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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365939 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/04/2025 |
| NAME OF PROVIDER OR SUPPLIER Edgewood Manor of Wellston | | STREET ADDRESS, CITY, STATE, ZIP CODE 405 North Park Avenue Wellston, OH 45692 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident record review, staff interview, and review of hospital discharge instructions, the facility failed to ensure discharge orders for medications were accurately implemented. This affected one resident (#39) out of the 16 residents whose medications were reviewed. The facility census was 40. Findings include: Record review for Resident #39 revealed the resident was admitted to the facility on [DATE] and had diagnoses which included hypertension, diabetes mellitus, and adult failure to thrive. Review of the admission Minimum Data Set (MDS) assessment, dated 08/07/25, revealed the resident was assessed to have impaired cognition. Review of the hospital discharge medication instructions, dated 07/30/25, revealed Resident #39 was to continue taking one half of a tablet of 25 milligram (mg) metoprolol (an anti-hypertensive medication) twice a day after discharge from the hospital. Review of the physicians order, dated 07/31/25, revealed Resident #39 was ordered one whole tablet of 25 mg metoprolol to be administered twice a day while residing in the facility. Further record review for Resident #39 revealed the resident was not documented to suffer any adverse effects as a result of being administered 25 mg of metoprolol twice a day while residing in the facility. Interview with the Director of Nursing (DON) on 09/04/25 at 10:05 A.M. confirmed the hospital discharge instructions for Resident #39 were for the resident to continue taking one half of a tablet of 25 mg metoprolol (to equal 12.5 mg) twice a day but order was transcribed at the facility for one whole tablet (to equal 25 mg) twice a day. This citation represents non-compliance identified during the investigation of Complaint #2601352 and Complaint #2596195.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: | Facility ID: 365939 |
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