

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/22/2025
NAME OF PROVIDER OR SUPPLIER  Shepherd of the Valley Liberty		STREET ADDRESS, CITY, STATE, ZIP CODE  1501 Tibbetts Wick Road Girard, OH 44420	

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)
<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility administration failed to ensure an effective system was in place to maintain current cardiopulmonary resuscitation (CPR) certification for the licensed nurses for the highest practicable well being of all residents. This had the potential to affect all 61 residents residing in the facility. Findings include: Review of personnel files on [DATE] at 2:39 P.M. with Human Resources Director (HRD) #742 revealed Licensed Practical Nurse (LPN) #694's CPR (cardiopulmonary resuscitation) certification expired 03/2025 and was renewed on [DATE]. LPN #696's CPR certification expired [DATE] and was renewed on [DATE]. LPN #684's CPR certification expired 02/2025 and was renewed on [DATE]. LPN #690's CPR certification expired on 01/2025 and was renewed on [DATE]. LPN #697's CPR certification expired on 03/2024 and was renewed on [DATE]. LPN #691's CPR certification expired 06/2025 and was renewed on [DATE]. Registered Nurse (RN) #713's CPR certification expired 02/2024 and was renewed on [DATE]. LPN #686's CPR certification expired on 02/2025 and was renewed on [DATE]. The Director of Nursing (DON)'s CPR certification expired 07/2025 and was renewed [DATE]. Interview on [DATE] at 2:39 P.M. with HRD #742 verified the above findings. HRD #742 stated CPR certification was tracked and some lapses in the nurses CPR recertification were found through the tracking process. Interview on [DATE] at 9:34 A.M. with the DON revealed corporate takes care of CPR so the DON would not have been aware some nurses working in the facility did not remain current with CPR certification. The DON stated she took her CPR recertification through the American Heart Association and offered staff to attend if they wanted CPR certification. The DON stated they had very few codes in the facility. The DON confirmed staff who performed CPR were required to maintain current CPR certification. Review of the facility policy titled Cardiopulmonary Resuscitation Certification, updated [DATE], revealed it was the policy of the facility to ensure all direct care staff be trained and maintain certification for cardiopulmonary resuscitation. All nursing and direct care staff were required to maintain current CPR certification. This certification was a condition of employment. Failure to obtain certification within 30 days of expiration would result in removal from the work schedule and might lead to disciplinary action. This deficiency represents non-compliance investigated under Complaint Number 2584291.</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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