

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  05/15/2025
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on review of facility electronic medical record (EMR), review of external provider documents, staff interview, interview with external provider staff, and policy review, the facility failed to ensure a resident timely received medications upon discharge. Additionally, the facility failed to ensure timely notification of Social Security (SS) of discharge. This affected one (#110) of three residents (#110, #112, and #114) reviewed for discharge rights.</p> <p>Findings include:</p> <p>1. Review of the EMR for Resident #110 revealed an admission date of 07/25/24 and a discharge date of 03/12/25 with diagnoses including frontotemporal neurocognitive disorder, type two diabetes mellitus (DM2), Vitamin D deficiency, hyperlipidemia, frontal lobe and executive dysfunction, retention of urine, dementia in other diseases classified elsewhere, gastroesophageal reflux disease (GERD), constipation, atrial fibrillation (a. fib), hereditary and idiopathic neuropathy, hypertension (HTN), and multiple myeloma not having received remission.</p> <p>Review of the most recent State Minimum Data Set (MDS) Assessment for Resident #110, dated 03/11/25, revealed a Brief Interview of Mental Status (BIMS) score of 15, indicating Resident #110 was relatively cognitively intact.</p> <p>Review of the EMR for Resident #110 revealed a discharge date of 03/12/25 to his personal home.</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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a. Review of the Interdisciplinary Discharge Summary and Plan of Care (DC POC) revealed Resident #110 was discharged on 03/12/25 with a three-day supply of medication and prescriptions (Rx) were called to the external pharmacy by RSC #320 on 03/13/25. Prescriptions included with the DC POC included Eliquis Oral Tablet 5 mg (milligram), give 1 tablet by mouth two times a day for anticoagulant, a-fib related to essential hypertension; Cardizem CD Capsule Extended Release 24 Hour 120 mg , give 1 capsule by mouth one time a day for a-fib; Ropinirole Hydrochloride 1 mg, give 1 tablet by mouth one time a day for restless legs at HS (bedtime); Atorvastatin Calcium Tablet 10 mg (Atorvastatin Calcium), give 1 tablet by mouth one time a day for cholesterol related to hyperlipidemia; Lisinopril Oral Tablet 5 mg, give 1 tablet by mouth one time a day for heart related to hypertension; Isosorbide Mononitrate ER Tablet Extended Release 24 hour 30 mg, give 1 tablet by mouth one time a day for hypertension related to essential hypertension; Acyclovir Oral Tablet (Acyclovir), give 400 mg by mouth one time a day for prevention of herpes zoster secondary to above diagnosis related to multiple myeloma; Dutasteride Oral Capsule 0.5 mg, give 1 capsule by mouth one time a day related to urinary retention; Flomax Capsule 0.4 mg, give 1 capsule by mouth one time a day related urinary retention; Lyrica Oral Capsule 75 mg, give 1 capsule by mouth three times a day for neuropathy related to neuropathy; Cholecalciferol Tablet 1000 unit, give 1 tablet by mouth one time a day for Vitamin D3 deficiency; Artificial Tears Ophthalmic Solution 1-0.3% (Propylene Glycol-Glycerin), instill 1 drop in both eyes every 12 hours as needed for dry eyes; and Trulicity Subcutaneous Solution Pen-injector 0.75 mg/mL (milliliter), inject 1 dose subcutaneously one time a day every Fri (Friday) for Diabetes Mellitus.</p> <p>Review of external pharmacy records for Resident #110 revealed prescriptions for his discharge medications were not sent from the facility to the external pharmacy until 03/20/25. The following medications were sent to the pharmacy on 03/20/25: Eliquis 5 mg (milligrams), take 1 tablet by mouth twice daily for anticoagulant; Diltiazem ER 120 mg, take 1 tablet by mouth daily at bedtime for restless legs; Ropinirole HCL 1 mg, take 1 tablet by mouth daily at bedtime for restless legs; Atorvastatin 10 mg, take 1 tablet by mouth for hyperlipidemia; Lisinopril 5 mg, take 1 tablet by mouth daily; Isosorbide Mono ER 30 mg, take 1 tablet by mouth daily for hypertension; Acyclovir 400 mg, take 1 tablet by mouth daily; Dutasteride 0.5 mg, take 1 capsule by mouth daily for retention of urine; and Tamulosin HCL 0.4 mg, take 1 capsule by mouth daily for retention of urine.</p> <p>Interview on 04/28/25 at 12:57 P.M., with Resident Services Coordinator (RSC) #320 verified Resident #110 was discharged on 03/12/25 and revealed he was discharged with a three-day supply of medication.</p> <p>Interview on 04/28/25 at 1:56 P.M., with Certified Pharmacy Technician (CPT) #315 revealed the facility did not send prescriptions for Resident #110's medications until 03/20/25. CPT #315 stated the external pharmacy received the prescriptions electronically, filled, and delivered all ordered medications on 03/20/25. Further interview with CPT #315 revealed the external pharmacy had received no prescriptions for Resident #110 from the facility prior to 03/20/25.</p> <p>Interview on 04/28/25 at 3:23 P.M., with RSC #320 revealed she believed she sent Resident #110's discharge prescriptions via facsimile (fax) to the external pharmacy on 03/12/25 and did not call them in via telephone as stated on the DC POC.</p> <p>Interview on 04/28/25 at 4:24 P.M., with RSC #320 revealed she had no confirmation of sending Resident #110's discharge prescriptions via fax to the external pharmacy on 03/12/25.</p> <p>(continued on next page)</p>		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 05/14/25 at 11:29 A.M., with Resident #110's son revealed the facility discussed contacting Mobile Meals during the discharge conference with Resident #110 and his son, but Resident #110 refused. Resident #110 stated that he did not want that service as prior to his admission, he had Mobile Meals, and they discovered Resident #110 with altered mental status (AMS) and called 911. Concurrent interview with Resident #110's son revealed that the delay in receiving his medication did not cause any physical or psychosocial harm from the delay in receiving his medications. Further interview with Resident #110's son revealed Resident #110 wanted to be discharged from the facility and return to the home he was residing in prior to his admission to the facility. Further interview with Resident 110's son revealed Resident #110 has always had food available in his home since his discharge from the facility.</p> <p>Review of the facility policy titled, Discharge Summary, dated 11/02/16, revealed when the facility anticipates discharging a resident must have a discharge summary that includes reconciliation of all pre-discharge medications, with the resident's post-discharge medications (both prescription and over the counter).</p> <p>b. Interview on 04/28/25 at 3:36 P.M., with the Business Office Manager (BOM) #1 verified Resident #110 was discharged from the facility on 03/12/25 and she did not notify SS that Resident #110 discharged until 03/25/25. BOM #1 stated she was unable to send notification to SS as the fax machine was broken and the Administrator was on vacation, and she does not have access to the S-fax (a fax sent through the computer not a traditional fax machine). Further interview with the BOM #1 revealed she does not believe that this 13-day timeframe is timely notification of SS of Resident #110's discharge.</p> <p>Interview on 05/14/25 at 10:47 A.M., with Administrator revealed the facility has three free-standing fax machines located at various points.</p> <p>Interview on 05/14/25 at 12:37 P.M., with the BOM #1 revealed the facility does not have a written policy regarding the timely notification of SS of a resident discharge. BOM #1 stated that prior to 04/28/25, she was directed by her regional manager that she had 30 days to notify SS of a resident discharge. BOM #1 further stated that on or after 04/28/25, she was given direction by the facilities corporate office that SS was to be notified within three days of a resident's discharge from the facility.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00164542.</p>		