STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365836	A. Building B. Wing	12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Village at St Edward Nrsg Care	3131 Smith Rd Fairlawn, OH 44333

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 0623 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43061 Based on record review and staff interview, the facility failed to ensure the State Ombudsman was notified of resident discharges. This affected one resident (Resident #4) of two residents reviewed for discharge and had the potential to affect all 76 residents in the facility. Findings revealed: Resident #4's medical record revealed the resident was admitted to the facility on [DATE]. Diagnoses included hereditary spastic paraplegia (inherited leg weakness), osteoporosis, joint derangements, major depressive disorder, mild cognitive impairment, dysphagia, abnormal involuntary movements, secondary scoliosis, malnutrition, cerebral infarction, chronic osteomyelitis, and multiple sclerosis. Review of progress notes revealed Resident #4's cognition was impaired. Further review found the Resident had been discharged to the hospital on 06/08/24 for sepsis and urinary tract infection (UTI), 06/17/24 for UTI, 07/08/24 for UTI, and 10/22/24 for aspiration pneumonia. Review of discharge notifications to the Ombudsman revealed the facility did not send notifications for January, February, May, June, August, September, October, and November of 2024. Resident #4 was not on the list of discharge notifications sent to the Ombudsman for July 2024. Interview on 12/10/24 at 1:20 P.M. with Licensed Social Worker (LSW) #348 confirmed Resident #4 was not on the discharge list for July 2024. Interview on 12/10/24 at 1:47 P.M. with the Administrator confirmed Resident #4 was not on the discharge lists for her 6/8/24, 6/27/24, 7/8/24 and 12/22/24 discharges to the hospital. Interview on 12/10/24 at 3:04 PM with LSW #348 confirmed she only sent discharge lists to the Ombudsman for the months of March, April, and July 2024. Stated she had been with the facility since May 2023 and started doing the discharge lists in March 2024. Stated she just missed the other months. Review of facility policy titled Transfer/Discharge Notification, undated, asserted a copy of all resident discharge notices will be sent to the Office of the State Long Term Care Ombudsman that includes the reason for the transfer/discharge.

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