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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>366323   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                              | (X3) DATE SURVEY COMPLETED<br><br>09/15/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Wayside Farm Inc   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>4557 Quick Rd<br>Peninsula, OH 44264 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review, staff interview, and facility policy review, the facility failed to ensure nutritional orders were monitored and completed. This affected one (Resident #29) of three residents reviewed for nutritional status. The census was 88. Findings Include: Resident #29 was admitted to the facility on [DATE]. His diagnoses were schizoaffective disorder, dementia, hyperlipidemia, hypertension, tachycardia, osteoarthritis, seborrheic dermatitis, muscle weakness, dysphagia, and unsteadiness on feet. Review of his minimum data set (MDS) assessment, dated 06/26/25, revealed he was cognitively intact. Review of Resident #29's physician orders, starting date of 06/11/25, revealed the facility was to complete weekly weight checks. There was no end date listed. Review of Resident #29's weight documentation, dated 06/11/25 to 09/12/25, revealed the following weights were not taken on a weekly basis: 07/08/25 and 07/21/25. Also, there were no weights taken between 08/06/25 and 09/04/25. Review of Resident #29's nutritional notes, dated 06/11/25 to 09/12/25, revealed no documentation to support an end date to the weekly weights, or a recommendation/order from the dietitian/physician to end to weekly weights. Interview with Director of Nursing (DON) on 09/12/25 at 12:53 P.M. and 1:40 P.M. confirmed there was a current order for Resident #29 to have weekly weights, which had been in place since 06/11/25. She stated there was no documentation to support the dietitian or any other clinician had ordered the weekly weights to be stopped. She also confirmed the above missing weights were not documented as being completed. Review of facility Nutrition (Impaired)/Unplanned Weight Loss - Clinical Protocol, undated, revealed the nursing staff will monitor and document the weight and dietary intake of residents in a format which permits comparison over time. The physician will review for medical causes of weight gain, anorexia, and weight loss before ordering interventions. For individuals with recent or rapid weight gain or loss (for example, more than a pound a day), the staff will review for possible fluid and electrolyte imbalance as a cause. The staff and physician will identify pertinent interventions based on identified causes and overall resident condition, prognosis, and wishes. The physician and staff will monitor nutritional status, an individual's response to interventions, and possible complications of such interventions. The physician and staff will document the medical and ethical rationale for recommending, not recommending, or discontinuing tube feedings, consistent with the clinical situation, and applicable to laws and regulations about the withholding or withdrawing of artificial nutrition and hydration. This deficiency represents non-compliance found during the investigation of complaint number 1320053.</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.

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