

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365624	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Perrysburg Healthcare and Rehabilitation Center.		STREET ADDRESS, CITY, STATE, ZIP CODE 28546 Starbright Blvd 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35033</p> <p>Based on review of a wound care treatment progress note, review of physician orders, observation, staff interview, and policy review, the facility failed to correctly identify the type and location of a wound. Additionally, the facility failed to ensure wound care treatments were completed per physician orders. This affected one (#30) of three residents reviewed for wound care. The facility identified seven residents requiring wound care management. The facility census was 46.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #30 revealed an admitted [DATE]. Diagnoses included multiple sclerosis, vascular dementia, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, chronic obstructive pulmonary disease, and hypertension.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had impaired cognition. The resident was dependent for toileting hygiene and personal hygiene.</p> <p>Review of a nurse's progress note dated 12/08/24 at 11:02 P.M. revealed the resident had an open area to the left ischium, barrier cream order in place and applied. The physician and resident representative were notified. The resident to be seen by wound care this week.</p> <p>Review of a nurse's progress note dated 12/08/24 at 11:05 P.M. revealed the resident had a stage two pressure ulcer to the left buttock measuring two centimeters (cm) in length by one cm in width, with a depth of 0.2 cm. There was no description of the wound bed.</p> <p>Review of the physician orders dated 01/28/24 revealed to apply barrier cream to buttocks and peri-area every shift and as needed after incontinent episodes. There were no new orders to apply the barrier cream to the newly identified area.</p> <p>Review of the treatment administration record (TAR) dated 12/08/24 through 12/12/24 revealed the barrier cream was applied to the buttocks and and peri-area every shift. This was no documentation the barrier cream was applied to the newly identified area.</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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FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 365624	Facility ID: 365624 If continuation sheet Page 1 of 5

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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 a nurse practitioner (NP) wound care note dated 12/13/24 at 9:56 A.M. reveled the resident had a laceration to the left proximal posterior thigh. The wound was full thickness and measured three centimeters (cm) in length, 2.5 cm in width, with an undetermined depth. The wound was ten percent (%) granulation tissue and 90% slough with moderate serosanguinous drainage. The wound NP noted the resident was unable to tolerate debridement today. The wound was linear and may have been caused by the shower chair. The wound NP ordered to cleanse the wound with normal saline, apply silver alginate, and cover with a silicone super absorbent dressing daily and as needed.</p> <p>Review of the physician orders revealed the new wound care orders had not been entered into the electronic medical record until 12/17/24. Review of a physician order dated 12/17/24 at 12:50 P.M. revealed to cleanse area to left proximal posterior thigh with normal saline, pat dry, apply skin prep to peri wound allow to dry, apply silver alginate and cover with silicone superabsorbent dressing daily and as needed.</p> <p>Review of the treatment administration record revealed no documentation the wound dressing had been changed daily per physician orders on 12/14/24, 12/15/24, and 12/16/24.</p> <p>Observation on 12/17/24 at 11:50 A.M., during incontinence care for Resident #30 with Certified Nursing Assistant (CNA) #550 and the Director of Nursing (DON) revealed the resident had a wound dressing in place on his left posterior thigh dated 12/13/24.</p> <p>Interview on 12/17/24 at 12:04 P.M., the DON verified the dressing was dated 12/13/24. The DON stated the resident had an initial wound care visit on 12/13/24 and thought the wound care provider had entered the new wound care orders into the electronic medical record.</p> <p>Interview on 12/17/24 at 1:50 P.M., the DON revealed the wound care orders had not been entered into the electronic medical record. The DON verified the daily dressing change had not been completed as ordered. Continued interview with the DON revealed the resident had no skin impairment to his left ischium or left buttock. The DON revealed the nurse had incorrectly identified the type and location of the wound. The DON also verified there was no documentation the previously ordered barrier cream had been applied to the laceration on the posterior thigh.</p> <p>Observation on 12/17/24 at 2:28 P.M., of wound care for Resident #30 revealed the DON removed the wound dressing dated 12/13/24 from the left posterior thigh which was saturated with dark exudate. Resident #30 had no skin impairments to the left ischium or left buttock. The linear laceration on the left posterior thigh was approximately two centimeters in length, one cm in width, with an undetermined depth. The wound bed was 55% red granulation tissue and 45% yellow slough. The DON cleansed the wound and applied a new dressing per physician orders.</p> <p>Review of the policy Wound Care, last revised 10/2021, revealed staff would verify physician orders for wound care and provide wound care per physician orders to promote healing.</p> <p>This deficiency was an incidental finding discovered during the course of the complaint investigation.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35033</p> <p>Based on review of the medical record, observation, staff interview, and policy review, the facility failed to ensure incontinence care was provided timely. This affected one (#30) of three residents reviewed for incontinence care. The facility census was 46.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #30 revealed an admitted [DATE]. Diagnoses included multiple sclerosis, vascular dementia, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, chronic obstructive pulmonary disease, and hypertension.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had impaired cognition. The resident was always incontinent of bladder and frequently incontinent of bowel. The resident was dependent on staff for toileting hygiene and personal hygiene.</p> <p>Review of the plan of care dated initiated 09/14/20 revealed the resident was incontinent related to multiple sclerosis and weakness. Interventions noted the resident was incontinent of bowel and bladder and was dependent on staff for toileting. Staff were to change the resident per protocol, preference, and as needed.</p> <p>Observation on 12/17/24 at 11:50 A.M. of incontinence care for Resident #30 with Certified Nursing Assistant (CNA) #550 and the Director of Nursing (DON) revealed the resident's pants were wet and had a urine odor. Further observation revealed the resident's incontinence brief was fully saturated with urine and had a strong urine odor.</p> <p>Interview on 12/17/24 at 11:50 A.M., CNA #550 revealed she had not provided incontinence care for Resident #30 since 7:50 A.M. CNA #550 revealed she was busy and had three showers to complete. CNA #550 verified the resident's pants were wet and his incontinence brief was saturated.</p> <p>Interview on 12/17/24 at 12:04 P.M., the DON verified incontinence care should be provided every two hours. The DON revealed she had been back to the secured unit a few times this morning and CNA #550 had not notified her of needing help with resident care.</p> <p>Review of the policy Incontinence Care, revised 02/2022, revealed no guidelines for the frequency of incontinence care and incontinence checks.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00160294.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>35033</p> <p>Based on observation, staff interview, review of pest control service records, and policy review, the facility failed to ensure the facility was free of ants. This affected five residents (#20, #25, #6, #41, #27) and the potential to affect an additional 13 residents (#2, #7, #8, #11, #13, #14, #18, #21, #22, #30, #32, #36, #47) residing on the 400 hall. The facility census was 46.</p> <p>Findings include:</p> <p>Review of the pest control service records revealed the facility had not received preventative pest control treatments since 08/21/24. No pest control services were provided in 09/2024, 10/2024, and 11/2024. Additionally, no pest control services were provided in the facility from 12/01/24 through 12/15/24.</p> <p>Observation on 12/16/24 at 8:04 A.M., in Resident #25's room revealed there approximately 12 ants on the floor near the wall.</p> <p>Observation on 12/16/24 at 8:06 A.M. in the shared room of Resident #27 and Resident #41 revealed there were approximately 15 ants on the floor near the wall.</p> <p>Observation on 12/16/24 at 8:07 A.M. in Resident #6's room revealed there was one ant on the floor near the wall.</p> <p>Interview on 12/16/24 beginning at 8:04 A.M., Environmental Services Staff (ESS) #145 verified the ants in the rooms of Resident #25, Resident #27, Resident #41, and Resident #6. ESS #145 revealed everyone was aware of the ants. ESS #145 revealed she would spray the ants with disinfectant.</p> <p>Observation on 12/16/24 at 8:25 A.M. in Resident #20's room revealed there were six ants on the floor in the resident's bathroom near the wall.</p> <p>Interview on 12/16/24 at 8:25 A.M., Resident #20 stated she frequently had ants in her bathroom.</p> <p>Interview on 12/16/24 at 8:25 A.M., Certified Nursing Assistant (CNA) #124 verified the ants in Resident #20's bathroom.</p> <p>Interview on 12/16/24 at 11:14 A.M., Resident #29 stated she saw two ants in her bathroom this morning.</p> <p>Interview on 12/16/24 at 1:09 P.M., Regional Director of Maintenance (RDM) #191 verified the facility had not received pest control services since 08/21/24. RDM #191 revealed today he requested the pest control company to provide services.</p> <p>Observation on 12/17/24 at 8:03 A.M. in Resident #20's bathroom revealed ants on the floor near the wall.</p> <p>(continued on next page)</p>		

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

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Interview on 12/17/24 at 8:03 A.M., Registered Nurse (RN) #100 verified the ants in Resident #20's bathroom.</p> <p>Observation on 12/17/24 at 8:23 A.M. revealed there were nine ants in the hallway in the secured unit near Resident #6's room. Across the hall outside of Resident #2 and Resident #14's room were 12 more ants.</p> <p>Interview on 12/17/24 at 8:36 A.M., Licensed Practical Nurse (LPN) #134 verified the ants in the hallway.</p> <p>Observation on 12/19/24 at 10:13 A.M. revealed there were four ants in the hallway outside Resident #6's room.</p> <p>Interview on 12/19/24 at 10:13 A.M., the Director of Nursing (DON) verified the ants in the hallway.</p> <p>Review of the policy Pest Control, dated 2018, revealed the facility would maintain a routine pest control program including routine monthly visits including resident rooms. The Director of Maintenance or Executive Director would be notified if concerns of pests were discovered and the pest control company would be contacted for an additional visit if necessary.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00160294.</p>		