

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365859	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER The Merriman		STREET ADDRESS, CITY, STATE, ZIP CODE 209 Merriman Rd Akron, OH 44303	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34297</p> <p>Based on closed record review, interview, and policy review, the facility failed to provide necessary intervention, including a bed of appropriate size for Resident #56 to prevent a fall with injury during personal care.</p> <p>Actual harm occurred on 12/16/24 when Resident #56, who was dependent on staff for incontinence care and personal hygiene sustained a fall out of bed while staff were providing incontinence care, resulting in a distal fracture to the end of her right femur and a closed distal fracture to the end of her left femur. The facility identified the resident needed a king bariatric bed rather than a queen (bed) as the root cause of the fall. This affected one resident (#56) of three residents reviewed for accidents.</p> <p>Findings include:</p> <p>Review of Resident #56's closed medical record revealed the resident was admitted on [DATE] and discharged on [DATE] with diagnoses including morbid obesity, major depressive disorder and poly osteoarthritis.</p> <p>Review of Resident #56's physician orders revealed an order dated 04/02/24 to use a mechanical (Hoyer) lift for transfers with two staff members; an order dated 07/03/24 for bilateral assist bars to the bed to enhance bed mobility per the resident's request every shift; and an order dated 08/29/24 for a low air loss mattress to the bed.</p> <p>Review of Resident #56's Occupational Therapy Discharge Summary from services provided 07/09/24 to 08/16/24 revealed the resident's highest practical level was achieved. The discharge recommendations indicated to discharge with staff assistance and the resident continuing with help. A restorative program was not indicated. The resident was independent with eating, setup/cleanup assistance with oral hygiene, dependent with toilet hygiene, required substantial/maximal assistance with dressing the upper body, was dependent with dressing the lower body, dependent with washing, dependent with showering/bathing and dependent with putting on and removing footwear.</p> <p>Review of Resident #56's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident had intact cognition; had no impairment on the upper extremities; impairment on both sides on the lower extremities; used a wheelchair mobility device; and was dependent (on staff) for showering, toileting, dressing and personal hygiene.</p> <p>(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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of Resident #56's progress note dated 12/16/24 at 5:38 P.M. authored by Licensed Practical Nurse (LPN) #821 revealed the resident was being provided care and turned and repositioned. The resident slid off the mattress and the certified nursing assistant (CNA) assisted her to the floor. The resident landed on one knee and complained of pain. She was transferred to the hospital.</p> <p>Review of Resident #56's Witnessed Fall form dated 12/16/24 at 5:00 P.M. revealed the resident was getting care and being turned and repositioned when she slid off the mattress and the CNA assisted her to the floor.</p> <p>Review of Resident #56's fall witness statement form dated 12/16/24 authored by CNA #845 revealed as the staff were changing the resident, she went to roll over and slid off the mattress and was guided down to the floor.</p> <p>Review of Resident #56's fall witness statement dated 12/16/24 authored by CNA #864 revealed when the staff were cleaning up the resident, she turned to the side and slid, and CNA #845 guided her to the floor.</p> <p>Review of an Orthopedic Surgery Consultation Note dated 12/16/24 at 9:27 P.M. revealed Resident #56 was evaluated for bilateral distal femur fractures sustained after a ground level fall. The resident had a past medical history of severe morbid obesity with a weight of 207.7 kilograms (kg) or 456.9 pounds. The resident stated she sustained a fall when her cleaning care was trying to get her out of bed, and she fell on both of her knees. The resident stated she had been bedbound for the past four years in which she used a wheelchair for two of those years. The resident was told she needed surgery; however, she declined the surgery after a thorough conversation about the risks and benefits of proceeding with the surgery versus declining the surgery.</p> <p>Review of Resident #56's progress note dated 12/17/24 at 2:34 A.M. authored by LPN #876 revealed the resident was admitted (to the hospital) for sepsis, distal fracture to the end of the right femur and a closed distal fracture to the end of the left femur.</p> <p>Interview on 01/06/25 at 7:32 A.M. with LPN #821 revealed on 12/16/24, staff were providing incontinence care for Resident #56 when the resident slid off the mattress and onto the floor. LPN #821 revealed more than one staff member was in the room with Resident #56, however CNA #845 was the resident's main caregiver at the time of the fall. LPN #821 confirmed Resident #56 had half side rails and her feet slid from the bed when the staff rolled her.</p> <p>Interview 01/06/25 at 8:11 A.M. with Therapy Supervisor #856 revealed Resident #56 required maximum assistance with activity of daily living (ADL) care and stated there were usually at least two staff required to assist the resident.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Telephone interview on 01/06/25 at 3:24 P.M. with CNA #845, a CNA identified to be assisting with Resident #56's care on 12/16/24 when the resident fell out bed revealed there were three staff including herself who were providing care to the resident at the time of the incident. She stated CNA #864 and CNA Agency #983 were in the room with her and they were on one side of the bed while she was on the other. CNA #845 stated CNA #864 and CNA Agency #983 rolled Resident #56 towards her and the resident's foot and leg slipped off the bed and she was unable to hold the resident upright. The resident fell to the floor on one knee and was then lowered to the floor. The CNA denied the resident's half bed rail broke at the time of the incident. During the interview, the CNA revealed she was unsure how many staff members were required to provide care to Resident #56, but stated there were usually three to four staff members who were needed to assist with rolling the resident (in bed). During the interview CNA #845 stated she felt the resident needed a bigger bed.</p> <p>Telephone interview on 01/06/25 at 3:45 P.M. with CNA #864, who was also identified to be assisting with Resident #56's care on 12/16/24 revealed she was in the room with CNA #845 providing care (there were a total of three staff members present) and when the resident was rolled (in bed), her leg slipped out of bed and the resident went down to the floor on one knee. CNA #864 stated CNA #845 attempted to help the resident to the floor by guiding her with her body. She stated after the incident, they had the nurse evaluate the resident.</p> <p>Interview on 01/07/25 at 9:38 A.M. with the Director of Nursing (DON) revealed Resident #56 had a care plan in place for two or more staff for assistance with bed mobility and incontinence care and stated there were always more than two assisting.</p> <p>Review of a facility quality assurance program improvement plan related to Resident #56 and the fall sustained on 12/16/24 revealed the facility identified the resident needed a king bariatric bed rather than a queen (bed) as the root cause of the fall.</p> <p>Review of the Managing Falls and Fall Risk policy revised 08/2024 indicated the staff, with the input of the attending physician or nurse practitioner as needed, would implement a fall prevention plan to reduce the specific factor(s) of falls for each resident at risk or with a history of falls.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00160814 and Complaint Number OH00160613.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34297</p> <p>Based on observation, record review and interview, the facility failed to ensure Residents #9 and #44's mighty shake nutritional supplements were provided as ordered. This finding affected two (Residents #9 and #44) of four residents reviewed for meals.</p> <p>Findings include:</p> <p>1. Review of Resident #9's medical record revealed the resident was admitted on [DATE] with diagnoses including cellulitis of the left toe, other muscle spasm and peripheral vascular disease.</p> <p>Review of Resident #9's Admission Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition.</p> <p>Review of Resident #9's physician orders revealed an order dated 12/07/24 for a regular diet, regular texture, regular thin consistency; and an order dated 12/12/24 for a mighty shake two times a day for supplement.</p> <p>Review of Resident #9's Individual Nutrition Recommendations/Response form dated 12/10/24 revealed the resident was ordered four ounces of might shake twice daily with breakfast and lunch, a multivitamin with minerals daily and weekly weights for four weeks. The physician agreed with the recommendations and signed the form on 12/12/24.</p> <p>Review of Resident #9's lunch meal ticket dated 01/07/25 revealed the resident was on a regular diet. Under the preferences section of the ticket, a mighty shake was listed with a plus sign.</p> <p>Observation on 01/07/25 at 1:19 P.M. with the Director of Nursing (DON) revealed Resident #9's meal tray did not include the mighty shake, applesauce cake or bread per the menu and meal ticket. The resident had a chicken pot pie and green beans on his plate.</p> <p>Interview on 01/07/25 at 1:20 P.M. with the DON confirmed Resident #9's meal tray did not include the mighty shake nutritional supplement as ordered.</p> <p>2. Review of Resident #44's medical record revealed the resident was initially admitted on [DATE] and readmitted on [DATE] with diagnoses including malignant neoplasm of the brain, unspecified severe protein-calorie malnutrition and major depressive disorder.</p> <p>Review of Resident #44's Admission MDS 3.0 assessment dated [DATE] revealed the resident exhibited moderate cognitive impairment.</p> <p>Review of Resident #44's Individual Nutrition Recommendations/Response form dated 05/15/24 revealed the resident had a diagnosis of protein calorie malnutrition as noted in the hospital documentation. The recommendations included a four ounce mighty shake twice daily with breakfast and lunch.</p> <p>Review of Resident #44's physician orders revealed an order dated 11/11/24 revealed the resident was on a regular diet, regular texture with a thin consistency.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #44's meal ticket dated 01/06/25 for the breakfast meal indicated the resident was on a regular diet, disliked scrambled eggs and no pork including ham or bacon and the resident's preferences included a mighty shake, oatmeal every morning and hot tea (one cup).</p> <p>Observation on 01/06/25 at 8:40 A.M. revealed Resident #44's meal tray was placed on her overbed table which consisted of two small pieces of French toast sticks, a fork, oatmeal, a tea bag with no hot water, orange juice and no mighty shake nutritional supplement as indicated on the meal ticket.</p> <p>Review of the Food and Nutrition Services policy revised 10/2017 revealed each resident was provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident.</p> <p>This deficiency represents non-compliance investigated under Complaint Numbers OH00160613 and OH00160213.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34297</p> <p>Based on record review and interview, the facility failed to ensure Resident #27's medication was available and administered as ordered. This finding affected one (Resident #27) of four residents reviewed for medication administration.</p> <p>Findings include:</p> <p>Review of Resident #27's medical record revealed the resident was admitted on [DATE] with diagnoses including alcoholic dependence, lumbar degenerative disc disease, anxiety and depression.</p> <p>Review of Resident #27's Discharge Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition.</p> <p>Review of Resident #27's hospital Discharge Orders form revealed an order to take Acamprosate Calcium (helps people who were dependent on alcohol to abstain from drinking it) 333 milligrams (mg) enteric coated (EC) one tablet by mouth three times daily for 10 days. Do not crush, chew or split. The last dose was administered 11/09/24 at 7:57 A.M.</p> <p>Review of Resident #27's hospital discharge Medication Administration Report (from 11/07/24 to 11/09/24) dated 11/09/24 revealed an order for Acamprosate EC tablet 333 mg give three times day (do not crush, chew or split). The Acamprosate was administered in the hospital on 11/07/24 at 5:12 P.M. and 9:49 P.M., 11/08/24 at 08:13 A.M., 1:47 P.M. and 8:19 P.M. and on 11/09/24 at 7:57 A.M.</p> <p>Review of Resident #27's physician orders dated 11/10/24 revealed the Acamprosate Calcium oral tablet was ordered to administer 333 mg by mouth three times a day for 10 days for behaviors due at 6:00 A.M., 2:00 P.M. and 10:00 P.M. starting on 11/10/24 and ending on 11/20/24.</p> <p>Review of Resident #27's medication administration records (MARS) indicated the medication was administered on 11/16/24 at 10:00 P.M. and 11/18/24 at 2:00 P.M. All other entries from 11/10/24 to 11/20/24 revealed to hold the medication or see nursing notes.</p> <p>Review of Resident #27's nursing progress notes from 11/10/24 to 11/20/24 did not reveal documentation or validation to hold the resident's Acamprosate Calcium oral tablet for behaviors.</p> <p>Review of Resident #27's encounter visit note dated 12/05/24 at 12:00 A.M. revealed the resident had alcoholic cirrhosis of the liver without ascites and to continue Acamprosate Calcium oral tablet delayed release 333 mg take one capsule three times a day with meals.</p> <p>Interview on 01/07/25 at 9:38 A.M. with the Director of Nursing (DON) confirmed Resident #27's Acamprosate medication was not administered as ordered. The DON confirmed the resident's medical record and progress notes did not have evidence why the medication was not administered or held by the nursing staff.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 01/08/25 at 10:30 A.M. with Medical Director #702 indicated he was not aware Resident #27 did not receive his Acamprosate Calcium medication as ordered.</p> <p>Telephone interview on 01/08/25 at 11:12 A.M. with Pharmacy #701 confirmed Resident #27's Acamprosate Calcium medication was not sent to the facility on [DATE].</p> <p>Telephone interview on 01/08/25 at 2:30 P.M. with [NAME] President (VP) of Quality Pharmacy #502 revealed the pharmacy received two prescriptions for Resident #27's Acamprosate Calcium and one discontinued order for the Acamprosate calcium. VP of Quality Pharmacy #502 indicated the pharmacist canceled both prescriptions in error and the facility did not receive Resident #27's Acamprosate calcium as ordered.</p> <p>Review of the Administering Medications policy revised 12/2012 revealed medications shall be administered in a safe and timely manner, and as prescribed.</p> <p>Review of the Acamprosate Calcium manufacturer directions dated revealed the treatment with the medications should be initiated as soon as possible after the period of alcohol withdrawal, when the resident had achieved abstinence and should be maintained if the resident relapses. The medications should be used as part of a comprehensive psychosocial treatment program.</p> <p>This deficiency represents non-compliance investigated under Complaint Numbers OH00160613 and OH00160213.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34297</p> <p>Based on observation, record review and interview, the facility failed to ensure a medication error rate of 5% or less. A total of 26 medications were administered with two errors for a medication error rate of 7.69%. This finding affected two (Residents #27 and #53) of four residents reviewed for medication administration.</p> <p>Findings include:</p> <p>1. Review of Resident #27's medical record revealed the resident was admitted on [DATE] with diagnoses including alcoholic cirrhosis, lumbar degenerative disc disease, anxiety and depression.</p> <p>Review of Resident #27's Discharge Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition.</p> <p>Review of Resident #27's physician orders revealed an order dated 11/10/24 for vitamin D3 (cholecalciferol) 50 mcg (micrograms) or 2000 international units (IU) give by mouth one time a day for vitamin D deficiency.</p> <p>Observation on 01/06/25 at 8:00 A.M. with Licensed Practical Nurse (LPN) #821 of Resident #27's medication administration revealed eight medications were administered including vitamin D3 400 IU (10 mcg).</p> <p>Interview on 01/06/25 at 9:56 A.M. with LPN #821 confirmed Resident #27 was ordered 2000 IU and was administered 400 IU in error.</p> <p>2. Review of Resident #53's medical record revealed the resident was admitted on [DATE] with diagnoses including atherosclerotic heart disease, gastro-esophageal reflux disease without esophagitis and anemia.</p> <p>Review of Resident #53's MDS 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition.</p> <p>Review of Resident #53's physician orders revealed an order dated 12/09/23 for omeprazole capsule delayed release 20 mg give one capsule by mouth one time a day related to gastro-esophageal reflux disease without esophagitis.</p> <p>Observation on 01/06/25 at 8:18 A.M. with LPN Assistant Director of Nursing (ADON) #871 of Resident #53's medication administration revealed nine medications were administered. LPN ADON #871 was not observed to administer the resident's omeprazole 20 milligrams (mg) as ordered.</p> <p>Interview on 01/06/25 at 10:15 A.M. with LPN ADON #871 confirmed Resident #53 was not administered the omeprazole as ordered.</p> <p>A total of 26 medications were administered with two errors for a medication error rate of 7.69%.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Administering Medications policy revised 12/2012 revealed medications shall be administered in a safe and timely manner, and as prescribed.</p> <p>This deficiency represents non-compliance investigated under Complaint Numbers OH00160613 and OH00160213.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34297</p> <p>Based on observation, record review and interview, the facility failed to ensure the menus and spreadsheets were followed as planned. This finding affected Residents #9, #13, #27 and #44 and had the potential to affect all 55 residents residing in the facility.</p> <p>Findings include:</p> <p>1. Review of Resident #9's medical record revealed the resident was admitted on [DATE] with diagnoses including cellulitis of the left toe, other muscle spasm and peripheral vascular disease.</p> <p>Review of Resident #9's Admission Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition.</p> <p>Review of Resident #9's physician orders revealed an order dated 12/07/24 for a regular diet, regular texture, regular thin consistency; and an order dated 12/12/24 for a mighty shake two times a day for supplement.</p> <p>Review of the Menus and Spreadsheets for 01/07/25 revealed the lunch meal consisted of chicken pot pie, tossed salad, wheat bread, applesauce cake, choice of dressing, margarine and coffee or tea.</p> <p>Review of Resident #9's lunch meal ticket dated 01/07/25 revealed the resident was ordered a regular diet and under the preferences section of the form, it stated a mighty shake with a plus sign next to it.</p> <p>Observation on 01/07/25 at 1:19 P.M. with the Director of Nursing (DON) confirmed Resident #9's meal tray did not include the mighty shake, applesauce cake or bread per the menu and meal ticket. The resident had a chicken pot pie and green beans on his plate. No other items were on the resident's tray.</p> <p>Interview on 01/07/25 at 1:20 P.M. with the DON confirmed Resident #9's lunch meal did not include the mighty shake, applesauce cake or bread per the menu and meal ticket.</p> <p>2. Review of Resident #13's medical record revealed the resident was admitted on [DATE] with diagnoses including multiple sclerosis, anxiety disorder and spondylitis.</p> <p>Review of Resident #13's Quarterly MDS 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition.</p> <p>Review of Resident #13's physician orders revealed an order dated 06/06/24 for a regular diet, regular texture, regular thin consistency with yogurt included for breakfast and cottage with included with lunch and dinner.</p> <p>Review of the Menus and Spreadsheets for 01/06/25 revealed the breakfast meal consisted of choice of cereal, breakfast pizza, margarine, juice of choice, 2% milk, coffee/tea.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #13's meal ticket dated 01/06/25 for the breakfast meal revealed the resident was on a regular diet, disliked processed fruit cups or canned fruit and preferred extra sauces and gravies, fresh fruit, yogurt at breakfast, 2% milk, orange juice, regular coffee and water.</p> <p>Interview on 01/06/25 at 6:12 A.M. with Resident #13 indicated they never bring him his preferences that were on his meal ticket and the food was always cold.</p> <p>Observation on 01/06/25 at 8:15 A.M. revealed Resident #13's breakfast tray included two small pieces of French toast sticks, bacon, oatmeal, juice, coffee and water. The resident's meal tray did not include the resident's yogurt or fruit which were identified on the meal ticket.</p> <p>Interview on 01/06/25 at 8:16 A.M. with Certified Nursing Assistant (CNA) #830 confirmed Resident #13's meal tray included two small pieces of French toast sticks and did not include the yogurt or fruit identified on the meal ticket under preferences.</p> <p>Review of the French Toast Sticks Manufacturer Directions (on the back of the package) with Dietary Director #820 indicated the serving size for the French toast sticks was four pieces.</p> <p>Interview on 01/06/25 at 9:32 A.M. with Dietary Director #820 indicated the breakfast pizza was a pizza with sausage gravy on top. She stated the substitute for the breakfast pizza should have been scrambled eggs and toast as the breakfast pizza was not delivered by the food company.</p> <p>Review of the Menus and Spreadsheets for 01/07/25 revealed the lunch meal consisted of chicken pot pie, tossed salad, wheat bread, applesauce cake, choice of dressing, margarine and coffee or tea.</p> <p>Review of Resident #13's lunch meal ticket dated 01/07/25 revealed the resident was on a regular diet, disliked processed fruit, fruit cups and canned fruit and preferred cottage cheese at lunch and dinner.</p> <p>Observation on 01/07/25 at 1:13 P.M. revealed Resident #13's lunch meal tray consisted of a chicken pot pie and green beans. No other food items were on the resident's food tray.</p> <p>Observation on 01/07/25 at 1:18 P.M. with the DON confirmed Resident #13's lunch meal tray did not have the applesauce cake, bread or cottage cheese as indicated in the menus and resident meal ticket.</p> <p>Interview on 01/07/25 at 1:19 P.M. with the DON confirmed Resident #13's lunch tray did not include the applesauce cake, bread or cottage cheese as indicated on the lunch meal ticket.</p> <p>3. Review of Resident #27's medical record revealed the resident was admitted on [DATE] with diagnoses including alcoholic cirrhosis, lumbar degenerative disc disease, anxiety and depression.</p> <p>Review of Resident #27's Discharge MDS 3.0 assessment dated [DATE] revealed the resident had intact cognition.</p> <p>Review of Resident #27's Individual Nutrition Recommendations/Response form dated 11/04/24 revealed the resident was to receive large portions at lunch and dinner with a mighty shake four ounces twice daily with breakfast and lunch.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365859	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER The Merriman		STREET ADDRESS, CITY, STATE, ZIP CODE 209 Merriman Rd Akron, OH 44303	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Menus and Spreadsheets for 01/06/25 revealed the breakfast meal consisted of choice of cereal, breakfast pizza, margarine, juice of choice, 2% milk, coffee/tea.</p> <p>Review of Resident #27's meal ticket dated 01/06/25 for breakfast under the preferences section included a mighty shake with no beef, no pork, a choice of juice (4 fluid ounces) and water (9 fluid ounces).</p> <p>Observation on 01/06/25 at 8:37 A.M. revealed Resident #27's breakfast meal tray consisted of two small French toast sticks, oatmeal, orange juice, water and a mighty shake. The resident did not have an overbed table in his room to sit the meal tray on.</p> <p>Review of the French Toast Sticks Manufacturer Directions (on the back of the package) with Dietary Director #820 indicated the serving size for the French toast sticks was four pieces.</p> <p>Interview on 01/06/25 at 9:32 A.M. with Dietary Director #820 indicated the breakfast pizza was a pizza with sausage gravy on top. She stated the substitute for the breakfast pizza should have been scrambled eggs and toast as the breakfast pizza was not delivered by the food company.</p> <p>Review of the Menus and Spreadsheets for 01/07/25 revealed the lunch meal consisted of chicken pot pie, tossed salad, wheat bread, applesauce cake, choice of dressing, margarine and coffee or tea.</p> <p>Observation on 01/07/25 at 1:29 P.M. with the DON revealed Resident #27's lunch meal included a chicken pot pie, mighty shake and green beans. The meal did not include the bread or applesauce cake per the menu and meal ticket.</p> <p>Interview on 01/07/25 at 1:30 P.M. with the DON confirmed Resident #27's lunch meal did not include the bread or applesauce cake per the menu and meal ticket.</p> <p>4. Review of Resident #44's medical record revealed the resident was initially admitted on [DATE] and readmitted on [DATE] with diagnoses including malignant neoplasm of the brain, unspecified severe protein-calorie malnutrition and major depressive disorder.</p> <p>Review of Resident #44's Admission MDS 3.0 assessment dated [DATE] revealed the resident exhibited moderate cognitive impairment.</p> <p>Review of Resident #44's Individual Nutrition Recommendations/Response form dated 05/15/24 revealed the resident had a diagnosis of protein calorie malnutrition as noted in the hospital documentation. The recommendations included a four ounce might shake twice daily with breakfast and lunch.</p> <p>Review of Resident #44's physician orders revealed an order dated 11/11/24 which indicated the resident was on a regular diet, regular texture with a thin consistency.</p> <p>Review of the Menus and Spreadsheets for 01/06/25 revealed the breakfast meal consisted of choice of cereal, breakfast pizza, margarine, juice of choice, 2% milk, coffee/tea.</p> <p>Review of Resident #44's meal ticket dated 01/06/25 for the breakfast meal indicated the resident was on a regular diet, disliked scrambled eggs and no pork including ham or bacon and the resident's preferences included a mighty shake, oatmeal every morning and hot tea (one cup).</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER The Merriman		STREET ADDRESS, CITY, STATE, ZIP CODE 209 Merriman Rd Akron, OH 44303	
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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 01/06/25 at 8:40 A.M. revealed Resident #44's meal tray was placed on her overbed table which consisted of two small pieces of French toast sticks, a fork, oatmeal, a tea bag with no hot water, orange juice and no mighty shake as indicated on the meal ticket.</p> <p>Interview on 01/06/25 at 8:41 A.M. with CNA #888 confirmed Resident #44's breakfast meal tray did not include the hot water for the tea or the mighty shake. CNA #888 also confirmed the resident's meal tray had two small pieces of French toast sticks and no spoon for the oatmeal.</p> <p>Interview on 01/06/25 at 9:32 A.M. with Dietary Director #820 indicated the breakfast pizza was a pizza with sausage gravy on top. She stated the substitute for the breakfast pizza should have been scrambled eggs and toast as the breakfast pizza was not delivered by the food company. Dietary Director #820 also indicated the hot water for Resident #44's tea should have come down on the food cart and the resident's mighty shake should have been on the tray.</p> <p>Review of the French Toast Sticks Manufacturer Directions (on the back of the package) with Dietary Director #820 indicated the serving size for the French toast sticks was four pieces.</p> <p>Review of the Menus and Spreadsheets for 01/07/25 revealed the lunch meal consisted of chicken pot pie, tossed salad, wheat bread, applesauce cake, choice of dressing, margarine and coffee or tea.</p> <p>Review of Resident #44's lunch meal ticket dated 01/07/25 revealed the resident disliked broccoli, scrambled eggs and no pork including ham bacon and pork. The preferences section including a mighty shake with a plus sign next to it and hot tea (one cup).</p> <p>Observation on 01/07/25 at 1:40 P.M. with the DON revealed Resident #44's meal tray did not include the resident's applesauce cake or bread per the menu and meal ticket.</p> <p>Interview on 01/07/25 at 1:41 P.M. with the DON confirmed Resident #44's lunch meal tray did not include the applesauce cake or bread per the menu and meal ticket.</p> <p>Review of the Food and Nutrition Services policy revised 10/2017 revealed each resident was provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident.</p> <p>This deficiency represents non-compliance investigated under Complaint Numbers OH00160613 and OH00160213.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>34297</p> <p>Based on observation, record review and interview, the facility failed to ensure palatable food temperatures were consistently served to residents. This finding had the potential to affect all 55 residents who reside in the facility and were provided meals from the kitchen.</p> <p>Findings include:</p> <p>Review of the Food Temperature Log form dated 12/15/24 to 12/21/24 revealed no evidence food temperatures to ensure food safety and palatability were obtained for breakfast, lunch and dinner on 12/15/24, dinner on 12/16/24, dinner on 12/17/24, breakfast, lunch and dinner on 12/18/24, 12/19/24, 12/20/24 and 12/21/24.</p> <p>Review of the Food Temperature Log form dated 12/22/24 to 12/28/24 revealed no evidence food temperatures to ensure food safety and palatability temperatures were obtained for breakfast, lunch and dinner on 12/22/24, 12/23/24, 12/24/24, 12/25/24, dinner on 12/26/24, breakfast, lunch and dinner on 12/27/24 and 12/28/24.</p> <p>Observations on 01/06/25 at 11:49 A.M. revealed [NAME] #870 obtained temperatures of the carrots, rice, breaded fish, mashed potatoes and hamburger patties for appropriate temperatures using a food thermometer. [NAME] #870 documented the food temperatures on the Food Temperature Log form dated 12/29/24 to 01/04/25.</p> <p>Review of the Food Temperature Log form dated 12/29/24 to 01/04/25 revealed no evidence food temperatures to ensure food safety and palatability temperatures were obtained for breakfast, lunch and dinner were not filled out on the form and the form was blank.</p> <p>The facility did not have a Food Temperature Log form from 01/05/25 to 01/11/25 and no evidence food temperatures were obtained on 01/05/25.</p> <p>A test tray was completed with Dietary Director #820 on 01/06/25 at 12:09 P.M. consisting of breaded fish, carrots, rice and milk. The fish carrots and rice did not have concerns with palatability. The milk's temperature was 54.7.</p> <p>Interview on 01/06/25 at 6:11 A.M. with Resident #11 indicated the food was bad but offered alternatives.</p> <p>Interview on 01/06/25 at 6:12 A.M. with Resident #13 indicated the food was institutional grade and was always cold.</p> <p>Interview on 01/06/25 at 8:06 A.M. with Resident #27 stated they always provided beef and pork when he did not want beef or pork.</p> <p>Interview on 01/06/25 at 12:12 P.M. with Dietary Director #820 confirmed the milk did not meet the required temperature under 40 degrees Fahrenheit and staff were not consistently check food temperatures as evidenced by the blank sections under the Food Temperature Logs from 12/15/24 to 01/06/25.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 01/07/25 at 10:31 A.M. with Resident #44 ' s daughter indicated the food was inconsistent and that was why they brought a refrigerator to the resident ' s room. She stated the food was always completely lacking.</p> <p>Review of the Food and Nutrition Services policy revised 10/2017 revealed each resident was provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident.</p>		