

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365906	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/18/2025
NAME OF PROVIDER OR SUPPLIER  Monarch Meadows Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 299 Commerce Dr Seaman, OH 45679	

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 0578  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and staff interviews, the facility failed to ensure signed Do Not Resuscitate (DNR) paperwork was present in the chart for a resident who requested DNR code status. This affected one (#52) of 19 residents reviewed for advance directives. The facility census was 47. Findings include: Closed record review for Resident #51 revealed the resident was admitted to the facility on [DATE]. Diagnoses included metabolic encephalopathy, diabetes mellitus, Alzheimer's disease, and seizures. Review of the physician's order, dated [DATE], revealed an order for the resident to be Do Not Resuscitate - Comfort Care Arrest (DNRCCA) code status. There was no DNR paperwork found in Resident #51's medical record. The nursing progress note, dated [DATE], revealed Resident #51 became unresponsive. Writer unable to find a pulse and began chest compressions. Certified Nursing Assistant (CNA) bagged resident until Registered Nurse (RN) took over. Emergency Medical Services (EMS) arrived. Telephone interview on [DATE] at 12:30 P.M. with Licensed Practical Nurse (LPN) #150 confirmed the nurse was passing morning medications when she was notified Resident #52 was on the floor in the bathroom. LPN #150 responded immediately and while providing care to Resident #52 the resident ceased breathing and was without a pulse. LPN #150 confirmed Cardiopulmonary Resuscitation (CPR) which included chest compressions and providing oxygen by bagging the resident was initiated until EMS personnel arrived. LPN #150 confirmed a pulse check was performed and the resident had regained a pulse and was transported to the hospital. LPN #150 confirmed CPR was initiated due to the resident not having signed DNR paperwork in the medical record. Interview on [DATE] at 1:50 P.M. with the Director of Nursing (DON) confirmed Resident #52 had a physician's order for DNRCCA code status but the facility had not ensured signed DNR paperwork was present in the medical record to prevent CPR from being initiated. This deficiency represents non-compliance investigated under Complaint Number 2602027.</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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