

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365972	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Canfield Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2958 Canfield Rd Youngstown, OH 44511	

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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44810</p> <p>Based on closed record review, policy review and interview, the facility failed to ensure Resident #65's written discharge summary was accurate to reflect the amount of the medication, Oxycodone, provided to the resident at the time of discharge. This affected one resident (#65) of three residents reviewed for discharge. The facility census was 64.</p> <p>Findings include:</p> <p>Review of the closed medical record for Resident #65 revealed an admitted [DATE] and a discharge date of [DATE]. Resident #65 had diagnoses including paraplegia, chronic pain syndrome, and major depression.</p> <p>Review of a care plan dated 02/29/24 revealed Resident #65 had chronic complaints of pain. Interventions included to provide medications as ordered and monitor for effectiveness.</p> <p>Review of a physician order dated 01/07/25 revealed an order for the controlled substance Oxycodone 20 milligrams (mg) (opioid pain medication) by mouth four times a day.</p> <p>Review of the discharge Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #65 had intact cognition. The assessment revealed Resident #65 required substantial/maximal (staff) assistance for all activities of daily living.</p> <p>Review of the discharge summary dated 02/26/25 that was signed by Resident #65 revealed the resident would receive a thirty-day (30) supply of medication upon discharge.</p> <p>Review of a narcotic count sheet revealed the sheet was discontinued on 02/26/25 and 30 Oxycodone tablets were given to Resident #65. (30 tablets of the medication equaled a seven-and-a-half-day supply of the medication as the resident was ordered the medication four times per day).</p> <p>Review of the nurse's note dated 02/26/25 at 7:56 A.M. revealed Resident #65 was being discharged home at that time. All personal belongings were sent with him. The note included medications that were sent with Resident #65 including 30 Oxycodone tablets.</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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 03/19/25 at 1:35 P.M. with Regional Nurse #502 verified when Resident #65 was discharged he was given 30 Oxycodone pills which would be seven days' worth of medication, not a 30-day supply that was stated in the written discharge summary. Regional Nurse #502 reported this was a clerical error. The regional nurse indicated in addition to the seven-day supply of Oxycodone, the facility set up an appointment with a primary care physician for 02/28/25, two days after the resident's discharge at which time medications could be reviewed and/or refills ordered.</p> <p>Interview on 03/19/25 at 2:02 P.M. with the Director of Nursing (DON) confirmed the nurse who went over the discharge instructions with Resident #65 documented on 02/26/25 at 7:56 A.M. the resident was sent with a 30-day supply of his regular medications and 30 tablets of Oxycodone. During the interview, the DON confirmed the written discharge summary documented that the resident was provided with a 30-day supply of all medications; however, this was not accurate as he only received 30 Oxycodone tablets.</p> <p>Review of the undated facility policy titled Transfer and Discharge revealed reconciliation of all pre-discharge medications with the resident's post discharge medications would include prescribed/prescription medications and over the counter medications.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH000163758.</p>		