STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366452	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakes of Sylvania, The	5351 Mitchaw Road Sylvania, OH 43560

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. Based on medical record review and staff interview, the facility failed to ensure comprehensive assessments were completed within required timeframes. This affected one (#73) of one resident reviewed for comprehensive assessments. The facility census was 59.Findings include:Review of the medical record for Resident #73 revealed an admission date of 01/26/26.Review of the admission Minimum Data Set (MDS) revealed the assessment was initiated on 02/02/26 and was incomplete. Interview on 02/11/2026 at 3:06 P.M. with Registered Nurse (RN) #211 verified she had not completed the admission comprehensive assessment (MDS) within the required 14 days. RN #211 further confirmed today was day 16 and the assessment was not completed. Interview on 02/11/2026 at 4:19 P.M. with RN Clinical Support RN (RNCS) #327 revealed the facility did not have a policy for the completion of MDS assessments.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366452	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakes of Sylvania, The	5351 Mitchaw Road Sylvania, OH 43560

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, record review and staff interview, the facility failed to ensure nail care was provided to dependent residents. This affected one (#11) resident reviewed for activities of daily living (ADLs). The facility census was 59.Findings include:Review of the medical record for Resident #11 revealed an admission date of 01/10/18 with diagnoses of epilepsy, morbid obesity, lymphedema, and anxiety. Review of the significant change comprehensive Minimum Data Set (MDS) assessment, dated 01/15/26, revealed Resident #11 had impaired cognition and was dependent on staff for bed mobility and transfers. Further review revealed Resident #11 required substantial/maximal assistance for personal hygiene, and was dependent on staff for bathing.Review of the care plan, initiated 01/26/18, revealed Resident #11 required staff assistance to complete ADL tasks completely and safely. Further review revealed no indication of the level of care required by Resident #11 to perform personal hygiene.Observation on 02/09/26 at 8:16 P.M. revealed Resident #11 sitting up in bed and alert. Further observation revealed a dark substance underneath Resident #11's fingernails.Observation on 02/10/26 at 1:59 P.M. revealed Resident #11 alert and lying in bed. Further observation revealed a dark substance underneath Resident #11's fingernails.Interview on 02/11/26 at 8:30 A.M. with the Director of Nursing (DON) and concurrent observation of Resident #11's fingernails confirmed a dark substance was under her fingernails. Interview on 02/11/26 at 10:58 A.M. with Certified Nursing Assistant (CNA) #240, who stated she was familiar with Resident #11, revealed Resident #11's fingernails were often dirty.Follow-up interview on 02/12/26 at 1:50 P.M. with the DON confirmed residents' fingernails should be cleaned as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366452	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakes of Sylvania, The	5351 Mitchaw Road Sylvania, OH 43560

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, staff interview, and review of facility policy, the facility failed to ensure pressure relieving interventions were implemented. This affected one (#11) of three residents reviewed for pressure ulcers. The facility census was 59. Findings include:Review of the medical record for Resident #11 revealed an admission date of 01/10/18 with diagnoses of epilepsy, morbid obesity, lymphedema, and anxiety.Review of the significant change comprehensive Minimum Data Set (MDS) assessment, dated 01/15/26, revealed Resident #11 had impaired cognition and was dependent on staff for bed mobility, transfers, and transitioning from lying to sitting. Further review revealed Resident #11 had a stage three pressure ulcer and did not reject care. Review of Resident #11's care plan, initiated 01/26/18, revealed the resident was at risk for skin breakdown related to impaired mobility, incontinence of bowel and bladder, history of pressure ulcers and obesity. Interventions included encourage and assist to turn and reposition for comfort as needed, keep resident as clean and dry as possible, and minimize skin exposure to moisture. Review of the physician orders revealed Resident #11 had an order dated 09/23/24 to encourage to turn and reposition while in bed twice daily and encourage the resident to float heels while in bed as tolerated Review of the Wound Management Detail Report (WMDR) revealed the facility identified an abrasion to Resident #11's right buttock on 11/04/25. Further review of the weekly wound assessment dated [DATE] revealed the abrasion to right buttock progressed to a stage three pressure ulcer to the coccyx. Continued review of weekly wound assessments through 02/10/26 revealed the wound was improving.Review of wound care orders for Resident #11 revealed orders entered on 11/05/25 for Triad Wound Dressing, apply a thin layer topically to the sacrum and buttock twice daily and nystatin powder 100,000 unit/gram (u/g), apply a small amount to the buttocks and sacrum twice daily. On 12/30/26, a new order was initiated to cleanse the buttock with soap and water, pat dry, apply collagen to open area to crease of buttock, thin layer of Triad to buttock, sprinkle nystatin powder, and cover with super absorbent pad daily. Continued review revealed on 01/17/26, a new order was initiated to cleanse the wound with wound cleanser, lightly pack with collagen alginate, cover the wound with a two by (x) two bordered gauze, and apply antifungal cream to the peri-wound once daily. Review of Treatment Administration Record (TAR) from 12/01/25 through 02/10/26 revealed wound care was completed as ordered. Observation on 02/10/26 at 1:59 P.M. revealed Resident #11 was lying in bed on her back with no pillows or other pressure relieving devices observed under her hips to offload the pressure from the coccyx wound. Interview on 02/10/26 at 2:15 P.M. with Certified Nursing Assistant (CNA) #254 revealed he was familiar with Resident #11 and stated the resident allowed staff to reposition her every two hours. Observation on 02/11/26 at 7:12 A.M. revealed Resident #11 was in bed, lying flat on her back with no pillows observed under her hips to relieve pressure from the coccyx wound.Observation on 02/11/26 at 8:30 A.M. revealed Resident #11 was lying on her back, with the head of the bed elevated to eat breakfast. No pillows were observed under her hips, buttocks, thighs, or shoulders. Interview on 02/11/26 at 8:30 A.M. with the Director of Nursing (DON) confirmed Resident #11's heels were not offloaded as ordered. Observation on 2/11/26 at 9:12 A.M. revealed Resident #11 was positioned in bed with pillows under her knees to elevate her heels. No pillows were observed under her hips, buttocks, thighs or shoulders.Observation on 02/11/26 at approximately 10:19 A.M. revealed Resident #11 was sitting up in bed with a pillow placed under her knees. No other pillows were observed to relieve pressure from the coccyx wound.Interview on 02/11/26 at 10:21 A.M. with with CNA #240 revealed she repositioned Resident #11 earlier in her shift by placing pillows under the resident's knees and lying the head of the bed down. CNA #240 stated she repositioned Resident #11 by raising and/or lowering the head of bed or the foot of the bed. CNA #240 stated she had not placed pillows under Resident #11's hips or behind her back to offload the pressure on the coccyx wound since the start of her shift at 6:00 A.M. CNA (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366452	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakes of Sylvania, The	5351 Mitchaw Road Sylvania, OH 43560

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	#240 also stated there were no pillows to offload the pressure under Resident #11's hips when her shift started. CNA #240 stated she was aware Resident #11 had a wound to her coccyx. Observation on 02/11/26 at 11:24 A.M. of Resident #11 revealed once wound care was completed by the wound nurse, the resident was placed on her back in bed with no pillows to offload pressure to the coccyx wound and the resident's heels were not elevated off of the bed as ordered. Interview on 02/11/26 at 2:12 P.M. with CNA #240 revealed Resident #11 did not refuse care and was agreeable to repositioning.Interview on 02/12/26 at 8:48 A.M. with Registered Nurse (RN) #212 revealed expectations for offloading pressure on wounds was to get the resident off of the wound, which included turning the resident on their side, getting the resident up or floating the wound (removing all pressure to promote healing and prevent further tissue breakdown). RN #212 stated Resident #11 was discussed this morning with the CNAs and RN #212 recommended that pillows be placed under the resident's bilateral hips due to the resident not liking to be on her side.Review of the facility policy titled, Guidelines for General Wound and Skin Care, dated 05/10/17, revealed staff were to turn/reposition residents who were immobile according to their care plan requirements. Further review revealed staff were to use pillows or wedges for positioning to avoid skin on skin contact.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366452	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakes of Sylvania, The	5351 Mitchaw Road Sylvania, OH 43560

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, medical record review, staff interview, and review of the facility policy, the facility failed to ensure oxygen was administered per physician orders. This affected one (#29) of one resident reviewed for oxygen therapy. The facility identified eight residents (#1, #9, #11, #19, #29, #42, #47, and #84) who received oxygen therapy. The facility census was 59. Findings include:Review of the medical record for Resident #29 revealed an admission date of 12/10/20 with the diagnosis of acute and chronic respiratory failure with hypoxia and chronic obstructive pulmonary disease (COPD).Review of current physician orders revealed Resident #29 was ordered oxygen to be administered at two liters/minute (l/m).Review of the care plan, revised 02/26/25, revealed Resident #29 had shortness of breath with interventions to administer oxygen per physician orders.Observation on 02/09/26 at 9:54 P.M. revealed Resident #29 had oxygen running via nasal cannula at 2.5 l/m.Observation on 02/10/26 at 8:31 A.M. revealed Resident #29 had oxygen running via nasal cannula at three l/m.Interview on 02/10/26 at 8:35 A.M. with Licensed Practical Nurse (LPN) #204 verified Resident #29's oxygen was running at three l/m and further confirmed the physician order was for oxygen at two l/m. Review of the facility policy titled, Administration of Oxygen, reviewed 12/13/24, revealed to verify the physician's order for the procedure.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366452	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakes of Sylvania, The	5351 Mitchaw Road Sylvania, OH 43560

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on observation, medical record review, and staff interview, the facility failed to ensure accurate documentation for a pressure relieving device. This affected one (#28) of three residents reviewed for pressure ulcers. The facility census was 59.Findings include:Review of the medical record for Resident #28 revealed an admission date of 11/01/23 with diagnoses of spinal stenosis, intervertebral disc degeneration, paraplegia, and altered mental status. Review of the quarterly Minimum Data Set (MDS) assessment, dated 01/16/26, revealed Resident #28 had intact cognition, had upper and lower extremity bilateral impairment, and used a wheelchair for mobility. Further review revealed Resident #28 was at risk for developing pressure injuries and had a pressure reducing device for her bed. Review of a physician order, initiated 10/15/25, revealed Resident #28 should have an air mattress in place. Further review of the order revealed staff should check for proper inflation. The order was discontinued on 02/10/26. Review of the Medication Administration History (MAH) for December 2025, January 2026 and February 2026 revealed staff documented Resident #28's air mattress was in place and properly inflated.Interview on 02/10/26 at 4:41 P.M. with Registered Nurse Clinical Support (RNCS) #325, and concurrent observation of Resident #28's bed, confirmed the resident did not have an inflatable air mattress. Interview on 02/11/26 at 4:45 P.M. with RNCS #327, and concurrent review of the MAH for December 2025, January 2026, and February 2026, confirmed staff documented Resident #28 had an air mattress that was properly inflated in place. RNCS #327 stated the documentation was completed in error as Resident #28 did not have an inflatable air mattress.