

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/26/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365340	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Legacy Barberton		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Third Street SE Barberton, OH 44203	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42730</p> <p>Based on record review, observation, resident interview, staff interview, the facility failed to ensure the resident's environment was kept in a clean and sanitary manner. This affected two residents (#7 and #22) of two reviewed for incontinence care. The facility census was 72.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #7 revealed an admitted [DATE]. Diagnoses included pulmonary fibrosis, chronic obstructive pulmonary disease, and hypertensive heart and chronic kidney disease with heart failure.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #7 was alert and oriented to person, place, and time, required assistance from staff for activities of daily living (ADLS) and was occasionally incontinent of bladder.</p> <p>Review of the care plan dated 12/03/24 revealed Resident #7 had an ADL self-care performance deficit related to limited mobility, and assistance needed for toilet use. Interventions included for staff to assist with completion of ADLs on a daily basis, including toileting.</p> <p>2. Review of the medical record for Resident #22 revealed an admitted [DATE]. Diagnoses included hemiplegia and hemiparesis following cerebral infraction affecting the right dominant side, malignant neoplasm of tonsil, and chronic obstructive pulmonary disease.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #22 was alert and oriented with cognition impairment, required assistance from staff for ADLs and was frequently incontinent with bladder.</p> <p>Review of the care plan dated 12/03/24 revealed Resident #22 had an ADL self-care performance deficit related to limited mobility, and assistance required with toilet use. Interventions included staff to assist with completion of ADLs on a daily basis, including toilet hygiene.</p> <p>Observation on 01/12/25 at 12:30 P.M. of Resident #7's room, shared with Resident #22, revealed a soiled brief laying on the floor between Resident #7 and #22 beds. Resident's #7 and #22 were observed to be eating the lunch meal.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete		
Event ID:		
Facility ID: 365340		
If continuation sheet Page 1 of 5		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Interview on 01/12/25 at 12:32 P.M. with Resident #7 revealed the resident soiled the brief and attempted to use her reacher to dispose of it, but the brief hit the floor instead. Resident #7 revealed there were times when she requested assistance from staff, but staff did not help her.</p> <p>Observation and interview on 01/12/25 at 12:35 P.M. of Certified Nurse Assistant (CNA) #858 revealed her walking into the room to speak with Resident #22. CNA #858 was observed to look down at the floor between Resident's #7 and #22 bed and started shaking her head. CNA #858 was observed to be rolling her eyes in an upward motion and stated, that's nasty, especially while they are eating. CNA #858 revealed no knowledge of who the soiled brief belonged to. CNA #858 confirmed and verified the findings at the time of the interview and observation.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00161493.</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>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39333</p> <p>Based on medical record review, staff interview, and review of the facility policy, the facility failed to ensure medications were available for administration. This affected three residents #29, #47, and #18 out of six (Residents #4, #7, #18, #29, #47, and #54) reviewed for medication administration. The facility census was 72.</p> <p>Findings include:</p> <p>1 Review of the medical record for Resident #29 revealed an admitted [DATE]. Diagnoses included anxiety disorder, Hodgkin lymphoma, thyroiditis, hypothyroidism, and diabetes mellitus.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment, dated 10/31/24, revealed Resident #29 was severely cognitively impaired and dependent on staff for activities of daily living (ADLs).</p> <p>Review of the current physician orders for Resident #29 revealed a physician order written on 03/21/24 for Levothyroxine 175 microgram (mcg), one tablet by mouth in the morning.</p> <p>Review of the medication administration record (MAR) for January 2025 revealed Resident #29 did not receive levothyroxine 175 mcg in the morning of 01/08/25 and 01/09/25 because the medication was unavailable.</p> <p>Interview on 01/13/25 at 3:14 P.M. with the Director of Nursing (DON) verified that Resident #29 did not receive the prescribed medication of 175 mcg levothyroxine in the morning of 01/08/25 and 01/09/25 as the medication was documented unavailable on the MAR. The DON was unsure why the medication was unavailable.</p> <p>2. Review of the medical record for Resident #47 revealed an admitted [DATE] and a readmitted [DATE]. Diagnoses included to major depressive disorder, drug induced subacute dyskinesia, chronic pain, and dementia.</p> <p>Review of the comprehensive MDS 3.0 assessment, dated 11/13/24 revealed Resident #47 was severely cognitively impaired and required substantial assistance for ADLs.</p> <p>Review of the current physician orders for Resident #47 revealed a physician order written on 11/30/24 for 40 milligrams of Ingrezza orally at bedtime for dyskinesia.</p> <p>Review of the MAR for December 2024 revealed Resident #47 had not received 40 milligrams of Ingrezza orally at bedtime on 12/30/24 and 12/31/24 as the medication was unavailable.</p> <p>Review of the MAR for January 2025 revealed Resident #47 did not receive 40 milligrams of Ingrezza orally at bedtime from 01/01/25 through 01/11/25 for dyskinesia as the medication was unavailable.</p> <p>(continued on next page)</p>		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Observation and interview on 01/13/25 at 4:29 P.M. with Resident #47 revealed involuntary movements of the mouth were continual during conversation. Resident #47 confirmed a diagnosis of tardive dyskinesia and stated medication was required for treatment.</p> <p>Interview on 01/13/25 at 3:14 P.M. with the DON verified Resident #47 did not receive the prescribed medication of 40 milligrams of Ingrezza orally at bedtime from 12/30/24 through 01/11/25. The DON did not know why the medication was not available.</p> <p>3. Review of the medical record for Resident #18 revealed an admitted [DATE]. Diagnoses included acute respiratory failure, chronic kidney disease stage 4, chronic obstructive pulmonary disease, and type II diabetes mellitus.</p> <p>Review of the MDS assessment dated [DATE] revealed Resident #18 was alert and oriented to person, place, and time. Review of the MDS assessment also revealed Resident #18 required assistance from staff for ADLs and required dialysis.</p> <p>Review of the care plan dated 12/16/24 revealed Resident #18 had an ADL self-care performance deficit and required hemodialysis with an intervention that included to administer medications per physician order.</p> <p>Review of the current physician orders dated 11/19/24 revealed Resident #18 had an order for dialysis at an outpatient dialysis center on Tuesdays, Thursdays, and Saturdays with a chair time of 12:30 P.M.</p> <p>Further review of physician orders revealed Resident #18 had an order dated 12/11/24 for auryxia oral tablet, administer 210 milligrams by mouth three times a day, with meals, for end-stage renal disease.</p> <p>Review of the MAR for Resident #18 revealed on 01/12/25 Resident #18 did not receive two of the three doses of auryxia with a note for both of the missed doses, to see the nurses notes.</p> <p>Review of a nurse progress note dated 01/12/25 at 12:38 P.M. revealed the facility was waiting for Resident #18's auryxia to be delivered from the pharmacy.</p> <p>Review of the progress note dated 01/12/25 at 6:15 P.M. revealed Resident #18's auryxia was not available.</p> <p>Interview on 01/13/25 at 3:39 P.M. with the DON verified Resident #18 missed two scheduled doses of auryxia on 01/12/25. The DON was aware the medication was not available and was unsure why the medication would not have been available.</p> <p>Review of the facility policy dated 11/2001 titled, Miscellaneous Special Situations- Unavailable Medication, revealed the facility must make every effort to ensure that medications used by residents are available to meet the needs of each resident.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00161493.</p> <p>Surveyor: Richfield, Lake</p> <p>(continued on next page)</p>		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	42730		