

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365878	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2025
NAME OF PROVIDER OR SUPPLIER Pine Ridge Skilled Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 463 East Pike Street Morrow, OH 45152	

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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, hospital record review, staff interview, and review of the facility, the facility failed to implement resident tube feeding orders upon admission. This affected one (Resident #19) of three residents reviewed for hospitalization. The facility identified one (Resident #19) with orders for tube feeding. The facility census was 46 residents. Findings include: Review of the medical record for Resident #19 revealed an admission date of 05/14/25 with diagnoses including chronic obstructive pulmonary disease (COPD), major depressive disorder, anxiety disorder, and mild protein-calorie malnutrition. Resident #19 transferred to the hospital on [DATE], was readmitted to the facility on [DATE], was transferred again to the hospital on [DATE], and was readmitted to the facility on [DATE] Review of the Minimum Data Set (MDS) assessment for Resident #19 dated 09/06/25 revealed the resident had intact cognition and required staff assistance with activities of daily living (ADLs.) Review of the hospital continuity of care record for Resident #19 dated 08/22/25 revealed an order for Nutren 2.0 tube feeding 10 milliliters (ml) per hour with goal rate of 35 ml per hour. Review of the physician's orders for Resident #19 revealed no order for tube feeding initiated on 08/22/25 for the resident. Review of the Medication Administration Record (MAR) for Resident #19 dated 08/22/25 to 08/25/25 revealed it did not include documentation of tube feeding administration for the resident. Review of the care plan for Resident #19 dated 08/28/25 revealed the resident was at a moderate nutritional risk related to the need for enteral feedings. Interventions included to provide enteral feedings per the order. Interview on 09/19/25 at 10:52 A.M. with the Director of Nursing (DON) verified the tube feeding orders were not entered into Resident #19's medical record upon her return from the hospital. The DON stated the facility did not provide the tube feeding for Resident #19 from 08/22/25 to 08/25/25 because they did not have the formula that was ordered available in the facility. Review of the facility policy titled Enteral Nutrition dated November 2018 revealed nutritional support through enteral nutrition should be provided to residents as ordered. The staff could use products from a basic formulary until specialized products can be delivered. This deficiency represents noncompliance investigated under Complaint Number 2601904.</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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