STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365874	A. Building B. Wing	09/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hudson Elms Nursing Center	563 W Streetsboro Road Hudson, OH 44236

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide restorative nursing services per the plan of care. This affected four residents (#3, #10, #17, and #37) of four reviewed for restorative nursing services. The facility census was 36.Findings include:1. Review of the medical record for Resident #3 revealed an admission date of 05/02/24 with diagnoses including Parkinson's disease, major depressive disorder, hypertension, need for assistance with personal care, spinal stenosis in the lumbar region, spinal enthesopathy in the cervical region, and intervertebral disc disorders.Review of the activities of daily living (ADL) plan of care, dated 10/02/24, revealed Resident #3 had impaired functional abilities, mobility deficit, required staff intervention to complete self-care and mobility activities, and was at risk for decline in functional ability and usual performance associated complications. Interventions included, but were not limited to: restorative nursing to ambulate or walk resident with front wheeled walker with one person assist and wheelchair follow (initiated 08/01/25 and revised 09/18/25); restorative nursing to do active range of motion (AROM) exercises to bilateral upper extremities (BUE) and cervical [spine] stretches (initiated 05/28/25 and revised 09/18/25).Review of the therapy discharge notification form, dated 05/09/25, revealed Resident #3's physical therapy would end on 05/12/25 and occupational therapy would end on 05/13/25. A recommendation was made for restorative nursing for ambulation to and from the dining room with standby assist using wheeled walker with wheelchair to follow, and BUE exercises and cervical stretches to maintain strength and flexibility for increased ADL performance.Review of the range of motion (ROM) plan of care, dated 05/28/25, revealed Resident #3 was at risk for a decline in ROM. Interventions included, but were not limited to: BUE exercises and cervical stretches to maintain strength and flexibility for increased ADL performance (initiated 05/28/25); encourage resident participation (initiated 05/28/25); explain the program to the resident (initiated 05/28/25); monitor and document tolerance (initiated 05/28/25); monitor for signs and symptoms of discomfort and notify charge nurse (initiated 05/28/25); move joints slowly and smoothly (initiated 05/28/25); restorative to assess quarterly and as needed (PRN) (initiated 05/28/25).Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #3 had no cognitive impairment.Review of the facility's staff credentialing on restorative nursing services, dated 08/28/25, revealed Certified Nursing Assistants (CNAs) #101, #107, #108, #109, and #110 had been credentialed by Corporate Mobile Director of Nursing (DON).Review of the point of care tasks for Resident #3 revealed the following restorative services were to be provided every day on every shift: BUE exercises and cervical stretches to maintain strength and flexibility for increased ADL performance (initiated 05/28/25) and ambulate or walk resident with front wheeled walker with one person assist and wheelchair follow (initiated 08/01/25). Review of the point of care documentation for August 2025 and September 2025 revealed the restorative services for ambulating or walking Resident #3 were marked as not applicable (N/A) on 08/29/25, left blank on 08/30/25, marked N/A on 09/01/25 and 09/03/25, left blank on 09/06/25 and 09/07/25, marked N/A on 09/08/25, left blank on 09/09/25 and 09/10/25, marked N/A on 09/11/25, left blank on 09/13/25, 09/14/25, and 09/15/25, marked N/A on 09/17/25, and left blank on 09/20/25 and 09/21/25. The restorative services for BUE exercises and cervical stretches were marked as not applicable (N/A) on 08/29/25, left blank on 08/30/25, marked N/A on 09/01/25, left blank on 09/06/25 and 09/07/25, marked N/A on 09/08/25, left blank on 09/09/25, 09/10/25, 09/13/25, 09/14/25, 09/15/25, and 09/16/25, marked N/A on 09/17/25, and left blank on 09/18/25, 09/19/25, 09/20/25, and 09/21/25. On 09/22/25 at 10:40 A.M., an interview with CNA #101 stated the facility did not have a restorative aide and she did not provide restorative services to residents due to not knowing what to do. CNA #101 further stated she was written up for marking N/A on the restorative documentation.On 09/22/25 at 11:27 A.M., an interview with Resident #3 stated staff did not perform any stretching exercises with her and she wished they would.On 09/22/25 at 11:32 A.M., an interview with Corporate Mobile DON stated the facility did have a restorative nursing program and that facility staff were inconsistent with providing restorative nursing. On 09/22/25 at 2:31 P.M., an interview with Regional Director of Clinical Services #104 verified CNA #101 was marking N/A on all restorative tasks for multiple residents and had been written up as a result. On 09/22/25 at 2:58 P.M., an interview with the Administrator verified the documentation for Resident #3's restorative services had multiple blanks and N/As, even after staff training on providing restorative services.On 09/22/25 at 4:10 P.M., an interview with Corporate Mobile DON verified restorative services continued to be marked N/A or left blank. Corporate Mobile DON claimed the