

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 03/13/2025
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51513</p> <p>Based on medical record review, resident and staff interview, review of activities calendars, and policy review, the facility failed to provide activities of resident preference on evenings and weekends to support the physical, mental, and psychosocial well-being of the resident. This affected one (#18) of one residents reviewed for activities. The facility census was 34.</p> <p>Findings include:</p> <p>Review of Resident #18's medical record revealed the resident was admitted to the facility on [DATE] with diagnoses that included nontraumatic subdural hemorrhage, anxiety disorder, and alcohol abuse.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #18 was cognitively intact and was independent with mobility and activities of daily living (ADLs).</p> <p>Interview with Resident #18 on 03/10/25 at 9:33 A.M. revealed the facility did not provide activities in the evening hours and lacked a variety of different activities that suited Resident #18's interest. Resident #18 also stated on weekends very little to no activities were organized.</p> <p>Review of the facility activities calendar of events for January, February, and March 2025 revealed after 3:00 P.M. there were no activities scheduled during the week or weekends with the exception of Bible study (on Tuesdays in January and February and Wednesdays in March) at 6:00 P.M.</p> <p>Interview with Activities Director (AD) #308 on 03/11/25 at 11:03 A.M. confirmed there were no organized activities in the evenings and on weekends. AD #308 further revealed the facility's certified nurse aides (CNAs) were expected to provide residents with activities and other stimulation on the weekends since the facility does not employ any other activities personnel. AD #308 also noted the census at the facility was younger and the facility was currently trying to figure out what variety of activities would appeal to a younger population.</p> <p>Review of a policy titled, Activities, dated 01/01/25, revealed the facility will conduct activities that are person appropriate and relevant to the specific needs, interests, culture, background, etc. for the resident they are developed for. Further review of the policy noted the facility will consider accommodations in schedules, supplies, and timing in order to optimize a resident's ability to participate in an activity of choice.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38091</p> <p>Based on review of a the facility water management plan, staff interview, review of the Centers for Disease Control and Prevention (CDC) website, and policy review, the facility failed to implement a complete water management program to prevent the growth of Legionella bacteria and failed to wear gloves during administration of an injected medication. This had the potential to affect all 34 residents residing in the facility. The census was 34.</p> <p>Findings include:</p> <p>1. Review of the facility the facility's water management plan lacked any information about how the facility would intervene when control measures were not met and possible contamination with Legionella bacteria was suspected or address ongoing monitoring of the plan's effectiveness.</p> <p>Interview with the Administrator on 03/13/25 at 10:07 A.M. verified the facility's water management plan did not address how the facility would intervene if control measures were not met, what interventions the facility would implement if contamination of Legionella bacteria was suspected, or how the facility would monitor the plan's effectiveness on an ongoing basis.</p> <p>Review of the undated policy titled, Legionella Surveillance and Detection, revealed the facility was committed to the prevention, detection, and control of water-borne contaminants, including Legionella.</p> <p>Review of the CDC website at, https://www.cdc.gov/control-legionella/php/wmp/index.html, under the title, Overview of Water Management Programs, dated 03/15/24, revealed water management programs identify hazardous conditions and take steps to minimize the growth and transmission of Legionella and other waterborne pathogens in building water systems. Developing and maintaining a water management program was a multi-step process that required continuous review. Such programs are now an industry standard for many buildings in the United States. Further review of the website under the subsection titled, Key Elements, revealed there were seven key elements of a Legionella water management program which included to establish a water management program team, describe the building water systems using text and flow diagrams Burden of Waterborne Disease, identify areas where Legionella could grow and spread, decide where control measures should be applied and how to monitor them, establish ways to intervene when control limits are not met, make sure the program was running as designed (verification) and was effective (validation), and document and communicate all the activities.</p> <p>47057</p> <p>2. Review of the medical record for Resident #31 revealed an admitted [DATE] with a diagnosis of diabetes mellitus.</p> <p>Review of the current physician orders as of March 2025 for Resident #31 revealed he was prescribed Admelog Solostar insulin 36 units subcutaneously (SQ).</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation on 03/12/25 at 8:39 A.M. of Licensed Practical Nurse (LPN) #360 during medication administration revealed LPN #360 administered Admelog insulin SQ to Resident #31 without applying gloves prior to the administration of the insulin.</p> <p>Interview on 03/12/25 at 8:46 A.M. with LPN #360 verified she did not put on gloves prior to administration of the insulin to Resident #31.</p> <p>Review of the facility policy titled, Administering Medications, revised 12/02, revealed staff shall follow established infection control procedures (such as handwashing, antiseptic technique, gloves, and isolation precautions) for the administration of medications, as applicable.</p>		