STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366329	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hampton Woods Nursing Center, Inc	1525 East Western Reserve Road Poland, OH 44514

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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview and facility policy review, the facility failed to ensure Resident #63 had an accurate advanced directive on file. This affected one resident (#63) of two residents reviewed for advanced directives. The facility census was 52.Findings include:Review of the medical record revealed Resident #63 was admitted [DATE] with diagnoses of acute kidney failure, muscle weakness, chronic diastolic congestive heart failure, and diabetes mellitus without complications. Review of the physician orders revealed Resident #63 had an order for do not resuscitate comfort care arrest (DNR CCA) which allowed for full medical treatment to be provided up until the point a patients' heart or breathing stops.Review of the Resident Care Card dated 03/04/26 revealed Resident #63 code status was DNR CCA.Further review of the electronic record revealed it did not contain a signed advanced directive, living will, or healthcare power of attorney determining the code status would be DNR CCA. Observation on 03/10/26 at 10:15 A.M. and 03/11/26 at 7:58 A.M. of the paper record at the nurses' station revealed the record did not contain a signed advanced directive, living will, or healthcare power of attorney. Interview on 03/11/25 at 9:39 A.M. with Licensed Practical Nurse (LPN) #436 revealed she was unable to locate any evidence of an advanced directive in Resident #63's record and stated she did ask the resident for his preference for code status, and the resident reported he wanted to be a full code meaning he wanted to receive all possible life-saving resuscitative measures performed if the heart or breathing stopped and would change the physician order to reflect that. Interview on 03/11/26 at 1:12 P.M. with Resident #63 and his daughter revealed Resident #63 had not decided on a code status, and there was no DNR CCA in place. The nurse then provided a DNR form to Resident #63 for review with the understanding he would remain a full code until the DNR form was completed. Review of the Advanced Medical Directives Policy, revised March 2022, revealed individuals had the right to make their own medical decisions.

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