

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>03/10/2020</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 0684  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review and staff interview, the facility failed to ensure residents at risk for constipation were monitored for regular bowel movements. This affected one (Resident #17) of one resident reviewed for constipation. The facility census was 104. Findings include: Review of the medical record for Resident #17 revealed an admission date of [DATE]. [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS) assessment, dated 01/16/20, revealed the resident was cognitively intact. Resident #17 displayed no behaviors during the review period and required extensive assistance with toilet use. Review of the state tested nursing aide (STNA) tasks for the last 30 days revealed the resident went six days with no bowel movements. Resident #17's last bowel movement was noted on 03/02/20. Resident #17 did not have a bowel movement on 03/03/20 03/04/20, 03/05/20, 03/06/20, 03/07/20, and 03/08/20. On 03/08/20, the resident complained of abdominal pain and sent to the hospital for evaluation and treatment. Review of the physician orders [REDACTED]. Review of the hospital documentation, dated 03/09/20, revealed Resident #17 had active bowel sounds, her abdomen was soft and no distention was noted. Resident #17 was treated for [REDACTED].M. with Licensed Practical Nurse (LPN) #201 verified no bowel movement was documented for Resident #17 from 03/03/20 through 03/08/20. LPN #201 reported if a resident went three days without a bowel movement, they would provide an as needed (PRN) medication for constipation. If this was not effective, they would contact the physician. LPN #201 verified there was no as needed medication ([MEDICATION NAME] and MOM) administered to Resident #17 from 03/01/20 to 03/08/20. Interview on 03/10/20 at 3:07 P.M. with Assistant Administrator (AA) #300 revealed no written bowel protocol was in place. AA #300 reported bowel concerns were addressed on an individual basis.		
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.