

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366010	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2025
NAME OF PROVIDER OR SUPPLIER The Pinnacle Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 330 Southwest Ave Tallmadge, OH 44278	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34297</p> <p>Based on record review and interview, the facility failed to ensure Resident #53's legal guardian was notified of the resident's refusal of a planned procedure. This finding affected one (Resident #53) of three residents reviewed for changes in condition.</p> <p>Findings include:</p> <p>Review of Resident #53's medical record revealed the resident was admitted on [DATE] with diagnoses including unspecified dementia, depression and gastrostomy status.</p> <p>Review of Resident #53's Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited a memory problem.</p> <p>Review of the Summit County Probate court form dated 10/11/24 revealed the resident's daughter was the guardian of person and estate.</p> <p>Review of the Probate Division Court Document dated 10/24/24 revealed Attorney #815 was appointed Guardian Ad Litem (individual appointed by the court to represent the best interests of someone unable to take care of themselves).</p> <p>Review of Resident #53's progress note dated 04/04/25 at 5:13 P.M. revealed the resident went out for an abdominal CAT (medical imaging test that allows doctors to see inside body) scan with the Certified Nursing Assistant (CNA) accompanying and assisting. Per the CNA, the resident would not transfer onto the exam table for the exam/procedure and repeatedly refused. The test was canceled.</p> <p>Telephone interview on 04/07/25 at 10:36 A.M. with Probate #816 indicated the facility should be calling Resident #53's guardian (daughter) for any changes in the resident's condition. Probate #816 confirmed the facility had appointed a Guardian Ad Litem to make an independent report on the resident's condition and determine if the current guardian (daughter) was in the best interests of the resident. She stated this hearing would be conducted on 04/22/25 but at the current time, the daughter was the valid guardian.</p> <p>Interview on 04/07/25 at 10:47 A.M. with the Director of Nursing (DON) and the Administrator confirmed Resident #53's current legal guardian was not notified of the resident's refusal of her test on 04/04/25.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Notification of Change policy revised 12/2016 revealed the facility shall promptly notify the resident, his or her attending physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status.</p>		