

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365758	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2026
NAME OF PROVIDER OR SUPPLIER Parma Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5553 Broadview Rd Parma, OH 44134	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and facility policy review, the facility failed to ensure a resident's bowel protocol was timely implemented as ordered. This affected one Resident (#76) of three residents reviewed for bowel management. The facility census was 76. Findings include: Review of the medical record for Resident #76 revealed an admission date of 11/06/25. Diagnoses included cerebral infarction, a stroke, malnutrition, hemiparesis, epilepsy, type II diabetes, schizoaffective disorder, bipolar disorder, and post-traumatic stress disorder (PTSD). Continued review of Resident #76's record revealed the resident was dependent on staff for toileting, showering, and transfers. The resident was incontinent of bowel and bladder. Review of the plan of care for Resident #76 dated 11/18/25 revealed the resident had constipation. Interventions included recording bowel movement pattern and administering medications as ordered. Review of Resident #76's physician orders revealed an order dated 11/25/25 for Docusate Sodium (an over-the-counter stool softener which acts as a surfactant that increases water absorption into the stool, making it easier to pass) 100 milligram (mg) twice daily routine for bowel management. Resident #76 also had an order dated 11/25/25 for Polyethylene Glycol (an osmotic laxative used to treat constipation which works by retaining water in the stool which softens it, so stool is easier to pass) 17 grams twice daily routine. Continued review of Resident #76's physician orders revealed an order dated 11/25/25 for Bisacodyl rectal suppository (a fast-acting over-the-counter stimulant laxative which works by stimulating the muscles of the bowel to move stool) 10 mg daily as needed for bowel management. Resident #76 also had an order dated 12/25/25 for Milk of Magnesia (a saline laxative that softens stool and increases the frequency of bowel movements) 30 milliliters (ml) every 24 hours as needed for constipation. Review of Resident #76's bowel tracking for December 2025 revealed the resident had no documented bowel movements on 12/05/26, 12/06/25, 12/07/25, 12/08/25, 12/09/25, 12/10/25. Review of the Medication Administration Record (MAR) for December 2025 revealed no documentation of as-needed medications, such as Bisacodyl rectal suppository or Milk of Magnesia, were administered on 12/05/26, 12/06/25, 12/07/25, 12/08/25, 12/09/25, or 12/10/25 to address Resident #76's bowels. Review of an x-ray of Resident #76's abdomen results dated 12/10/25 at 11:22 A.M. revealed the resident had a large, dilated bowel loop noted in the right side of the abdomen. The report advised a computed tomography (CT) [scan] of the abdomen to rule out a bowel obstruction. Review of an emergency room (ER) summary dated 12/10/25 revealed Resident #76 was seen for concerns of bowel obstruction. The CT scan performed during the ER visit did not show an obstructed endpoint. The summary did note Resident #76 had significant constipation and stool burden. Treatment included administration of a suppository and oral laxatives. Resident #76 returned to the facility on [DATE]. Review of Resident #76's bowel tracking dated December 2025 and January 2026 revealed there were no documented bowel movements on 12/30/25, 12/31/25, 01/01/26, 01/02/26, and 01/03/26. Review of the MAR for December 2025 and January 2026 revealed no documentation of as-needed medications, such as Bisacodyl rectal suppository or Milk of Magnesia, were administered on 12/30/25, 12/31/25, 01/01/26, 01/02/26, and 01/03/26 to address Resident #76's bowels. Review of a progress note dated 01/05/26 at 2:53 A.M. revealed Resident #76 was inconsolable and (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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>endorsing abdominal pain. No bowel sounds were noted to the right and left lower [abdomen] and the resident had pain when palpated near the umbilicus. Resident #76 was sent to the ER for evaluation. Resident #76's Power of Attorney (POA) was notified, and report was called to the hospital. Review of an ER summary dated 01/05/26 at 4:08 A.M. revealed Resident #76 was seen at the ER due to reports of abdominal pain. The ER summary noted the patient had a bowel movement at the ER and did not vomit while at the ER. The report indicated there was not concern for a bowel obstruction. Review of a progress note dated 01/05/26 at 7:57 A.M. revealed Resident #76 returned from the ER at 4:45 A.M. Per report, the resident had a large BM, and they sent her back with no imaging or testing done. Review of Resident #76's bowel tracking dated January 2026 revealed there were no documented bowel movements on 01/16/26, 01/17/26 and 01/18/26. Review of the MAR for January 2026 revealed no documentation of as-needed medications, such as Bisacodyl rectal suppository or Milk of Magnesia, were administered on 01/16/26, 01/17/26 and 01/18/26 to address Resident #76's bowels. Review of an ER summary dated 01/18/26 revealed Resident #76 was sent to the ER concerning a possible bowel obstruction. A CT scan was performed which indicated there was no definitive transition point that would suggest a bowel obstruction. Resident #76 received a soap suds enema (a large volume enema consisting of water and mild [NAME] soap used to treat severe constipation. This type of enema works by irritating the rectal mucosa to stimulate peristalsis and defecation). Resident #76's medication regimen was adjusted with new orders for additional laxative medications and a referral to a gastroenterology specialist. Resident #76 returned to the facility. Interview on 03/05/26 at 2:45 P.M. with the Director of Nursing (DON) stated if a resident does not have bowel movement in three days, the bowel protocol is started. The DON verified Resident #76 had no documented bowel movements on 12/05/26, 12/06/25, 12/07/25, 12/08/25, 12/09/25, 12/10/25 and on 12/30/25, 12/31/25, 01/01/26, 01/02/26, 01/03/26. The DON verified that the bowel protocol was not initiated on 12/08/25, 01/02/26 or 01/18/26. Review of the policy titled Bowel Management and Treatment dated January 2023 revealed that residents at risk for constipation should be placed on a bowel regimen. Each shift, nursing will document the resident's bowel movement in the medical record. Residents who have not had a bowel movement for three consecutive days will have a specified bowel protocol initiated, unless resident has individual orders specific to bowel management, or where the orders would be contradicted for the resident. This deficiency represents non-compliance investigated under Master Complaint Number 2723617.</p>		