

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2020
NAME OF PROVIDER OF SUPPLIER ST CLARE COMMONS		STREET ADDRESS, CITY, STATE, ZIP 12469 FIVE POINT ROAD 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 0755 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on closed medical record review, review of hospital records, and staff interview, the facility failed to ensure the correct dosage of medication was administered to one Resident (#55) of three reviewed for medications. The facility census was 54. Findings include: Closed medical record review revealed Resident #55 was admitted to the facility on [DATE] and was discharged on [DATE]. [DIAGNOSES REDACTED]. Review of Resident #55's hospital discharge orders revealed an order for [REDACTED]. #55's facility physician orders [REDACTED]. #55's Medication Administration Record [REDACTED]. The resident received 300 mg, however should have received 500 mg. Interview on 03/18/20 at 2:59 P.M. with the Assistant Director of Nursing (ADON) verified the orders were entered incorrectly and Resident #55 did not receive the correct amount of [MEDICATION NAME] at bedtime as ordered. This deficiency substantiates Complaint Number OH 326.		
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.