STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366010	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Pinnacle Rehabilitation and Nursing Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure Resident #73's right hip/femur staples were removed timely. This finding affected one (Resident #73) of three residents reviewed for wounds. The facility census was 71.Findings include: Review of Resident #73's hospital Orthopedics Progress Note dated 03/11/26 at 6:49 A.M. revealed the resident was examined and the pain was controlled with medications. The resident was day two of status post right cephallomedullary nail.Review of Resident #73's hospital Discharge Summary form dated 03/13/26 at 2:46 P.M. revealed the resident was to see Orthopedics Physician #817 in two weeks (03/27/26).Review of Resident #73's closed medical record revealed the resident was admitted on [DATE] with diagnoses including encounter for other orthopedic aftercare, nondisplaced fracture of the greater trochanter of the right femur, subsequent encounter with routine healing and bipolar disorder. Resident #73 was discharged home on [DATE].Review of Resident #73's physician orders revealed an order dated 03/13/26 (discontinued 04/02/26) for the right hip silverlon dressing to remain in place until the follow-up appointment with orthopedics. Monitor every shift and notify the physician if drainage was noted.Review of Resident #73's Orthopedic provider note dated 03/16/26 at 2:32 P.M. revealed the provider spoke with Licensed Practical Nurse (LPN) Unit Manager (UM) #819 and went over new orders including dressing changes and daily skin checks to monitor for infection and the staples may be removed on 03/21/26 if the area was well approximated; Doxycycline 100 milligrams (mg) one by mouth twice daily for seven days with a stop date of 03/18/26 (discontinued by Physician #820 on 03/16/26) and Lovenox anticoagulant 40 mg daily until 04/06/26. A follow-up appointment was made, the address and phone given to call with any concerns.Review of Resident #73's general progress note dated 03/16/26 at 3:07 P.M. authored by LPN UM #819 revealed the staff member spoke with the orthopedic surgeon's office. The resident to be weight bearing as tolerated to the right lower extremity. The staples can be removed on 03/21/26 if the incision was well approximated. A follow up appointment was scheduled for 03/25/26 at 8:30 A.M. The resident was made aware of everything and while in the room, she stated that while using the bedside commode, the right upper thigh felt like it locked, and she had more pain than usual. The physician was notified and an order for an X-ray was obtained. The resident was made aware.Review of Resident #73's Surgical Wound Note dated 03/17/26 revealed the resident was admitted with the right hip surgical dressing and aftercare following an orthopedic surgery.Review of Resident #73's Surgical Wound Care Services form dated 03/31/26 revealed the surgeon removed the staples at the office on the follow-up visit on 03/25/26.Review of Resident #73's physician orders revealed an order dated 04/01/26 (discontinued 04/09/26) to cleanse the right hip and thigh with hibiclens, pat dry, leave open to air daily and as needed.Review of Resident #73's medication administration records (MARS) and treatment administration records (TARS) from 03/16/26 to 04/11/26 revealed the resident's dressing was monitored but the staples were not removed.Telephone interview on 04/22/26 at 11:30 A.M. with Orthopedic Physician Office #818 confirmed they called and gave orders to LPN UM #819 on 03/16/26 at 2:32 P.M. to remove the resident's right hip staples on 03/21/26 if the hip was well approximated.Telephone interview on 04/22/26 at 11:39 A.M. with the Director of Nursing (DON) in attendance of Orthopedic Physician (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Office #818 confirmed their office spoke to LPN UM #819 and gave orders to remove the staples to Resident #73's right hip if the incision was well approximated.Interview on 04/22/26 at 11:45 A.M. with the DON confirmed Resident #73's staples were not removed per the orthopedic surgeon's orders.Review of the Telephone Orders policy revised 02/2014 revealed verbal telephone orders may be accepted from each resident's Attending Physician.This deficiency represents non-compliance investigated under Complaint Number 2985252.