

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>365535</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HEARTLAND OF PERRYSBURG</b>		STREET ADDRESS, CITY, STATE, ZIP <b>10540 FREMONT PIKE RD PERRYSBURG, OH 43551</b>	
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 0580  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, review of the facility policy, family and staff interviews, the facility failed to notify the resident's family representative of a physician order for [REDACTED].#4) of three resident reviewed for notification. The current census is 71. Findings include: Review of Resident #4's medical record revealed an admission date of [DATE] and discharged to the hospital on [DATE]. [DIAGNOSES REDACTED]. Review of the physician orders for Resident #4 revealed the Certified Nurse Practitioner (CNP) ordered [MEDICATION NAME], ([MEDICATION NAME]) 7.5 milligrams, orally once at bedtime for appetite on 02/29/20, the medication was discontinued on 03/02/20. Review of Resident #4's Medication Administration Record [REDACTED]. Review of the progress notes dated from 02/29/20 to 03/02/20 revealed there was no documentation Resident #4's family representative was notified of the order for the [MEDICATION NAME] prior to the medication being given on 02/29/20. Interview on 09/17/20 at 10:50 A.M., with the Director of Nursing, (DON), and the Administrator revealed there was documentation the CNP did order [MEDICATION NAME] for Resident #4 and the resident was documented as receiving one dose on 02/29/20. The Administrator and DON verified there was no documentation the resident's record of the family representative being notified. Interview on 09/17/20 at 12:58 P.M., with Resident #4's family representative revealed the facility administered a medication to Resident #4 on 02/29/20 without notifying the family representative. Review of the facility's policy titled, Notification of Change, dated 11/2016 revealed the facility will notify the resident's representative immediately upon changes in treatments. This deficiency substantiates the allegations in complaint number OH 717.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.