

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 08/21/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, record review, and policy review, the facility failed to ensure post-fall assessments were completed, including neurological assessments. This affected two (#30 and #78) of four residents reviewed for falls. Additionally, the facility failed to ensure fall prevention measures were in place for one (#12) of four residents reviewed for falls. The facility census was 96. Findings Include: 1. Review of the medical record for Former Resident #53 revealed an admission date of 05/19/25 with diagnoses of type 1 diabetes mellitus, kidney transplant failure, and dependence on renal dialysis. Resident #53 discharged home with family on 08/08/25.</p> <p>Review of the 5-day Minimum Data Set (MDS) assessment, dated 07/31/25, revealed Resident #53 had intact cognition, had an impairment on one side of her lower extremity, and required partial/moderate assistance for toileting, bathing, dressing, bed mobility, sit-to-standing, and transfers. Further review revealed Resident #53 had one fall without injury since admission.</p> <p>Review of the incident log dated 05/18/25 through 08/18/25 revealed Resident #53 fell on [DATE], 06/25/25, and 07/30/25.</p> <p>Review of the facility investigations for the falls dated 06/22/25, 06/25/25, and 07/30/25 revealed the falls were unwitnessed. Resident #53 was assessed to have no injuries as a result of the falls. Further review of the record revealed no neurological assessments were completed after the falls on 06/22/25, 06/25/25 and 07/30/25. Additionally, the facility failed to complete post-fall assessments after the fall on 07/30/25.</p> <p>2. Review of the medical record for Resident #68 revealed an admission date of 09/20/19 with diagnoses of Alzheimer's disease, chronic obstructive pulmonary disease, and depression.</p> <p>Review of the comprehensive annual MDS assessment, dated 07/02/25, revealed Resident #68 had intact cognition and required staff assistance for transfers. Further review revealed Resident #68 had one fall without injury since the previous assessment.</p> <p>Review of the incident log dated 05/18/25 through 08/18/25 revealed Resident #68 fell on [DATE] and 07/31/25.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility investigations for the falls dated 06/09/25 and 07/31/25 revealed the falls were unwitnessed. Resident #68 was assessed to have no injuries as a result of the falls. Further review of the record revealed no neurological assessments were completed after the falls on 06/09/25 and 07/31/25. Additionally, the facility failed to complete post-fall assessments after the fall on 07/31/25.</p> <p>Interview on 08/21/25 a 11:23 A.M. with Regional Director of Clinical Services (RDCS) #550 confirmed the facility protocol was to complete neurological assessments after unwitnessed falls.</p> <p>Interview on 08/21/25 at 1:52 P.M. with RDCS #550 confirmed no neurological assessments were completed after Resident #53's falls on 06/22/25, 06/25/25, and 07/30/25. Further, RDCS #550 confirmed no neurological assessments were completed for Resident #68's falls on 06/09/25 and 07/31/25.</p> <p>Interview on 08/21/25 at 2:42 P.M. with the Director of Nursing (DON) confirmed no post-fall assessments were completed for Resident #53's fall on 07/30/25 or for Resident #68's fall on 07/31/25.</p> <p>Review of the policy, "Head Injury Routine," revised 03/2001, revealed no guidance regarding performing neurological assessments after an unwitnessed fall.</p> <p>Review of the policy, "Fall Reduction Policy," revised 04/2016, revealed when a resident experienced a fall, follow-up documentation will be done each shift for a minimum of three days or longer if needed.</p> <p>This deficiency represents non-compliance investigated under Complaint Number 2579614.</p> <p>3.Review of medical record for Resident #12 revealed an admission date of 02/28/25 with diagnoses including but not limited to Alzheimer's disease, dementia with mood disturbance, hallucinations, major depressive disorder, and hypertension.</p> <p>Review of care plan dated 06/25/25 revealed the resident is at risk for falls related to potential adverse effects from prescribed medications and diagnosis of Alzheimer's/dementia negatively impacting safety awareness. Interventions included encourage non-skid footwear, encourage to use walker, keep bed in lowest position, keep call light in reach, keep frequently used items in reach, encourage resident to wear non-skid socks at all times when shoes are not on, and keep room free from clutter.</p> <p>Review of fall investigation dated 04/16/25 at 3:15 A.M. revealed the staff heard the resident calling out for help. Resident #12 was observed sitting on the floor with back leaning against the bed with legs extended out in front of her. No non-skid footwear was on. The resident stated she slid off of the bed. Resident #12 was assessed with no injuries noted. New intervention was to encourage staff to apply non-skid socks at all times when shoes were not on.</p> <p>Review of fall investigation dated 07/12/25 at 10:35 P.M. revealed the resident was lying on her back on the bathroom floor with legs extended out in front of her with knees slightly flexed. The resident did not have her walker with her. Resident #12 was reoriented to walker and use for safety. Resident did not have shoes on. Non-skid socks were put on her feet and the resident was assessed with no injuries noted. New intervention was to place a reminder sign to use her walker.</p> <p>(continued on next page)</p>		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 08/20/25 at 2:36 P.M. with Regional Clinical Nurse (RCN #550) verified the resident did not have non-skid socks on when she had the fall on 07/12/25 which was the intervention put into place for the fall on 04/16/25. RCN #550 verified there was no documentation to support whether the resident was compliant with keeping the non-skid socks on.		