

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365952	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Ridgewood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 3231 Manley Road Maumee, OH 43537	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35033</p> <p>Based on review of the medical record, staff interview, resident interview, and policy review, the facility failed to ensure wound care treatments were completed per physician orders. This affected one resident (#18) of three residents reviewed for wound care. The facility identified five residents with wounds. The facility census was 44.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #18 revealed an admitted [DATE]. Diagnoses included paraplegia, chronic obstructive pulmonary disease, pressure ulcer of sacral region stage four, and hypertension.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #18 had intact cognition. The resident was at risk for pressure ulcers and had a stage four pressure ulcer present on admission.</p> <p>Review of the skin risk assessment dated [DATE] revealed the resident was at moderate risk for skin breakdown.</p> <p>Review of a physician order dated 01/29/25 revealed to cleanse sacral wound with wound cleanser, apply calcium alginate to wound bed, pack remaining space with normal saline gauze and cover with border gauze every Monday, Wednesday, Friday and as needed.</p> <p>Review of a nurse practitioner (NP) wound note dated 02/05/25 revealed the resident had a stage four pressure ulcer to the sacrum. The NP noted the wound dressing was removed but there was no primary dressing present on the wound at this time. The wound measured two centimeters (cm) in length, 7.5 cm in width, and 1.5 cm in depth. The wound was 30 percent epithelial tissue, 40 percent granulation tissue, 20 percent slough and zero percent eschar. The wound edges were unattached. There was a moderate amount of serosanguineous drainage. The surrounding skin was fragile, had scarring, was red, and macerated. The NP ordered a new wound treatment to cleanse wound with wound cleanser, apply collagen, calcium alginate to base of wound, secure with bordered gauze, change daily and as needed.</p> <p>Review of a nurses note by Licensed Practical Nurse (LPN) #386 dated 02/09/25 at 6:12 P.M., revealed the resident's wound dressing change was done as needed due to being soiled.</p> <p>(continued on next page)</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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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a physician order dated 02/09/25 at 10:53 P.M. revealed to cleanse the sacral wound with wound cleanser, place collagen to immediate wound bed, then pack remaining wound space with calcium alginate and secure with border gauze every dayshift and as needed for wound care.</p> <p>Review of the Treatment Administration Record (TAR) dated 02/01/25 through 02/09/25 revealed the treatment ordered by the NP on 02/05/25 was not entered into the electronic medical record until 02/09/25 at 10:53 P.M. and not completed for the resident until 02/10/25.</p> <p>Interview on 02/10/25 at 8:52 A.M., Resident #18 revealed she had a stage four pressure ulcer since her admission to the facility. Resident #18 revealed her treatments were ordered on Mondays, Wednesdays, Fridays, and as needed or when soiled. Resident #18 stated to LPN #620 she was soiled yesterday and the nurse had not completed her wound dressing the right way. Resident #18 stated staff had removed the old dressing and a brown dressing was applied with no treatment to the wound.</p> <p>Interview on 02/10/25 at 12:51 P.M., Resident #18 revealed LPN #620 had still not fixed her wound dressing.</p> <p>Observation on 02/10/25 at 3:54 P.M. of wound care for Resident #18 with Unit Manager (UM) #320 revealed the resident had a brown foam dressing in place to the sacral wound. The dressing was dated 02/09/24 and initialed by LPN #386. UM #320 removed the brown foam dressing. There was no wound treatment in place to the wound bed and no packing in the wound space as ordered. The wound was a stage four pressure ulcer measuring approximately two cm in length, seven cm in width, and less than two cm in depth. The wound bed was 20 percent slough, 30 percent epithelial tissue, and 50 percent granulation tissue. The wound had a slight odor. The surrounding skin was red. There was moderate serosanguinous drainage.</p> <p>Interview on 02/10/25 at 3:54 P.M., UM #320 verified Resident #18's wound was covered with a foam dressing instead of bordered gauze. UM #320 verified there was no treatment in place to the wound bed and the wound space had no packing.</p> <p>Review of the facility policy Wound Care, revised 10/2010, revealed to verify physician orders for wound care and complete treatments as ordered.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00162257.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35033</p> <p>Based on review of the medical record, observation, interview, and policy review, the facility failed to clarify and implement physician orders for the care of a tracheostomy and further failed to provide tracheostomy care. This affected one resident (#19) of two residents reviewed for respiratory care. The facility identified 19 residents receiving respiratory care. The facility census was 44.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #19 revealed an admitted [DATE]. Diagnoses included acute respiratory failure, epilepsy, pneumonia, hemiplegia, and hypertension.</p> <p>Review of the hospital discharge orders dated 02/06/25 revealed orders for tracheostomy care twice a day and tracheostomy suction as needed.</p> <p>Review of the baseline care plan dated 02/06/25 revealed tracheostomy cannula size six, suction, oxygen. There were no interventions to provide tracheostomy care and no instructions regarding the frequency of suctioning.</p> <p>Review of the admission physician orders for 02/06/25 revealed the resident had no orders in place for tracheostomy care or tracheostomy suctioning. There were no orders for a spare tracheostomy, inner cannula, or Ambu bag (bag valve mask) at bedside.</p> <p>Review of the treatment administration record (TAR) from 02/06/25 through 02/09/25 revealed no documented treatments were completed for care of the resident's tracheostomy.</p> <p>Observation on 02/10/24 at 8:07 A.M. of Resident #19 revealed there was no spare tracheostomy or Ambu bag, or inner cannula available at the bedside.</p> <p>Interview on 02/10/24 at 8:07 A.M., Licensed Practical Nurse (LPN) #602 looked through the drawers in the residents bedside stand and verified there was no spare tracheostomy, Ambu bag, or inner cannula in the bedside stand with the other tracheostomy supplies.</p> <p>Observation on 02/10/24 at 9:08 A.M., revealed Resident #19 had no spare tracheostomy, Ambu bag, or inner cannula available at the bedside.</p> <p>Interview on 02/10/24 at 9:08 A.M., LPN #385 also searched the resident's room and verified the resident had no spare tracheostomy, Ambu bag or inner cannula at the bedside.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 02/10/25 at 11:21 A.M., the Director of Nursing (DON) verified Resident #19 should have a spare tracheostomy and inner cannulas available at the bedside. The DON revealed the resident had moved out of her previous room on 02/07/25 and some tracheostomy supplies must have been left in her previous room. Further interview on 02/10/25 at 2:11 P.M., the DON verified Resident #19 had no orders in place for tracheostomy care and for a spare tracheostomy, Ambu bag and inner cannulas to be available at bedside. The DON verified there was no documentation tracheostomy care or suctioning had been completed for the resident. The DON verified the physician orders for the resident's tracheostomy care were not entered into the treatment administration record until 02/10/25. Further interview on 02/11/25 at 1:16 P.M., the DON stated she saw staff providing tracheostomy care and was not sure why the nurses had not entered the physician orders regarding the tracheostomy into the electronic medical record.</p> <p>Observation on 02/10/24 at 1:04 P.M., of tracheostomy care for Resident #19 with LPN #385. and Unit Manager (UM) #320 revealed UM #320 provided tracheostomy care for Resident #19 per physician orders.</p> <p>Review of the facility policy Tracheostomy Care, revised 10/2023, revealed a replacement tracheostomy tube must be available at the bedside at all times. Tracheostomy care should be provided as often as needed, at least once daily for an established tracheostomy, and at least every eight hours for residents with an unhealed tracheostomy.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00162375.</p>		