

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2020
NAME OF PROVIDER OF SUPPLIER PARKVIEW CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1406 OAK HARBOR RD FREMONT, OH 43420	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, record review, and review of facility policy, the facility failed to secure smoking materials for one (#100) resident reviewed for hazards. This deficient practice had the potential to affect 11 (#100, #105, #110, #120, #130, #400, #140, #160, #170, #180, #190) residents who reside on the unit where the unsecured smoking materials were found. Findings include: Review of the medical record for Resident #100 revealed an admission date of [DATE]. [DIAGNOSES REDACTED]. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment for Resident #100 completed on 07/15/20 revealed the resident did not have any cognitive deficits and used a wheelchair for mobility. Review of the smoking evaluation for Resident #100 dated 06/30/20 revealed the resident was an independent smoker who had the ability to ask for assistance if needed. Interview on 07/29/20 at 11:58 A.M., with State tested Nursing Assistant (STNA) #25 revealed she has found smoking materials, including a lighter in Resident #100's room once in the past month. When she found them, she took it and reported it to the manager. STNA #25 stated she has heard other staff members mention that they have also found smoking materials including lighters and electronic cigarettes in Resident #100's room. STNA #25 stated that she monitors smoking materials for the residents who have scheduled smoking times. STNA #25 stated all smoking materials are to be kept in the lock box at the nurses' station and she hands them out to the residents. The residents return them when smoking time is finished. STNA #25 stated that Resident #100 has a scheduled smoking time outside and always takes a lighter from the nurses' station, and returns it when he is finished. STNA #25 was unable to provide any information about how the resident continues to acquire these items. Interview on 07/29/20 at 6:42 P.M., with STNA #50 revealed she has found an electronic cigarette in Resident #100's room laying on his nightstand about a month ago. She took the device and reported it to the charge nurse on duty. STNA #50 stated she has heard from other facility staff that they have also found smoking materials in the Resident #100's room including lighters and electronic cigarettes. Observation on 07/29/20 at 12:10 P.M., Resident #100 revealed a green disposable lighter that was rolled up in his shirt. Resident #100 was in his room at the time of observation. During this observation, the Administrator entered the room and verified Resident #100 was in possession of a lighter. Interview on 07/29/20 at 12:12 P.M., with the facility Administrator revealed the staff have been finding different smoking materials in Resident #100's room over the past three months. These items include lighters and electronic cigarettes. Administrator stated she still does not know how the resident continues to get these items into the building. She confirmed that per facility policy, all smoking materials are to be locked away at the nurses' station regardless of the level of independence with smoking. Review of the facility policy on smoking last revised February 2018 revealed smoking articles such as cigarettes, e-cigarettes, cigars lighters, lighter fluid, will be stored in a designated locked area and supervised by the designated staff member. No resident may have any smoking in their room or on their person. The policy also stated the staff will promptly report non-compliance to the social services department, Director of Nursing (DON), or Administrator.</p>		
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.