STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365862	A. Building B. Wing	05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Pines Healthcare Center	3015 17th Street NW Canton, OH 44708

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34297 Based on record review, observation, interview and policy review, the facility failed to ensure the treatment was completed as ordered for Resident #47's right lateral nose skin cancer. This finding affected one (Resident #47) of four residents reviewed for general skin conditions. The facility census was 72. Findings include: Review of the medical record revealed Resident #47 was initially admitted on [DATE] and readmitted on [DATE] with diagnoses including malignant melanoma of the nose, cognitive communication deficit and weakness. Review of Resident #47's Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition. Review of Resident #47's Wound Assessment Report form authored by Wound Nurse Practitioner (NP) #584 dated 04/25/25 revealed the resident had a right nostril melanoma wound identified on 04/02/25 which measured 2.0 centimeters (cm) length by 2.30 cm width by 0.10 cm depth. The treatment included cleansing the wound daily with normal saline and leave open to air (OTA). Review of Resident #47's Wound Assessment Report form authored by Wound NP #584 dated 05/05/25 revealed the resident had a right nostril melanoma wound which measured 2.0 cm length by 2.30 cm width by 0.10 cm depth. The treatment indicated cleansing the wound with normal saline daily and OTA. Review of Resident #47's Wound Assessment Report form authored by Wound NP #584 dated 05/19/25 revealed the resident had a right nostril melanoma which measured 2.0 cm length by 2.30 cm width by 0.10 cm depth. The treatment indicated cleansing the wound with normal saline daily and leave OTA. Review of Resident #47's medication administration records (MARS) and treatment administration records (TARS) from 04/25/25 to 05/20/25 did not reveal evidence the resident's right nostril was cleansed daily with normal saline as ordered by Wound NP #584. Interview on 05/20/25 at 7:46 A.M. with Registered Nurse (RN) Wound Nurse #562 confirmed Resident #47's medical record did not have evidence the resident's right nostril was cleansed daily with normal saline and left OTA. (continued on next page)

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the undated Skin Care and Wound Management Overview policy revealed the facility staff strived to prevent resident skin impairment and to promote the healing of existing wounds.

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	365862	A. Building B. Wing	05/21/2025

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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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34297 Based on record review, observation, interview and policy review, the facility failed to ensure a medication error rate of 5% or less. This finding affected one (Residents #8) of two residents observed for medication administration. A total of 30 medications were administered with two errors for a medication error rate of 6. 67%. Findings include: Review of Resident #8's medical record revealed the resident was admitted on [DATE] with diagnoses including type two diabetes, weakness and anemia. Review of Resident #8's Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited severe cognitive impairment. Review of Resident #8's physician orders revealed an order dated 05/20/24 for Omega-3 fish oil administer 1000 milligrams (mg) by mouth two times a day for a supplement; and an order dated 12/12/24 for Humalog KwikPen (insulin) inject six units subcutaneously (sq) with meals for diabetes. Observation on 05/18/25 at 8:11 A.M. with Registered Nurse (RN) #565 of Resident #8's morning medication administration revealed four medications were administered with two errors. RN #565 did not prime the resident's Humalog KwikPen prior to administering the resident's Humalog insulin and the resident's fish oil was administered at 500 mg instead of 1000 mg as ordered. Interview on 05/18/25 at 9:45 A.M. with RN #565 confirmed the nurse did not prime Resident #8's Humalog KwikPen prior to administering the resident's insulin and administered 500 mg of the fish oil instead of 1000 mg as ordered. Review of the Instructions for Use of the Humalog Kwikpen, revised 03/31/20, revealed to prime the pen by turning the dose knob to select two units; hold the pen with the needle point up and tap the cartridge holder gently to collect air bubbles at the top; continue holding the pen with the needle point up and push the dose knob in until it stops and the 0 was seen in the dose window. Insulin should be observed at the tip of the needle. Select the dose and administer the insulin. Review of the Liberalized Medication Administration policy indicated it was the policy of the facility to administer medications to residents in a safe manner but in a way that correlates with their daily activities and natural schedules.