

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366081	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2026
NAME OF PROVIDER OR SUPPLIER Parkview Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1406 Oak Harbor Rd Fremont, OH 43420	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, and policy review, the facility failed to ensure comprehensive care plans included a discharge plan of care. This affected four (#13, #31, #32, and #33) of five residents reviewed for discharge care plans. The facility census was 29. Findings include: 1. Review of the medical record for Resident #13 revealed an admission date of 01/18/26 and readmission dates of 02/06/26, 02/24/26, 03/26/26, 04/05/26, and 04/13/26. Diagnoses included dementia, hypertension, and type two diabetes mellitus. Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had impaired cognition. Review of Resident #13's plan of care initiated 01/19/26 and last revised 04/17/26 revealed no care plan had been initiated for discharge planning. Interview on 04/20/26 at 3:38 P.M., MDS Registered Nurse (MDSRN) #310 verified a discharge care plan had not been initiated and should have been included in the plan of care for Resident #13. 2. Review of the medical record for Resident #31 revealed an admission date of 02/26/26 and a discharge date of 03/29/26. Diagnoses included dementia, Parkinsonism, bipolar disorder, and hypertension. Review of the admission MDS assessment dated [DATE] revealed the resident had impaired cognition. Review of the Resident #31's plan of care initiated 02/26/26 revealed no care plan had been initiated for discharge planning. Interview on 04/20/26 at 3:38 P.M., MDSRN #310 verified a discharge care plan had not been initiated and should have been included in the plan of care for Resident #31. 3. Review of the medical record for Resident #32 revealed an admission date of 02/26/26 and a discharge date of 03/27/26. Diagnoses included type two diabetes mellitus, hypertension, and atrial fibrillation. Review of the admission MDS dated [DATE] revealed the resident had intact cognition. Review of Resident #32's plan of care initiated 02/27/26 revealed no care plan had been initiated for discharge planning. Interview on 04/20/26 at 3:38 P.M., MDSRN #310 verified a discharge care plan had not been initiated and should have been included in the plan of care for Resident #32. 4. Review of the medical record for Resident #33 revealed an admission date of 02/08/26 and a discharge date of 03/03/26. Diagnoses included type two diabetes mellitus and hypertension. Review of the admission MDS dated [DATE] revealed the resident had intact cognition. Review of Resident #33's plan of care initiated 02/09/26 revealed no care plan had been initiated for discharge planning. Interview on 04/20/26 at 3:38 P.M., MDSRN #310 verified that a discharge care plan had not been initiated and should have been included in the plan of care for Resident #33. Review of the facility policy Care Plans, Comprehensive Person-Centered, revised 12/2016, revealed a comprehensive care plan should be developed and implemented for each resident and include measurable objectives and timetables to meet the resident's needs. Further review of the policy revealed the comprehensive care plan would include the resident's stated preference and potential for future discharge. This deficiency was an incidental finding discovered during the course of this complaint investigation.</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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