STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366410	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Clare Commons	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on record review, staff interview, facility policy review and review of the facility's Self-Reported Incident #273370, the facility failed to ensure two staff were present during resident transfers using a mechanical lift. This affected one (#16) of three residents reviewed for mechanical lift transfers. The facility census was 54.Findings include:Review of the medical record for Resident #16 revealed an admission date of 09/17/24 with diagnoses of Alzheimer's disease, congestive heart failure, epilepsy, anxiety, dementia, and Bell's Palsy.Review of the comprehensive annual Minimum Data Set (MDS) assessment, dated 02/13/26, revealed Resident #16 had severely impaired cognition and was dependent on staff for transfers. Review of the care plan initiated 03/19/25 and revised 08/24/25 revealed Resident #16 had an activities of daily life self care performance deficit related to dementia and limited mobility. Interventions included: transfer, I require a mechanical lift and two assist for transferring.Review of the facility's Self-Reported Incident (SRI) #273370 revealed Resident #16's family member reported a concern regarding Resident #16 being transferred via mechanical lift by one staff person. Review of the facility's investigation revealed a written statement from Certified Nursing Assistant (CNA) #120 confirming she transferred Resident #16 using a mechanical lift by herself. Additional review revealed the facility provided written counseling to CNA #120 for corrective action for not using two staff while transferring Resident #16. Further review revealed the facility provided education to staff regarding the facility's policy regarding transfers using a mechanical lift.Interview on 05/12/26 at 2:24 P.M. with the Administrator confirmed the facility's policy was to have two staff assisting when transferring residents with a mechanical lift. Interview on 05/13/26 at 2:09 P.M. with Staff Development Coordinator (SDC) #140 revealed staff were actively being trained to use the mechanical lift with two staff assisting each resident. SDC #140 stated she would begin audits of staff to determine compliance with the facility's mechanical lift use after training of all CNAs was completed.Review of the policy Lifting Machine, Using a Mechanical, approved 05/22/25, revealed at least two nursing assistants were needed to safely move a resident with a mechanical lift. This deficiency represents non-compliance investigated under Complaint Number 2992483.

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