STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366453	A. Building B. Wing	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shepherd of the Valley Poland	301 West 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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure Resident #32 had appropriate supports in place for discharge to include discharge medications. This affected one (Resident #32) of three residents reviewed for discharge planning. The facility census was 31. Findings include:Review of Resident #32's medical record revealed the resident was admitted on [DATE] and discharged on 01/10/26 with diagnoses including chronic systolic congestive heart failure, bipolar disorder and pain in the right knee.Review of Resident #32's admission Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition.Review of Resident #32's progress note dated 01/09/26 at 7:53 P.M. revealed Nurse Practitioner (NP) #808 provided new orders for doxycycline 100 mg by mouth twice a day for ten days and prednisone 20 mg by mouth daily for 10 days. The resident was okay for discharge and was notified of the new orders.Review of Resident #32's progress note dated 01/10/26 at 1:45 P.M. revealed the nurse reviewed the discharge instructions and medications with the resident and the resident's husband. The discharge folder was given to the resident and all paperwork signed. The resident left via a wheelchair per a private vehicle with the husband. All belongings were sent with the resident. Review of Resident #32's Resident Discharge Plan and Needs assessment dated [DATE] revealed the medications were reviewed with the resident/family. Telephone interview on 05/08/26 at 10:19 A.M. with Registered Nurse (RN) #806 confirmed she discharged Resident #32 home and went over the medications. RN #806 confirmed she did not call prescriptions to the pharmacy to ensure Resident #32 could get the correct medications as ordered for discharge. RN #806 stated she thought another nurse during the week might have called in the prescriptions.Telephone interview on 05/08/26 at 10:33 A.M. with NP #808 revealed she only wrote the orders, and the nursing staff always called the pharmacy to order the home medications. Review of the Transfer and Discharge facility policy, updated 11/20/23, revealed it was the policy of the facility to ensure that residents discharging from the facility receive adequate preparation, and information to make the transfer as safe and orderly as possible. The deficiency represents non-compliance investigated under Complaint Number #2983814.

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