STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365860	A. Building B. Wing	02/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Independence House	1000 Independence Rd Fostoria, OH 44830

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and policy review, the facility failed to ensure physician orders were followed regarding wound care. This affected one (#33) of three residents reviewed for wounds. The facility census was 32.Findings include:Review of medical record for Resident #33 revealed an admission date of 12/05/25 and discharge date of 01/07/26 with diagnoses including but not limited to atrial fibrillation, psoas muscle abscess, heart failure, chronic gout, bacteremia, osteomyelitis of vertebra lumbar region, neoplasm of uncertain behavior of cerebral meninges, type two diabetes, non-pressure chronic ulcer of other part of right foot with fat layer exposed and hypertension.Review of minimum data set (MDS) dated [DATE] revealed the resident was cognitively intact.Review of physician orders revealed treatment to coccyx triad cream with optifoam daily ordered from 12/06/25 through 12/12/25, sacrum wound cleanse with normal saline (NS) apply Santyl nickel thick, calcium alginate and apply silicone border foam dressing from 12/12/25 through 12/19/25, and mid thoracic back wound treatment cleanse with NS, apply silver alginate cover with ABD and secure with tape daily from 12/12/25 through 12/24/25, back incision cleanse with NS cover with gauze and ABD pad secure with tape daily from 12/06/25 through 12/10/25, sacrum wound cleanse with NS apply Santyl nickel thick, calcium alginate, xtrasorb and cover with tape daily from 12/20/25 through 12/24/25, miconazole external powder two percent (%) apply to affected skin areas topically twice daily for skin rash, bilateral heels apply derma prep and cover with mepilex every three days from (12/09/25 through/ 12/24/25, and right heel wound cleanse with NS apply skin prep and cover with silicone bordered foam dressing on Tuesday, Thursday, and Saturday daily.Review of treatment administration record (TAR) for December 2025 revealed the treatment to coccyx triad cream cover with optifoam was not signed off on 12/11/25, treatment to sacrum was not signed off for 12/16/25, mid thoracic back wound treatment was not signed off on 12/16/25 and 12/18/25, miconazole external powder two % twice daily was not signed off at bedtime on 12/11/25 and 12/12/25 and upon rising on 12/16/25, right heel wound cleanse with NS apply skin prep and cover with silicone bordered foam dressing on Tuesday, Thursday, Saturday was not signed off on 12/16/25, back incision cleanse with NS cover with gauze and ABD pads secure with tape daily was not signed off on 12/11/25, and bilateral heels apply derma prep and cover with mepilex every three days was not signed off on 12/11/25.Review of after visit summary dated 01/03/26 revealed orders to pack coccyx wound with Dakin's soaked kerlix and then apply sacral foam border to hold in place, paint bilateral heels with iodine and place mepilex over unstageable wounds daily, and back incision dressing check operative dressing at least once a shift and change dressings postoperative day three and then as needed moving forward. Postoperative day three is 01/05/26.Review of physician orders for January 2026 revealed heel inspection twice daily from 01/03/25 through 01/08/26, Dakin's soaked kerlix one quarter strength to sacral wound daily from 01/07/26 through 01/20/26, left heel paint with betadine cover with mepilex daily start date of 01/08/26 and discharge date of 01/08/26. No order was noted for monitoring the back (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	incision every shift or to change the postoperative dressing until 01/06/26. No sacral treatment noted from 01/03/26 through 01/07/26.Review of TAR for January 2026 revealed heel inspection twice daily was not signed off on 01/05/26, left heel paint with betadine cover with mepilex daily was started on 01/08/26 after discharge. Review of wound documentation for 12/11/25 and 12/18/25 revealed the wounds to the mid thoracic, sacrum, and bilateral heels were improving from admission.Interview on 02/12/26 at 3:08 P.M. with the Administrator revealed they verified the discharge orders for 01/03/26 was to paint bilateral heels with iodine and place mepilex over the unstageable wounds daily and back incision dressing check operative dressing at least once per shift and change the dressing postoperative day three and then as needed moving forward, sacral wound was pack with Dakin's soaked kerlix daily. administrator verified there was no order to change the postoperative dressing on 01/05/26 or an order to monitor the dressing once a shift. Administrator located a physician order placed under other to apply ABD to back incision on 01/06/26 and it did not show up on the physician order due to not needing any documentation. Verified there was no order for sacral wound until 01/07/26 or paint bilateral heels upon discharge on [DATE] and no order in place until 01/08/26. Administrator verified the treatments not signed off in December as listed above.Review of policy titled Wound Treatment Management dated 12/01/2021 revealed to promote wound healing of various types of wounds, it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders. Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change. In the absence of treatment orders, the licensed nurse will notify physician to obtain treatment orders. This may be the treatment nurse, or the assigned licensed nurse in the absence of the treatment nurse.This deficiency represents non-compliance investigated under Complaint Number 2705856.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and policy review, the facility failed to ensure physician orders were followed as ordered. This affected one (#33) of three residents reviewed for physician orders. The facility census was 32.Findings include:Review of medical record for Resident #33 revealed an admission date of 12/05/25 and discharge date of 01/07/26 with diagnoses including but not limited to atrial fibrillation, psoas muscle abscess, heart failure, chronic gout, bacteremia, osteomyelitis of vertebra lumbar region, neoplasm of uncertain behavior of cerebral meninges, type two diabetes, non-pressure chronic ulcer of other part of right foot with fat layer exposed and hypertension.Review of minimum data set (MDS) dated [DATE] revealed the resident was cognitively intact.Review of the hospital discharge orders dated 12/05/25 revealed ergocalciferol 50,000 units by mouth weekly.Review of physician orders dated 12/05/25 revealed ergocalciferol tablet give 5,000 units by mouth weekly on Monday for vitamin D deficiency, daily weights first thing in the morning if weight is up three pounds in 24 hours, or five pounds in one week notify the physician, cyclobenzaprine 5 milligrams (mg) twice daily for muscle relaxer until 12/15/25, gabapentin 400 mg by mouth four times daily.Review of medication administration record (MAR) for December 2025 revealed ergocalciferol 5000 units was given on Mondays (not the 50,000 as documented in hospital discharge paperwork), daily weights were not obtained on 12/06/25, 12/08/25 through 12/13/25, 12/15/25 through 12/18/25, 12/20/25, and 12/23/25, cyclobenzaprine was not administered on 12/05/25 in the evening, gabapentin 400 mg was not signed off as administered on 12/05/25 in the evening.Interview on 02/12/26 at 3:40 P.M. with the Administrator revealed the daily weights were not obtained on the above dates. The Administrator verified the ergocalciferol order was transcribed incorrectly on 12/05/25 and the resident received three doses weekly since admission. The Administrator verified that cyclobenzaprine and gabapentin was not signed off on 12/05/25 for the evening shift.Review of policy titled, Medication Administration, revealed medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection and sign the MAR after medication is administered.