

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366453	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Shepherd of the Valley Poland		STREET ADDRESS, CITY, STATE, ZIP CODE 301 West Western Reserve Road Poland, OH 44514	

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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of the medical record, interview with staff, and review of the facility policy, the facility failed to ensure Resident #1 was shaved per his preferences. This affected one resident (Resident #1) of two reviewed for activities of daily living. Findings Include: Review of the medical record revealed Resident #1 was admitted to the facility on [DATE]. Diagnoses included acute respiratory failure, pneumonia, retention of urine, acute cough, radiculopathy, hypertension, glaucoma, heart failure, atherosclerotic heart disease, hyperlipidemia, and chronic kidney disease. Review of the physician's orders revealed Resident #1 had an order for Plavix (blood thinner) 10 milligrams once daily dated 09/04/25. Review of the plan of care dated 09/04/25 revealed Resident #1 was on Plavix and was at risk for bleeding and irregular clotting. Interventions included to use caution when shaving. The care plan further revealed the resident had an ADL self-care performance deficit related to disease processes with interventions for set up and supervision of one staff for personal hygiene and for staff to understand the residents daily preferences and abilities could fluctuate. Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #1 had intact cognition. Review of the medical record revealed no documented evidence that Resident #1 was shaved during his time at the facility. On 09/15/25 at 1:49 P.M. an interview with Resident #1 revealed he wanted to be shaved, but nobody would shave him because he was on a blood thinner. He stated he felt bad that he had not been shaved. Observation at this time revealed his beard was approximately a quarter inch long. On 09/15/25 at 2:00 P.M. an interview with Licensed Practical Nurse #125 verified Resident #1 needed shaved. She stated he was on a blood thinner, so a nurse had to shave him. On 09/16/25 at 8:49 A.M. an interview with Resident #1 revealed he was thankful to be shaved and he felt so much better. Review of the facility policy titled, Shaving the Resident, dated 08/15/12 revealed the policy was to promote cleanliness and to provide skin care safety.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366453	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Shepherd of the Valley Poland		STREET ADDRESS, CITY, STATE, ZIP CODE 301 West Western Reserve Road Poland, OH 44514	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of the medical record, and interview with staff, the facility failed to ensure the portable oxygen tank for Resident #1 was working properly. This affected one resident (Resident #1) of two residents (Resident #1 and #31) who received oxygen therapy. Findings Include: Review of the medical record revealed Resident #1 was admitted to the facility on [DATE]. Diagnoses included acute respiratory failure, pneumonia, retention of urine, acute cough, radiculopathy, hypertension, glaucoma, heart failure, atherosclerotic heart disease, hyperlipidemia, and chronic kidney disease. Review of the physician's orders revealed Resident #1 had an order dated 09/10/25 to wean off oxygen but keep oxygen saturation at 92 percent (normal ranges from 95% to 100%). Review of the admission Minimum Data Set assessment dated [DATE] revealed Resident #1 had intact cognition and was receiving oxygen therapy. Observation on 09/15/25 at 2:00 P.M. revealed Resident #1 was short of breath while speaking. Further observation revealed his nasal cannula was attached to a portable oxygen tank. The dial on the oxygen tank indicating the amount of oxygen inside the tank was in the red area which indicated it was either empty or turned off. Licensed Practical Nurse #125 checked his oxygen saturation, and it was reading 85 percent (%), she picked up his oxygen tank from the back of his wheelchair and pressed a button, and they gauge moved. After a couple seconds Resident #1's oxygen saturation increased to 89%. An interview at this time with Licensed Practical Nurse #125 verified the oxygen tank was not working when Resident #1 was attempting to utilize the oxygen to maintain his oxygen saturation, and that his oxygen saturation was low at 85%. Review of the facility policy titled, Oxygen Administration, dated 10/10/24 revealed the purpose of the policy was to provide guidelines for safe oxygen administration.</p>		