

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Glendora Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1552 North Honeytown Road Wooster, OH 44691	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47569</p> <p>Based on medical record review, observation, interview and facility policy review the facility failed to properly maintain breathing treatment (nebulizer) tubing and medication delivery device (mask) by not changing, cleaning and securing in a bag prior to and following administration of medication. This deficient practice affected two residents (Residents #22 and #23) of two residents reviewed for respiratory care. The facility census was 36.</p> <p>Findings Include:</p> <p>1. A review of Resident #22's medical record revealed the initial admitted [DATE] and a re-admitted [DATE] with diagnoses including but not limited to opioid abuse, acute respiratory infection, anxiety and shortness of breath. Resident #22 had impaired cognition with a Brief Interview of Mental Status (BIMS) score of 11 out of a possible 15 dated 12/18/24. Resident #22 required staff assistance with activities of daily living (ADL) tasks including medication administration.</p> <p>A review of Resident #22's at risk for respiratory status/difficulty breathing care plan dated 08/16/24 revealed an intervention for administering medications as ordered.</p> <p>A review of Resident #22's signed physician orders revealed an order dated 12/28/24 for breathing treatment medication DuoNeb solution 0.5 milligrams (MG) per 2.5 milliliters (ML) (Ipratropium-Albuterol) 1 vial inhale orally via nebulizer every 4 hours as needed for shortness of breath, and an order dated 01/30/25 to clean/disinfect nebulizer machine. Change tubing (initial and date) and replace bag (initial and date) every night shift every Sunday.</p> <p>A review of Resident #22's Medication Administration Record (MAR) dated 02/01/25 to 02/12/25 revealed Resident #22 received a breathing treatment of DuoNeb solution on 02/01/25, 02/02/25, 02/03/25, and 02/06/25 lasting 15 minutes each. Further review of Resident #22's Treatment Administration Record (TAR) dated 02/01/25 to 02/12/25 revealed nebulizer cleaning and changing of nebulizer tubing and mask were completed on 02/03/25 and 02/10/25.</p> <p>An observation on 02/12/25 at 9:15 A.M. revealed in Resident #22's room, a nebulizer laying in the high backed chair on top of several items of clothing and papers. The medication delivery device was dated 02/03/25 and both the medication delivery device and the nebulizer tubing were also laying on top of the clothing items and papers and were not secured in a bag.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. A review of Resident #23's medical record revealed an admitted d of 06/24/22 with diagnoses including but not limited to congestive heart failure (CHF), high blood pressure (HTN), and shortness of breath. Resident #23 had impaired cognition with a BIMS score of 11 out of a possible 15 dated 12/31/24. Resident #23 required staff assistance with activities of daily living (ADL) tasks including medication administration and was receiving hospice services.</p> <p>A review of Resident #23's signed physician orders revealed an order dated 01/28/25 for breathing treatment medication DuoNeb Solution 0.5-2.5 MG/ML one vial inhale via nebulizer every four hours for shortness of breath, an order dated 01/22/25 to clean/disinfect nebulizer, change tubing (initial and date) and replace bag (initial and date) every night shift every three days and as needed, an order for Oxygen continuous at 2-5 liters (L) via nasal cannula (NC) to maintain oxygen saturation equal to or greater than 90% every shift and as needed, and an order dated 11/26/24 to change oxygen (O2) tubing (initial and date), place a new bag (initial and date) every shift every Sunday.</p> <p>A review of Resident #23's MAR dated 02/01/25 to 02/12/25 revealed the breathing treatment DuoNeb Solution was administered daily every four hours, and O2 use was marked daily for every shift. Further review of Resident #23's TAR revealed nebulizer cleaning and tubing change was completed on 02/03/25 and 02/10/25 and O2 tubing change was completed on 02/03/25 and 02/20/25.</p> <p>An observation on 02/11/25 at 2:15 P.M. revealed Resident #23 receiving a breathing treatment via nebulizer and medication delivery device (mask).</p> <p>An observation on 02/12/25 at 7:15 A.M. revealed in Resident #23's room a nebulizer was sitting on top of the three drawer dresser beside Resident #23's bed with the tubing and medication delivery device laying on top of the of the dresser with a date of 02/10/25 but was not secured in a bag.</p> <p>An interview on 02/12/25 at 11:05 A.M. with Licensed Practical Nurse (LPN) #313 confirmed Resident #22's nebulizer, nebulizer tubing and medication delivery device was sitting in the high-backed chair not secured in a bag and was dated 02/03/25. LPN #313 also confirmed Resident #23's nebulizer, nebulizer tubing and medication delivery device was sitting on top of the three drawer dresser and the tubing was not secured in a bag.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00162261.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47569</p> <p>Based on observation, interview and facility policy review the facility failed to properly label and store frozen food items in the facility kitchen. This deficient practice had the potential of affecting all residents residing in the facility. The facility census was 36.</p> <p>Findings Include:</p> <p>An observation during the initial kitchen tour on 02/10/25 from 12:40 P.M. to 12:55 P.M. revealed a plastic bag with 10 frozen pork fritters sitting on top of a cardboard box on the second shelf of the freezer. The plastic bag had no date when it had been opened and/or placed in the freezer. The bag was not sealed but loosely wrapped.</p> <p>An interview on 02/10/25 at 12:50 P.M. with [NAME] #218 confirmed the wrapped up open plastic bag with 10 frozen pork fritters was not dated when it had been opened and/or placed in the freezer. [NAME] #218 removed the opened bag of pork fritters and discarded them in the garbage pail. [NAME] #218 stated the bag should have been closed securely and a date should have been placed on the bag to reflect when the bag had been opened.</p> <p>A review of the facility's policy titled, Date Marking for Food Safety dated 02/11/25 revealed The individual opening or preparing a food shall be responsible for date marking the food at the time the food is opened or prepared.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00162261.</p>		