revealed the lacosamide (Vimpat) 100 mg tablet was received and the facility received 28 tablets. The facility administered two tablets on 06/08/25, two tablets on 06/09/25, two tablets on 06/10/25, two tablets on 06/11/25, two tablets on 06/12/25 and one tablet on 06/13/25.Resident #217's medical record did not have evidence of appropriate controlled medication tracking for the Vimpat medication on 06/05/25 for the morning and evening doses; 06/06/25 for the evening dose; and 06/07/25 for the morning and evening doses.Review of Resident #217's physician orders revealed an order dated 06/04/26 (discontinued 06/14/25) for hydrocodone-acetaminophen 7.5-325 mg (Norco), give 0.5 tablet by mouth two times a day for severe pain and give 0.5 mg tablet by mouth every eight hours as needed for moderate pain.Review of Resident #217's MAR revealed on 06/04/25 the Norco was administered on the evening dose with no pain level identified; on 06/05/25 the morning dose of Norco was administered with a pain level of three; on 06/05/25 for the evening dose with a pain level of zero; on 06/06/25 for the morning dose with a pain level of zero, no documentation the evening dose on 06/06/26 was identified (blank MAR); on 06/07/25 the morning dose of Norco was administered with a pain level of zero; and on 06/07/25 the evening dose of Norco was administered with a pain level of zero.Review of Resident #217's facility issued Controlled Drug Administration Record Tablet dated 06/04/25 revealed the hydrocodone 7.5-325 mg one tablet was administered (1/2 tab) on 06/04/25 at 11:20 P.M. The amount remaining on the form stated zero.Review of Resident #217's facility issued Controlled Drug Administration Record Tablet form dated 06/06/25 revealed the facility received Norco 3.75-162.5 mg (half tablet). The form indicated the Norco was administered on 06/06/25 at 10:20 A.M.Review of Resident #217's pharmacy issued Controlled Substance Proof of Use form dated 06/08/25 at 6:18 A.M. revealed the pharmacy sent (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hydrocodone-acetaminophen 7.5-325 mg give 1/2 tablet by mouth every eight hours as needed for moderate to severe pain; and give 1/2 tablet by mouth two times a day for severe pain. A total of 54 tablets were received. Two doses were administered on 06/08/25, 06/09/25, 06/10/25, 06/11/25, 06/12/25 and one dose on 06/13/25.Resident #217's medical record did not have evidence of appropriate narcotic tracking for the Norco narcotic pain medication on 06/05/25 for the morning and evening doses; 06/06/25 for the evening dose; and on 06/07/25 for the morning and evening doses.Review of Resident #217's progress note dated 06/13/25 at 12:19 P.M. revealed the admitting facility would provide transportation to the facility at 2:00 P.M. The staff were notified for discharge.During an interview on 05/27/26 at 7:37 A.M., Licensed Practical Nurse (LPN) Unit Manager (UM) #615 revealed Resident #217's family discussed the pain medications with him. LPN UM #715 revealed medications upon admission would be verified by the doctor and if narcotics were prescribed, the doctor wound send the prescription to the pharmacy. LPN UM #615 confirmed the facility did not have the Norco 7.5-325 in their pyxis system and the family provided the Norco narcotic until the facility received the medication from the pharmacy.During a telephone interview on 05/27/26 at 7:40 A.M., LPN UM #615 in attendance of Pharmacist #951 revealed Resident #217's Vimpat script was received on 06/07/25 and supplied on 06/08/25 at 3:18 A.M. (signed by facility staff) for 28 doses or 14-day supply. She also stated the tramadol script was called to the pharmacy on 06/04/25 and (signed by the facility staff on 06/06/25 at 8:14 A.M.) for 30 tablets. Pharmacist #951 confirmed the Norco 7.5-325 mg tablet was written on 06/05/25 and received by the pharmacy on 06/07/25 at 12:01 P.M. Pharmacist #951 confirmed the Norco narcotic pain medication was signed for by the facility on 06/08/25 at 3:18 A.M. for 27 tablets or a 10-day supply.During an interview on 05/28/26 at 10:14 A.M., the Director of Nursing (DON) and Registered Nurse (RN) Assistant Director of Nursing (ADON) #682 revealed the facility nursing staff notified the Nurse Practitioner (NP) and facility staff were able to verify the medication. The DON confirmed the facility did not have the appropriate narcotic flow records for accurate narcotic tracking and Resident #217's family would administer the narcotics to the resident with the nursing staff in attendance, and then the nursing staff would sign off the doses on the MARS. Review of the Miscellaneous Special Situations policy revised 01/2018 revealed that all medication supplies dispensed by a physician or brought in by the resident or family member may (may not) be accepted. When permitted by state and/or federal regulations and facility policies, there must be a current order and the medications must be labeled, packaged and stored in accordance with product requirements, state and/or federal regulations and facility policies. Mediations brought into the facility by physicians or resident family members were reported to the provider pharmacy and added to the resident profile to maintain a complete and accurate drug profile.This deficiency represents non-compliance investigated under Complaint Numbers 2974688 and 1286093 (OH00166448).

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on review of the food committee minutes, observation, interviews, and review of the ServSafe guidelines, the facility failed to ensure that residents received food at palatable temperatures. This deficient practice had the potential to affect all residents except those who received nothing by mouth, residents (#69, #110, and #207). The facility census was 170.Findings include:Review of the Food Committee Minutes for April 2026, residents (not identified) stated the food was not served as hot as the residents would like. Resident interviews conducted on 05/26/26 from 10:54 A.M. to 11:06 A.M. revealed that Residents #97 and #178 reported the food was cold.Review of the lunch menu for 05/28/26 showed items including honey baked ham, baked potato, key west vegetable blend, biscuit, sherbet, coffee or tea, and 2% milk.During an observation on 05/28/26 at 1:26 P.M., a sample test tray evaluated with the Dietary Manager (DM) #431 and Regional Director of Food Services (RFSD) #805 showed the following temperatures: baked potato at 146 degrees Fahrenheit (F), key west vegetable blend at 96 degrees F, honey baked ham at 109 degrees F, milk at 47 degrees F, and coffee at 139.2 degrees F. Although the food tasted flavorful, the ham and vegetables were not hot to taste, and staff verified these temperatures were below expected levels. In an additional interview on 05/28/26 at 1:35 P.M., Resident #63 also stated that the food was cold.Review of regulatory requirements, industry standards such as ServSafe provide guidance on temperatures at which foods are considered palatable when served. Hot foods are generally expected to be served within the 140ˆdegrees F to 180ˆdegrees F range, which helps maintain flavor, aroma, and texture, while cold foods are considered palatable when served between 40ˆdegrees F and 50ˆdegrees F, maintaining freshness and acceptable mouthfeel.This deficiency represents non-compliance investigated under Complaint Number 1280688 (OH00164496).

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on record reviews, observations, interviews and facility policy review, the facility failed to ensure enhanced barrier precautions (EBP) were maintained per order. This affected two residents (#176, #207) out of four residents reviewed for isolation precautions. The facility census was 170.Findings include:1. Record review of Resident #207 revealed an admission date of 08/15/19 with diagnoses of Parkinson's Disease, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, dysphagia, chronic obstructive pulmonary disease, contracture of hand, history of falling, hyperlipidemia and hypertension, presence of gastrostomy tube.Review of the physician's orders initiated on 03/26/26, revealed an order for EBP for high contact resident care including dressing, bathing, showering, transfers, hygiene care, changing linens, assisting with toileting, dressing changes, and care of any device (central line, tube feeding, and catheter) to reduce chance of spreading infection.Review of the care plan revised on 05/12/26 revealed interventions for EBP related to enteral feeding tube.Observation of medication administration through gastrostomy tube on 05/26/26 at 10:57 A.M. by Licensed Practical Nurse (LPN) #744 revealed non- compliance with EBP orders while providing care Resident #207 occurred. LPN #744 did not wear an isolation gown per protocol.During an interview on 05/26/26 at 10:57 A.M., LPN #744 revealed she was unaware that she had to wear an isolation gown during the medication administration.2. Record review of Resident #176 revealed an admission date of 11/25/25 with diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, metabolic encephalopathy, dementia, severe protein-calorie malnutrition, heart disease, major depressive disorder, dysphagia, and non-pressure chronic ulcer of back and left heel.Review of the care plan revised on 05/21/26 revealed goals interventions for EBP related to indwelling urinary catheter, wounds, and peripherally inserted central catheter (PICC).Review of the physician's orders initiated on 05/21/26 revealed an order for EBP precautions for high contact resident including dressing, bathing, showering, transfers, hygiene care, changing linens, assisting with toileting, dressing changes, and care of any device (central line, tube feeding, and catheter) to reduce chance of spreading infection.Observation of intravenous medication administration for Resident #176 on 05/27/26 at 1:25 P.M. by LPN #744 revealed no personal protective equipment was used when performing the intravenous medication administration as ordered.During an interview on 05/26/26 at 1:45 P.M., LPN #744 revealed she was unaware that she was required to don an isolation gown when administering intravenous medications with a resident who had EBP orders. During an interview on 05/27/26 at 1:15 P.M., the Director of Nursing (DON) verified that EBP should have been maintained per orders, and LPN #744 should have been wearing an isolation gown when administering medications per gastrostomy tube for Resident #207 and when administering intravenous medication through the PICC for Resident #176. During a follow-up interview on 06/02/26 at 8:10 A.M., the DON revealed re-education was provided to staff regarding compliance with all isolation residents and isolation policies. The DON provided evidence of sign-in sheets and documentation of policy re-education. DON also provided evidence of follow up and corrective action to LPN #744 regarding non-compliance with EBP personal protective equipment (PPE) per facility policy and Centers for Disease Control and Prevention (CDC) guidelines.Review of the facility policy titled, Enhanced Barrier Precautions revised 01/06/25, revealed EBP were to be used for residents with: wounds or indwelling medical devices (e.g. central line, urinary catheter, feeding tube, tracheostomy/ventilator). Gowns and gloves are to be used for all high-contact resident care activities.This deficiency represents non-compliance investigated under Complaint Number 2736215.