STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366041	A. Building B. Wing	07/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Addison Heights Health and Rehabilitation Center	3600 Butz Rd Maumee, OH 43537

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, staff interview, and review of a facility policy, the facility failed to provide a clean, well-maintained, and homelike environment. This affected 10 (#7, #9, #20, #30, #31, #32, #33, #34, #35, and #50) of 63 residents residing in the facility. The facility census was 63. Findings include: 1. Observation on 06/30/25 at 6:45 A.M. of the room occupied by Resident #50 revealed spider webs in the right corner of the window sill between the blind and window, the cover for the radiant heater was not properly attached on the left side and was laying on the floor, the window sill had four pieces of missing laminate and two additional areas of missing laminate covered with an unknown substance in an attempt to repair them. The window sill also contained an approximately six inch long crack extending from front to back, an area of missing paint on the wall above the bed approximately two inches long and three inches wide. There was an approximately six inches long and 10 inches wide section of wall covered with plaster and not painted above the resident's bed to the left of the window, two bolts sticking out approximately two and one-half inches from the wall, and a hole in the wall above the two bolts approximately one-half inch in diameter. In the resident's bathroom was broken drywall on each side of the shower that was approximately two and one-half inches wide and three inches long, three gouges in the restroom wall, approximately one and one-half inches long each. The shower was noted to be sitting loosely in the wall and the floor around the toilet was cracked. Interview on 06/30/25 at 7:10 A.M. with Licensed Practical Nurse (LPN) #245 verified the condition of Resident #50's room. 2. Observation on 06/30/25 at 7:37 A.M. of the restroom shared by Resident #30 and Resident #31 revealed there was no hand soap dispenser, hand soap, or hand sanitizer available for use. Interview on 06/30/25 at 7:41 A.M. with LPN #245 verified the condition of the restroom shared by Resident #30 and Resident #31. 3. Observation on 06/30/25 at 10:21 A.M. of the toilet in Resident #7's restroom revealed it was leaking. Interview on 06/30/25 at 10:23 A.M. with Housekeeper #276 verified the toilet in Resident #7's room was leaking. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. Observation on 07/01/25 at 8:17 A.M. of Resident #20's room revealed the corners of the wall to the right and left of the shower were broken and missing drywall, there were three cracks in the floor in front of the shower approximately six inches in length, a hole in the wall above the door approximately three-quarters of an inch in diameter, a loose electrical outlet in the wall directly above Resident #20's bed, and a broken window sill with an approximately seven inch piece of laminate missing. Interview on 07/01/25 at 8:24 A.M. with LPN #215 verified the condition of Resident #20's room. 5. Observation on 07/01/25 at 8:25 A.M. of Resident #34's room revealed an approximate 12-inch long section of paint that was peeling and bubbled from under the window sill and three holes in the restroom door that are each approximately two-inched in diameter. Interview on 07/01/25 at 8:28 A.M. with Certified Nurse Aide (CNA) #278 verified the condition of Resident #34's room. 6. Observation on 07/01/25 at 8:29 A.M. of Resident #35's room revealed peeling paint on walls, an area of unidentified greenish-black staining on the wall approximately two feet long by three feet wide on the wall, a loose electrical outlet by the head of the resident's bed, and two holes approximately two inches in diameter in the door to resident's restroom. Interview on 07/01/25 at 8:31 A.M. with CNA #271 verified the condition of Resident #35's room. 7. Observation on 07/01/25 at 8:33 A.M. in Resident #9's room revealed a loose electrical outlet to the left of the resident bed, three holes in the door going to the resident's restroom, three cracks in the tile in front of the shower, and no shower head in the resident's shower. Interview on 07/01/25 at 8:37 A.M. with CNA #271 verified the condition of Resident #9's room and restroom. 8. Observation on 07/01/25 at 8:38 A.M. of the memory care (MC) unit shower room revealed one of three showers was operational and able to be used by residents. The first shower was operational and able to be used for resident care. Further observation revealed the second shower had a broken shower head and the third shower was not functioning correctly. Interview on 07/01/25 at 8:49 A.M. with LPN # 215 verified the condition of the MC unit shower room. 9. Observation on 07/01/25 at 8:39 A.M. of Resident #32's room and restroom revealed an approximately eight-inch long by 18-inch wide section of wall behind and to the left of the bed was damaged with peeling paint and exposed drywall. There were generalized areas of damage to the walls throughout the resident room, an unidentified brown substance on the wall, approximately two-inches in diameter, peeling rubber baseboards, a non-functional light in the restroom, damage to the wall corners on both sides of the shower, spider webs in the upper left corner of the restroom, spider webs in the exhaust fan grate above the toilet, an unidentified green substance on the restroom ceiling, and a missing shower curtain. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 07/01/25 at 8:49 with LPN #245 verified the condition of Resident #32's room and restroom. 10. Observation on 07/01/25 at 8:46 A.M. of Resident #33's restroom revealed a missing cover on the radiant heater, non-functioning restroom lights, damage to the wall on both sides of the shower, and a missing shower curtain. Interview on 07/01/25 at 8:49 A.M. with LPN #245 verified the condition of Resident #32's restroom. Interview on 07/01/25 at 8:58 A.M. with the Administrator verified the observations of the conditions observed in the rooms and restrooms for 10 (#7, #9, #20, #30, #31, #32, #33, #34, #35, and #50) residents on the MC unit. Review of the facility policy titled, Homelike Environment, dated February 2021, revealed residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible. This deficiency represents non-compliance investigated under Complaint Number OH00166848 and Complaint Number OH00165912.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based medical record review, review of care conference documentation, staff interview, and review of a facility policy, the facility failed to ensure care conferences were held for residents as required. This affected one (#1) of three residents reviewed for timely care planning conferences. The facility census was 63. Findings include: Review of the medical record for Resident #1 revealed an admission date of 01/16/25 with diagnoses including encephalitis, dementia, abnormal findings of the lung field, latent tuberculosis, hypokalemia, and restlessness and agitation. Further review revealed Resident #1 had a discharge date of 06/05/25. Review of the most recent quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 03, indicating Resident #1 was cognitively impaired. Further review of the MDS assessment for Resident #1 revealed she required assistance with all functional abilities. Review of the facility supplied care conference documentation for Resident #1 revealed only one care conference was held for the resident during her admission on [DATE]. Interview on 06/30/25 at 9:29 A.M. with Social Services Designee (SSD) #274 revealed she had been in her position since 05/02/25, and the previous SSD left the position before she began. SSD #274 stated she was trying to catch up on resident care conferences, and stated care conferences are held at admission, quarterly, if a resident or family requests an additional care conference, with a change in condition, or as needed. Interview on 07/01/25 at 8:58 A.M. with the Administrator verified the facility only held one care conference for Resident #1 during her admission. The Administrator stated residents are required to have care conferences at admission, quarterly, and with a significant change in condition. Review of the undated facility policy titled, IDT Team Members Participation in Resident Care Conference, revealed care conferences for long term care residents shall occur on a regular basis (i.e. initial, quarterly, annual, significant change in status, and as needed). This deficiency represents non-compliance investigated under Complaint Number OH00166848.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, staff interview, and review of a facility clinical protocol, the facility failed to ensure interventions to prevent skin breakdown were implemented as ordered by the physician. This affected one (#3) of three residents reviewed for skin breakdown and pressure relieving interventions in a facility census of 63. Findings include: Review of the medical record for Resident #3 revealed the resident admitted to the facility on [DATE] with diagnoses including, multiple sclerosis, coronary artery disease, hypertension, major depressive disorder, metabolic encephalopathy, muscle weakness, and dementia. Review of the most current Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #3 was assessed with moderately impaired cognition, dependent on staff for the completion of activities of daily living including transfer and bed mobility, noted as incontinent of bowel and bladder, and was at risk for pressure ulcer development with no current skin breakdown. Review of Resident #3's physician orders revealed on 01/30/22 the physician initiated the application of a pressure reducing cushion to the resident's wheelchair at all times with instructions to check placement every shift and replace as needed. On 07/12/23 the physician implemented offloading boots to bilateral lower extremities at all times Review of a nursing plan of care dated 01/24/24 revealed the plan of care was was revised to address Resident #3's risk for skin breakdown related to fragile skin, decreased mobility, incontinence, and history of skin breakdown. Interventions included to administer treatments as ordered, educate the resident/family/caregivers of causative factors and measures to prevent skin injury, encourage the resident to lay down between meals, follow facility protocols for treatment of injury, Roho cushion (a type of wheelchair cushion designed to prevent and promote healing of pressure sores) to wheelchair, weekly skin assessment, and monitor/report/document any adverse findings. Review of Resident #3's medical record revealed on 06/06/25 a pressure ulcer risk evaluation (Braden) assessed Resident #3 at moderate risk for skin breakdown with a score of 14. Review of a wound assessment on 06/10/25 documented Resident #3 with a stage III pressure ulcer (full-thickness skin loss) to the coccyx was resolved (healed). Observations on 6/24/26 at 1:50 P.M. noted Resident #3 seated in a reclining geriatric chair (geri-chair) with no cushion applied to the seat and bilateral feet were resting on the footrest. There were no off-loading boots in place. Observation on 06/25/25 at 9:58 A.M. noted Resident #3 up in a geri-chair, reclined with the feet elevated. There was no foot elevation, off loading boots, or pressure reliving cushion in place. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/25/25 at 10:00 A.M. interview with Certified Nurse Aide (CNA) #231 verified Resident #3's pressure relieving devices were not in place and were unable to be located inside Resident #3's room. Review of electronic CNA resident specific information with CNA #231 lacked information instructing CNAs to utilize off-loading boots or a pressure relieving cushion for Resident #3. At 10:02 A.M. observation with nursing supervisor Licensed Practical Nurse (LPN) #215 verified the devices were ordered by the physician and were not in place as indicated for Resident #3. LPN #215 confirmed Resident #3 had recently healed a pressure ulcer to his coccyx. Review of a facility pressure ulcers/skin breakdown clinical protocol, revised April 2018, revealed the physician will order pertinent wound treatments, including pressure reduction surfaces. This deficiency represents non-compliance investigated under Complaint Number OH00166848 and Complaint Number OH00165912.