

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366328	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Divine Rehabilitation and Nursing at Toledo		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 North Byrne Road Toledo, OH 43607	

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 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31638</p> <p>Based on personnel record review, staff interview, and policy review, the facility failed to ensure employed State tested Nursing Aides (STNA) were properly licensed with the State of Ohio. This had the ability to affect all 77 residents. The facility census was 77.</p> <p>Findings included:</p> <p>Review of STNA #200's personnel file revealed a hire date of [DATE]. The STNA file contained a copy of STNA's Nursing Assistant Registration from the State of [NAME] which expired on [DATE].</p> <p>A search on the State of Ohio Nurse Aide Registry website revealed STNA #200 had no current nor expired licensure.</p> <p>Review of STNA #200's clock in/out report revealed eight hour shifts were worked on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE]. A four hour shift was completed on [DATE].</p> <p>Interview with the Administrator on [DATE] at 12:55 P.M., verified STNA #200 was hired and caring for residents without being certified with the State of Ohio Nurse Aide Registry and has an expired out of state certificate.</p> <p>Review of the facility policy titled Required Training, Certification and Continuing Education of Nurse Aides undated revealed this facility will employ nurse aides that have successfully completed a State approved nurse aide training or competency evaluation program (NATCEP) and are awaiting certification results. They may be employed as a full-time and permanent but must provide documentation of certification within 4 months of their hire date. Facility will verify certification through the appropriate state's nurse aide registry. If an individual has not successfully completed a NATCEP at the time of employment, that individual may only function as a nurse aide if the individual has been verified to be currently enrolled in a State approved nurse aide training or competency evaluation program (NATCEP) and is a permanent employee in his/her first four months of employment in the facility.</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
---	-------	-----------