

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366022	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Manor at Perrysburg		STREET ADDRESS, CITY, STATE, ZIP CODE 250 Manor Drive Perrysburg, OH 43551	

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 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45751</p> <p>Based on medical record review, observation, and staff interview, the facility failed to ensure residents were provided with assistive devices as ordered/care planned. This affected one (Resident #27) out of three residents reviewed for assistance with drinking. The facility census was 104.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #27 revealed an admitted [DATE] with diagnoses including but not limited to hemiplegia/hemiparesis following cerebral infarction affecting right dominant side, type two diabetes, cognitive communication deficit, vascular dementia, disorientation, delirium, essential tremor, and hypertension.</p> <p>Review of Resident #27's Medicare 5-day Minimum Data Set assessment, dated 12/28/23, revealed Resident #27 had a brief interview of mental status score of zero which indicated severe cognitive impairment. Resident #27 required supervision/touching to moderate assistance for activities of daily living. Resident #27 was dependent on staff for transfers.</p> <p>Review of the Nursing Interdisciplinary Meeting Note, dated 03/07/24, revealed nursing would write an order to provide Resident #27 with two handled cup with lid to increase the residents independence with drinking liquids.</p> <p>Review of Resident #27's Care Plan, dated 03/20/24, revealed Resident #27 had increased nutrition/hydration needs related to a recent stroke, vascular dementia, epilepsy, and significant weight change. Interventions included but were not limited to two handled cups with all meals and drinks.</p> <p>Review of Resident #27's physician order, dated 03/27/24, revealed Resident #27 was to have a two handled cup with lid for all drinks.</p> <p>Observation on 03/27/24 at 8:09 A.M. of Resident #27's room revealed there was a full cup of ice water with a lid, straw, and no handles located on the over the bed table across the room and out of reach of Resident #27. The breakfast tray was observed on the same table with drinks which were in smooth cups with lids and no handles.</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 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 03/27/24 at 10:57 A.M. of Resident #27's room revealed there was a full cup of ice water with a lid, straw, and no handles on the over the bed table across the room and out of reach of Resident #27.</p> <p>Observation on 03/27/24 at 1:00 P.M. of Resident #27's lunch tray revealed none of the residents drinks were in drink cups with handles.</p> <p>Observation on 03/28/24 at 1:01 P.M. of Resident #27's room revealed there was a full glass of water with a lid on the over the bed table. The glass of water was out of reach of the resident and did not have handles.</p> <p>Observation on 04/01/24 at 8:50 A.M. of Resident #27's breakfast tray revealed none of the residents drinks were in drink cups with handles or lids.</p> <p>Observation on 04/01/24 at approximately 9:12 A.M. of Resident #27's room revealed there was a full water cup with a lid and no handles on the over the bed table which was out of reach of the resident.</p> <p>Observation on 04/01/24 at 11:28 A.M. of Resident #27's room revealed there was a full cup of water with a lid, and no handles on the over the bed table which was out of reach of the resident.</p> <p>Interview on 04/01/24 at 1:49 P.M. with the Director of Nursing (DON) verified Resident #27 drinks were not in a two handled cup and the water in Resident #27's room was not within the reach of the resident. The DON stated the staff would offer the resident a drink when they came into the room. The DON stated the resident would sometimes throw her water across the room. The DON also revealed the over the bed table could not be placed by the resident's bed due to the mattresses on the floor for fall prevention.</p> <p>Interview on 04/01/24 at approximately 4:25 P.M. with Food Service Supervisor (FSS) #222 revealed she had used both a regular cup and a two handled cup to offer Resident #27 a drink. FSS #222 revealed nursing staff did not fill out a dietary slip for the kitchen to get the two handled cup added to Resident #27's meal ticket.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00152085.</p>		