

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2026
NAME OF PROVIDER OR SUPPLIER Foundation Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1621 S Byrne 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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the medical record, staff interview, and policy review, the facility failed to ensure documentation of meal intakes were completed in the medical record. This affected three (#28, #35, #86) of three residents reviewed for meal intake documentation. The facility census was 83. Findings include: 1. Review of the medical record for Resident #28 revealed an admission date of 07/30/20. Diagnoses included vascular dementia, hemiplegia/hemiparesis following cerebral infarction, dysphagia, and hypertension. Review of a significant change Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had severe cognitive impairment. The resident was dependent on staff for eating meals. Review of the nutrition care plan last revised 02/18/26 revealed to provide food, fluids, and supplements as ordered. Monitor intake and record every meal. Review of the physician order dated 11/07/23 revealed the resident was on a regular diet with pureed texture and nectar consistency liquids. Review of the meal intake documentation dated 03/18/26 to 04/15/26 revealed no documentation of meal intakes for one meal on 03/18/26, two meals on 03/22/26, one meal on 03/26/26, two meals on 03/27/26, two meals on 03/28/26, one meal on 03/31/26, no meals on 04/01/26, one meal on 04/02/26, one meal on 04/06/26, two meals on 04/09/26, two meals on 04/10/26, one meal on 04/12/26, one meal on 04/13/26, one meal on 04/14/26, one meal on 04/15/26. Review of the nursing notes dated 03/18/26 to 04/15/26 revealed no documentation the resident had refused any meals. 2. Review of the medical record for Resident #35 revealed an admission date of 08/02/23. Diagnoses included dementia, hypertension, and type two diabetes mellitus. Review of the quarterly MDS assessment dated [DATE] revealed the resident had severe cognitive impairment and was dependent of staff for eating meals. Review of the nutrition care plan last revised 11/23/25 revealed provide food, fluids, and supplements as ordered. Monitor intake and record every meal. Review of a physician order dated 08/02/23 revealed the resident was on a regular diet with mechanical soft texture with thin liquids. Review of the meal intake documentation dated 03/18/26 to 04/15/26 revealed no documentation of meal intakes for one meal on 03/18/26, two meals on 03/22/26, one meal on 03/26/26, two meals on 03/27/26, two meals on 03/28/26, one meal on 03/31/26, no meals on 04/01/26, one meal on 04/02/26, one meal on 04/06/26, two meals on 04/09/26, two meals on 04/10/26, one meal on 04/12/26, one meal on 04/13/26, one meal on 04/14/26, one meal on 04/15/26. Review of the nursing notes dated 03/18/26 to 04/15/26 revealed no documentation the resident had refused any meals. 3. Review of the medical record for Resident #86 revealed an admission date of 03/19/26 and a discharge date of 03/30/26. Review of the admission MDS assessment dated [DATE] revealed the resident had severe cognitive impairment. The resident was dependent on staff for eating meals. Review of the nutrition care plan initiated 03/20/26 revealed to provide food, fluids, and supplements as ordered, monitor intake and record every meal. Review of a physician order dated 03/27/26 revealed the resident was on a regular diet with pureed texture with thin liquids. Review of the documented meal intakes dated 03/19/26 through 03/29/26 for FSR #86 revealed the resident had variable meal intakes of zero to 75 percent with seven documented meal refusals. There was no documentation of the resident's meal intake for nine (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2026
NAME OF PROVIDER OR SUPPLIER Foundation Park Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1621 S Byrne 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)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>meals. Interview on 04/16/26 at 3:22 P.M., Certified Nursing Assistant (CNA) #200 revealed staff should document the percentage of meal intakes for each resident at each meal. CNA #200 also revealed the nurse should be notified if a resident refused a meal. Interview on 04/16/26 at 4:56 P.M., the Director of Nursing (DON) verified staff were not documenting meals intakes for each meal for Residents #28, #35 and #86. The DON also verified the staff should be documenting meal intakes for each meal for Residents #28, #35 and #86 as ordered. Review of the facility policy Feeding Residents, last reviewed 2024, revealed to record meal intakes on the resident meal intake log. Also to report all concerns to the charge nurse. This was an incidental finding discovered during the course of the complaint investigation.</p>		