

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366410	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  St Clare Commons		STREET ADDRESS, CITY, STATE, ZIP CODE  12469 Five Point Road Perrysburg, OH 43551	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45751</b></p> <p>Based on record review, observation, interview, and policy review, the facility failed to ensure a resident had call light within reach while up in wheelchair. This affected one resident (#1) of nine residents reviewed for call lights. The facility census was 56.</p> <p>Findings include:</p> <p>Review of medical record for Resident #1 revealed an admitted [DATE] with diagnoses including but not limited to dementia, unspecified psychosis, hypertension, anxiety, alcohol use with withdrawal delirium, depression, and need for assistance with personal care.</p> <p>Review of the Minimum Data Set (MDS) dated [DATE] revealed the resident had severe cognitive impairment. Resident #1 was dependent on staff for toileting.</p> <p>Observation on 04/02/25 at 1:35 P.M. revealed Resident #1 was sitting up in wheelchair in room. Call light was observed lying on the bed out of reach for the resident.</p> <p>Interview on 04/02/25 at 1:37 P.M. with Certified Nursing Assistant (CNA #174) verified Resident #1 call light was not within reach of the resident. CNA #174 verified Resident #1 was capable of using the call light.</p> <p>Review of policy titled, Call Lights: Accessibility and Timely Response, revised 02/11/25 revealed staff will ensure the call light is within reach of resident and secured as needed.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45751</p> <p>Based on record review, review of late medication report, interview, and policy review, the facility failed to ensure medications were administered in a timely manner. This affected four (#2, #33, #36, and #54) of four residents reviewed for late medications. The facility census was 56.</p> <p>Findings include:</p> <p>1. Review of medical record for Resident #2 revealed an admitted [DATE] with diagnoses including but not limited to hypertensive heart disease with heart failure, chronic kidney disease, atrial fibrillation, congenital malformation of the heart, hypertension, and fibrothorax.</p> <p>Review of current physician orders revealed furosemide 40 milligrams (mg) daily at 7:00 A.M. (water pill), Jardiance 10 mg daily at 8:00 A.M. (diabetes), metoprolol tartrate 25 mg twice daily at 9:00 A.M. and 9:00 P.M. (blood pressure), amiodarone 200 mg daily at 9:00 A.M. (heart), and apixaban 2.5 mg twice daily at 9:00 A.M. and 6:00 P.M.</p> <p>Review of late medication report dated 03/31/25 revealed the above listed medications were administered at 11:38 A.M.</p> <p>2. Review of medical record for Resident #33 revealed an admitted [DATE] with diagnoses including but not limited to acute respiratory failure with hypoxia, peripheral vascular disease, rheumatoid arthritis, asthma, chronic obstructive pulmonary disease, dysphagia, and major depressive disorder.</p> <p>Review of current physician orders revealed metoprolol tartrate 25 mg one half tablet twice daily at 6:45 A.M. and 6:45 P.M., Trelegy Ellipta 200-62.5-25 micrograms(mcg)/act daily at 7:00 A.M. (asthma), Jardiance 10 mg daily at 8:00 A.M., multivitamin with minerals daily at 9:00 A.M., ferrous sulfate 325 mg daily at 9:00 A.M., bumex 1 mg daily at 9:00 A.M. (water pill), aspirin 81 mg daily at 9:00 A.M., and ipratropium-albuterol 0.5-2.5 (3) mg/3 milliliters (ml) via nebulizer every six hours at 12:00 A.M., 6:00 A.M., 12:00 P.M., and 6:00 P.M. (asthma).</p> <p>Review of late medication report dated 03/31/25 revealed the above listed medications were administered at 11:31 A.M.</p> <p>Review of late medication report dated 04/01/25 revealed Jardiance 10 mg and ipratropium-albuterol was administered at 9:27 A.M. and ipratropium-albuterol was administered at 3:24 P.M.</p> <p>3. Review of medical record for Resident #36 revealed an admitted [DATE] with diagnoses including but not limited to type one diabetes, peripheral vascular disease, heart failure, hypertension, major depressive disorder, and personal history of diabetic foot ulcer.</p> <p>Review of current physician orders revealed insulin lispro 100 unit/ml per sliding scale 151-200 2 units, 201-250 4 units, 251-300 6 units, 301-350 8 units, 351-400 10 units, 401-999 12 units before meals and at bedtime.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of late medication report dated 03/31/25 revealed insulin lispro was ordered at 7:30 A.M. was administered at 9:31 A.M. after breakfast.</p> <p>4. Review of medical record for Resident #54 revealed an admitted [DATE] with diagnoses including unspecified severe protein-calorie malnutrition, congestive heart failure, chronic kidney disease stage three, anxiety, major depressive disorder, and chronic obstructive pulmonary disease.</p> <p>Review of current physician orders revealed zoloft 100 mg daily at 8:00 A.M. (depression), ferrous sulfate 325 mg at 8:00 A.M., ondansetron 4 mg at 8:00 A.M. (nausea), tylenol 325 mg at 9:00 A.M., vitamin B 12 1000 mcg at 9:00 A.M. and folate 1 mg at 9:00 A.M.</p> <p>Review of late medication report dated 04/01/25 revealed the above listed medications were administered at 11:20 A.M.</p> <p>Interview on 04/02/25 at 3:35 P.M. with the Director of Nursing (DON) verified the late medications for Residents #2, #33, #36 and #64.</p> <p>Review of policy titled, Medication Administration, revised 12/30/24 revealed administer medications within 60 minutes prior to or after scheduled time unless otherwise ordered by physician.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00162010.</p>		