

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366479	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  Timberland Ridge Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  3558 Ridgewood Road Fairlawn, OH 44333	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35765</p> <p>Based on review of the medical record, review of medical literature, policy review, and interview with the staff the facility failed to provide a physician ordered treatment for a resident's hormone condition. This affected one resident (#66) of three reviewed for care and treatment.</p> <p>Findings included:</p> <p>Review of the closed medical record revealed Resident #66 was admitted to the facility on [DATE]. Diagnoses included normal pressure hydrocephalus, chronic obstructive pulmonary disease, adult failure to thrive, depression, hypertension, anxiety disorder, overactive bladder, and syndrome of inappropriate secretion of the antidiuretic hormone (SIADH).</p> <p>Review of medical literature from the Cleveland Clinic revealed SIADH happens when a person's body makes excess amounts of antidiuretic hormone (ADH) causing a person's body to retain too much water and can lead to hyponatremia (low levels of sodium in the blood). The condition is treatable.</p> <p>The resident was discharged to the hospital on 08/08/24 per the family request.</p> <p>Review of the plan of care dated 05/29/24 revealed Resident #66 had altered health maintenance related to progressive physical and mental status, congestive heart failure, failure to thrive, SIADH, anxiety, depression, hypertension, normal pressure hydrocephalus, overactive bladder, and cognitive decline. Interventions included to administer medications as ordered</p> <p>Review of the physician's orders revealed Resident #66 had an order for urea sodium oral packet (for SIADH) once daily for low sodium dated 05/26/24. The order was discontinued on 07/08/24.</p> <p>Review of the medication administration note dated 05/26/24 at 6:30 A.M. revealed the urea sodium oral packet was on order from the pharmacy.</p> <p>Review of the May 2024 medication administration record revealed the urea sodium oral packet was never obtained from the pharmacy to be administered.</p> <p>Review of the medication administration note dated 06/08/24 at 9:33 A.M. revealed the urea sodium oral packet was not available.</p> <p>(continued on next page)</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the medication administration note dated 06/09/24 at 9:19 A.M. revealed the urea sodium oral packet was on order from the pharmacy.</p> <p>Review of the medication administration note dated 06/10/24 at 12:04 P.M. revealed the urea sodium oral packet was on order from the pharmacy.</p> <p>Review of the medication administration note dated 06/17/24 at 9:33 A.M. revealed the urea sodium oral packet was on order from the pharmacy.</p> <p>Review of the medication administration note dated 06/18/24 at 8:20 A.M. revealed the urea sodium oral packet was on order from the pharmacy.</p> <p>Review of the medication administration note dated 06/21/24 at 10:31 A.M. revealed the urea sodium oral packet was on order from the pharmacy.</p> <p>Review of the medication administration note dated 06/22/24 at 6:50 A.M. revealed the urea sodium oral packet was on order from the pharmacy.</p> <p>Review of the medication administration note dated 06/23/24 at 9:18 A.M. revealed the urea sodium oral packet was not available.</p> <p>Review of the Health Status note dated 06/28/24 at 10:02 A.M. revealed the nurse spoke to the pharmacist and the urea sodium oral packet was currently out of stock and they would need to call the physician for additional orders. However, there was no documentation the physician was ever notified.</p> <p>Review of the June 2024 medication administration record revealed the urea sodium oral packet was never obtained from the pharmacy to be administered.</p> <p>Review of the medication administration note dated 07/03/24 at 8:43 A.M. revealed the urea sodium oral packet was out of stock.</p> <p>Review of the medication administration note dated 07/08/24 at 9:33 A.M. revealed the urea sodium oral packet was on order from the pharmacy.</p> <p>Review of the July 2024 medication administration record revealed the urea sodium oral packet was never obtained from the pharmacy to be administered.</p> <p>Review of the pharmacy delivery sheets from 05/25/24 to 08/08/24 revealed Resident #66 did not receive urea sodium oral packet from the pharmacy.</p> <p>On 10/10/24 at 4:00 P.M. an interview with the Director of Nursing confirmed Resident #66 never received her urea sodium oral packet and she verified there was no documentation the physician was notified.</p> <p>On 10/10/24 at 4:15 P.M. an interview with Physician #600 revealed he did not remember if the facility let him know Resident #66 was not receiving her urea sodium oral packet.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/10/24 at 5:00 P.M. an interview with Nurse Practitioner # 500 revealed she did not remember any calls about Resident #66 not receiving her urea sodium oral packet but they might have called Physician #600.</p> <p>Review of the facility policy titled, Medication Administration, (dated 06/21/17) revealed medication would be administered by legal-authorizers and trained persona in accordance to applicable State, Local and Federal laws and consistent with acceptable standards of practice.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00158022.</p>		