STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365737	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heatherdowns Rehab & Residential Care Center	2401 Cass Rd Toledo, OH 43614

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, and review of facility policy, the facility failed to ensure resident family was notified of hospital emergency room transfer with a change in resident condition. This affected one (#1) of three residents reviewed for notification of health status. The facility census 81. Findings include:Review of the medical record for Resident #1 revealed an admission date of 04/23/26, diagnoses included absence of left great toe, anemia, epilepsy, hypertension, low back pain, major depressive disorder, acute osteomyelitis of the left ankle and foot, psychoactive substance abuse, peripheral vascular disease, and type II diabetes mellitus. According to the most current Minimum Data Set (MDS) assessment dated [DATE] Resident #1 was assessed with intact cognition, was independently ambulatory utilizing a walker or wheelchair, required partial to moderate assistance with activities of daily living, received as needed pain medication for occasional moderate pain, and received medications via intravenous (IV) access. Review of the hospital community referral documentation dated 04/23/26 noted Resident #1 admitted to the facility with a peripherally inserted central catheter (PICC) line. Review of physician orders dated 04/23/26 noted instructions to change the intravenous (IV) line dressing every seven days (on Sundays) and as needed for soiling, document IV site appearance every shift: U = unremarkable, R = redness, S = swollen, W = warm to touch, D = drainage every shift and report any changes to physician. Review of the medication administration record and the treatment administration record for Resident #1 revealed a lack of documentation indicating the PICC line dressing was changed, scheduled or as needed, throughout the residents stay until 05/03/26. Further review also revealed a lack of documentation indicating the PICC line insertion site was monitored each shift. On 04/27/26 a nursing plan of care was revised to address Resident #1's IV access indicating the resident was at increased risk of infection or complications related to the PICC line. Interventions included to administer medications/fluids as ordered, monitor for signs and symptoms of infiltration, such as swelling, redness, subcutaneous emphysema and if signs of infiltration are present discontinue the infusion. Additional interventions included to monitor site for bleeding, redness, swelling, purulent drainage, heat and complaints of tenderness at the site, obtain diagnostic work as ordered, report any abnormalities to medical provider, and to provide IV therapy, including flushes, and dressing changes as ordered by the medical provider.According to hospital emergency room evaluation documentation dated 04/28/26 at 1:08 A.M. Resident #1 reported chest tightness. Resident #1 reported today he noticed the IV line had some air in it while his antibiotics were running and chest tightness started right after that. Computed tomography (CT) pulmonary angiogram findings identified no acute pulmonary thromboembolism, no evidence of acute abnormality in the chest, and was negative for acute intrathoracic processes. The cardiopulmonary workup was negative and cardiac enzymes were normal. Resident to be transferred back to skilled nursing facility. The hospital emergency room documentation also lacked documentation to indicate Resident #1's family was notified. Review of nursing note dated 04/28/26 at 6:33 A.M. revealed the nurse spoke with emergency room nurse and obtained report that Resident #1 was having a new PICC line placed and would be returning to the facility. No documentation contained in the medical record (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
	365737	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heatherdowns Rehab & Residential Care Center	2401 Cass Rd Toledo, OH 43614

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	noted Resident #1 had a change in health status, an emergency room transfer, or that Resident #1's family was notified of the resident's emergency room hospitalization.Interview on 05/06/26 at 10:24 A.M. with the Director of Nursing during a review of the medical record verified Resident #1's family was not notified when the resident transferred to the hospital on [DATE] with a change in condition. On 05/06/26 at 11:40 A.M. interview with Resident #1 verified no family was informed of his transfer to the hospital on [DATE] and he would have preferred for them to have been notified. Review of the undated facility policy titled Notification of Change, stated the purpose of the policy is to keep family and physician notified of any change of condition of a resident. The facility must immediately inform the resident, consult with the resident's physician and if known, notify the resident's legal representative or an interested family member when there is a significant change in the resident's physical, mental, or psychosocial status, a decision to transfer or discharge the resident from the facility. All changes in condition and physician and family notifications need to be documented in the resident's medical record. This deficiency is an incidental finding discovered during the course of this complaint investigation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365737	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heatherdowns Rehab & Residential Care Center	2401 Cass Rd Toledo, OH 43614

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, staff interview, and facility policy review, the facility failed to ensure central venous catheter monitoring and treatments were provided in accordance with physician orders. This affected one (#1) of three residents reviewed for central venous catheter care. The facility identified three individuals with central venous catheters in place in a facility. The facility census was 81. Findings include:Review of the medical record for Resident #1 revealed an admission date of 04/23/26, diagnoses included, absence of left great toe, anemia, epilepsy, hypertension, low back pain, major depressive disorder, acute osteomyelitis left ankle and foot, psychoactive substance abuse, peripheral vascular disease, and type II diabetes mellitus. According to the most current Minimum Data Set assessment dated [DATE], Resident #1 was assessed with intact cognition, was independently ambulatory utilizing a walker or wheelchair, required partial to moderate assistance with activities of daily living, received as needed pain medication for occasional moderate pain, and received medications via an intravenous (IV) access. Review of hospital community referral documentation dated 04/23/26 noted Resident #1 admitted to the facility with a peripherally inserted central catheter (PICC) line. Review of physician orders dated 04/23/26 noted instructions to change the intravenous (IV) line dressing every seven days (on Sundays) and as needed for soiling, document IV site appearance every shift: U = unremarkable, R = redness, S = swollen, W = warm to touch, D = drainage every shift and report any changes to physician. Review of the medication administration record and the treatment administration record for Resident #1 revealed a lack of documentation indicating the PICC line dressing was changed, scheduled or as needed, throughout the residents stay until 05/03/26. Further review also revealed a lack of documentation indicating the PICC line insertion site was monitored each shift. On 04/27/26 a nursing plan of care was revised to address Resident #1's IV access indicating the resident was at increased risk of infection or complications related to the PICC line. Interventions included to administer medications/fluids as ordered, monitor for signs and symptoms of infiltration, such as swelling, redness, subcutaneous emphysema and if signs of infiltration are present discontinue the infusion. Additional interventions included to monitor site for bleeding, redness, swelling, purulent drainage, heat and complaints of tenderness at the site, obtain diagnostic work as ordered, report any abnormalities to medical provider, and to provide IV therapy, including flushes, and dressing changes as ordered by the medical provider. According to hospital emergency room evaluation documentation dated 04/28/26 at 1:08 A.M. Resident #1 reported chest tightness. Resident #1 reported today he noticed the IV line had some air in it while his antibiotics were running and chest tightness started right after that. Computed tomography (CT) pulmonary angiogram findings identified no acute pulmonary thromboembolism, no evidence of acute abnormality in the chest, and was negative for acute intrathoracic processes. The cardiopulmonary workup was negative and cardiac enzymes were normal. Resident to be transferred back to skilled nursing facility. The hospital emergency room documentation also lacked documentation to indicate Resident #1's family was notified. Review of nursing note dated 04/28/26 at 6:33 A.M. revealed the nurse spoke with emergency room nurse and obtained report that Resident #1 was having a new PICC line placed and would be returning to the facility. No documentation contained in the medical record noted Resident #1 had a change in health status, an emergency room transfer, or that Resident #1's family was notified of the resident's emergency room hospitalization.Observation on 05/06/26 at 8:08 A.M. with Licensed Practical Nurse (LPN) #300 noted Resident #1 was in bed with a PICC line inserted into the left upper arm. A transparent semi-permeable membrane (TSM) dressing was in place. Under the TSM was a folded gauze dressing covering the catheter insertion site, obstructing the site and surrounding tissue. The dressing was dated 05/06/26. Interview with LPN #300 at the time of the observation verified she was also unable to observe the PICC line insertion site and the surrounding tissue due to the folded gauze under the TSM covering. LPN #300 stated the dress had (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365737	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heatherdowns Rehab & Residential Care Center	2401 Cass Rd Toledo, OH 43614

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	been changed within minutes of the observation and had been completed by LPN Unit Manager #301. Interview on 05/06/26 at 8:30 A.M. with LPN Unit Manager #301 verified changing the PICC line dressing for Resident #1 on 05/06/26 and 05/03/26. LPN #301 stated the same dressing was placed with the gauze covering the PICC line insertion site on 05/03/26. LPN Unit Manager #301 stated the dressing was due to be changed every seven days but was observed to be peeling so she changed the dressing today. Interview on 05/06/26 at 10:24 A.M. with the Director of Nursing (DON) during an observation of Resident #1 verified Resident #1 had a gauze covering the PICC line insertion site. The DON verified that the facility policy indicates when transparent dressing is used with a gauze, dressings are to be changed every two days. Continued interview with the DON while reviewing the medical record for Resident #1 verified nurses were charting the observation of the PICC line insertion site when in fact they were unable to visualize the insertion site due to the gauze dressing. The DON also verified the resident's order was to complete the PICC line dressing change every seven days and not every two as indicated in the policy for IV sites covered with gauze. In addition, the DON verified Resident #1 had the PICC line replaced on 04/28/26 and the dressing should have been changed within 24 hours of insertion and there was no documentation contained in the medical record indicating that the dressing was changed until 05/03/26. Review of facility Central Venous Catheter Dressing Change policy revised 01/17/209 stated to change transparent semi-permeable membrane (TSM) dressings at least every five to seven days and as needed when wet, soiled, or not intact. If gauze is used, the dressing must be changed every two days. After the original insertion of a central venous catheter, the dressing will consist of gauze and TSM and the dressing will be changed within 24 hours of the insertion. This deficiency represents non-compliance investigated under Complaint Number 2997312.