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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>366044 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>12/15/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Gardens of Paulding The |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>199 County Road 103<br>Paulding, OH 45879 |                                              |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG                                                                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                      |
| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</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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Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>12/15/2025 |
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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review, observations, staff and Poison Control Center Representative interviews, and review of a Material Safety Data Sheet (MSDS), the facility failed to ensure medications were appropriately secured/stored resulting in a cognitively impaired resident ingesting an undetermined amount of antifungal powder. This affected one (#10) of three residents reviewed for medication storage. The facility census was 38. Findings include: Review of medical record for Resident #10 revealed admission date of 06/16/25. The resident was admitted to the facility under hospice with diagnoses including hypertensive heart disease with heart failure, dementia without behaviors and cerebral atherosclerosis. The resident remained in the facility. Review of Resident #10's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed she had a Brief Interview Mental Status (BIMS) score of three out of 15 indicating significantly impaired cognition. Resident #10 required supervision for eating, bed mobility, transfers and required moderate assistance with toileting hygiene. Interview on 12/15/25 at 11:40 A.M. with Housekeeper #102 revealed she was working on 12/07/25 when she observed Resident #10 in her room with a bottle of antifungal (Miconazole) powder up to her mouth. Housekeeper #102 stated she immediately got State Tested Nursing Assistant (STNA) #104 who was in the room next door. They entered Resident #10's room and took the bottle from her. Housekeeper #102 stated the bottle was antifungal powder is a product provided at the facility. Housekeeper #102 stated the bottle had a screw top and when she got the bottle and looked in it, there was water mixed with the powder. The bottle was half empty. Housekeeper #102 and STNA #104 brought the bottle to Licensed Practical Nurse (LPN) #106. LPN #106 was informed Resident #10 mixed water into the bottle and was observed drinking it. LPN #106 looked at the ingredients of the bottle and informed Housekeeper #102 there was nothing in the powder which would cause harm, and he threw the bottle away. Housekeeper #102 stated LPN #106 did not get up and go to Resident #10's room, but he told STNA #104 to keep an eye on Resident #10, and look in on her about every five minutes or so. Interview on 12/15/25 at 1:40 P.M. with STNA #104 revealed on 12/07/25 she was in a room when Housekeeper #102 came in and told her Resident #10 was drinking antifungal powder. STNA #104 went directly to Resident #10's room and stated she observed Resident #10 drinking from the bottle. STNA #104 stated when they looked in the bottle it looked like milk. STNA #104 was unsure where the bottle came from and added Resident #10's roommate had powders and creams on her side of the room. STNA #104 and Housekeeper #102 brought the bottle to LPN #106. LPN #106 was informed Resident #10 mixed water into the bottle and was observed drinking it. LPN #106 looked at the ingredients of the bottle and informed Housekeeper #102 there was nothing in the powder which would cause harm and he threw the bottle away. STNA #104 stated LPN #106 did not ask her to monitor Resident #10. Interview on 12/15/25 at 1:51 P.M. with LPN #106 revealed he worked on 12/07/25 and was informed toward the end of his shift (4:30 P.M. to 5:00 P.M.) by Housekeeper #102 and STNA #104 they had observed Resident #10 with a bottle of antifungal powder tilted up to her mouth. They presented the bottle to him. LPN #106 stated the bottle was full, and he observed the powder was settled at the bottom with the water full to the top. LPN #106 stated he went right in to assess Resident #10. LPN #106 stated there was no powder residue around or in Resident #10's mouth. LPN #106 stated Resident #10 did not present with any concerning symptoms and shared he did not have a concern she had consumed any of the powder. LPN #106 acknowledged he did not report the incident to anyone, including the oncoming nurse. LPN #106 verified he did not know how Resident #10 was able to obtain the antifungal powder. LPN #106 stated he was contacted by the Director of Nursing (DON) on Monday, 12/08/25 and asked about the incident. LPN #106 informed the DON that he did not make any notifications because he did not feel Resident #10 had consumed any of the powder. LPN #106 explained he did receive a written reprimand for the incident for lack of notification, which he signed. Interview on 12/15/25 at 2:26 P.M. with Poison Control Center Representative #107 revealed if Miconazole is ingested, it is not of high concern. Poison Control Center Representative #107 stated symptoms of ingesting Miconazole would be cramping, nausea, vomiting or diarrhea and which would not last long. Poison Control Center Representative #017 stated you would expect to see these symptoms to begin within an hour. Poison Control Center Representative #107 stated they would encourage a snack and drink if Miconazole is ingested. Interview on 12/15/25 at 3:18 P.M. with the DON revealed she was informed by Registered Nurse (RN) #103 on 12/08/25 that Resident #10's daughter had been told by a housekeeper on 12/07/25 that Resident #10 had ingested antifungal powder. An</p> |                                                                                        |                                              |