STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365221	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewood Manor of Greenfield	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, and facility policy review, the facility failed to ensure resident dependent on staff for activities of daily living received a bath or shower as scheduled or requested. This affected one (Resident #32) out of four residents reviewed for bathing care. The facility census was 48.Findings include:Review of the medical record for Resident #32 revealed an admission date of 11/07/25. Diagnosis included nontraumatic intracerebral hemorrhage, dementia, anxiety disorder, and psychoactive substance abuse. Review of Resident #32's Medicare 5-day Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 10 out of 15 indicating a moderately impaired cognition for daily decision-making abilities. Resident #32 was noted to be dependent of staff for bathing, dressing and toileting hygiene. Review of the facility's current bathing schedule revealed Resident #32 was scheduled to receive a bath or shower twice a week on Wednesday and Saturday's nights. Review of the bathing task for Resident #32 from 03/01/26 through 05/24/26 revealed there was a 10-day span between 03/25/26 through 04/05/26 where no bath or shower was documented as being offered, received, or refused. Interview on 05/27/26 at 3:10 P.M. with the Director of Nursing verified there was a 10-day span where Resident #32 was not noted to have received or been offered a bath or shower. Resident #32 was noted to still be at the facility during this time. The DON claimed they were not sure why Resident #32 would not have received a bath or shower during that time frame. Review of the facility policy titled Shower/Tub Bath, revised on 02/2018 revealed that the purpose of this procedure is to provide cleanliness, provide comfort to the resident and to observe the condition of the resident's skin. Noted under Documentation section of this policy was the information to be documented when a bath or shower was completed which included the date and time the bath or shower was performed, name and title of the individual who assisted along with if the resident refused the bath or shower and any interventions taken.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observations, and staff interview, the facility failed to ensure call lights to request for help or assistance was within reach for all residents. This affected one (Resident #32) out of four residents reviewed for call lights. The facility census was 48.Findings include:Review of the medical record for Resident #32 revealed an admission date of 11/07/25. Diagnosis included nontraumatic intracerebral hemorrhage, dementia, anxiety disorder, and psychoactive substance abuse. Review of the plan of care dated 05/10/26 and revised 05/11/26 revealed Resident #32 was at risk for falls and had an actual fall with no injury. Interventions related to fall safety included keeping a call light in reach. Review of Resident #32's Medicare 5-day Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 10 out of 15 indicating a moderately impaired cognition for daily decision-making abilities. Resident #32 was noted to be dependent of staff for bathing, dressing and toileting hygiene. Observation on 05/26/26 at 4:00 P.M. of Resident #32's room revealed resident was out of room at that time. A push pad call light was noted to be on the floor under the room divider curtain and not within reach if needed. Observation on 05/27/26 at 9:36 A.M. revealed Resident #32 laying supine in bed with the bed in the lowest position, the left side of the bed up against the wall and the right side of the bed had a fall mat on the floor next to the bed. A touch pad call light was observed on the floor under the room divider curtain as observed the previous day. Interview on 05/27/26 at 9:39 A.M. with Licensed Practical Nurse (LPN) #2 verified Resident #32's call light was on the floor and not within reach. LPN #2 claimed call lights should be within reach at all times.