

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Edgewood Manor of Greenfield		STREET ADDRESS, CITY, STATE, ZIP CODE 850 Nellie Street Greenfield, OH 45123	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33023</p> <p>Based on observations and staff interview, the facility failed to provide a safe and functional environment for the residents. This had the potential to affect all 46 residents residing in the facility.</p> <p>Findings include:</p> <p>Observations of the facility on 05/01/24 at 9:45 A.M. revealed multiple rain gutters that were hanging unattached to the fascia board on the left side front of the building near resident room [ROOM NUMBER]. Gutter mounting nails had broken loose from the building due to extended weather conditions causing the wood to rot and an unstable attachment. A second area was located outside the main entrance above the business office. The gutter system had also become unattached to the fascia board causing the wood to rot. A third area was located at the back of the building near a resident courtyard, with the gutters hanging below the attachment points.</p> <p>Observation of room [ROOM NUMBER] on 05/01/24 at 10:30 A.M. revealed a large brown stain on the ceiling above the room window.</p> <p>Interview with the Administrator on 05/01/24 at 11:05 A.M. verified multiple areas of damaged and non-functional gutter system located around the entire facility. The Administrator stated there have been several estimates obtained to repair these areas in the past year. The Administrator stated they have been waiting on corporate to approve one of the estimates.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152896.</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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