

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/08/2026
NAME OF PROVIDER OR SUPPLIER  Buckeye Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1900 East Main Street Lancaster, OH 43130	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, observations and interviews the facility failed to ensure residents were provided with timely hygiene care to removing facial hair. This affected two residents (Residents #36 and #55) of the four residents reviewed for activities of daily living. The facility census was 88. Findings include: 1. Review of Resident #36 ' s medical record revealed an admission date of 03/07/25 with diagnosis to include but not limited too Parkinson's disease, pain in right shoulder, difficulty in walking, unsteadiness on feet, chronic obstructive pulmonary disease, hyperlipidemia, bipolar, obesity, osteoarthritis, gastro-esophageal reflux disease, major depressive disorder, anxiety, heart failure, seizures, hypertensive heart disease, and anemia. Review of the annual Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #36 had a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident was cognitively intact. Resident #36 required required touching assistance for personal grooming to include shaving. Review of the care plan focus initiated 03/12/25 and revised on 10/03/25 revealed Resident #36 had an actual risk for Activities of Daily Living (ADL) decline and required staff assistance related to impaired mobility related to right shoulder pain with interventions which to included resident required staff assistance with hygiene. Observation of Resident #36 who was sitting in a wheelchair in a common area on 01/05/26 at 1:44 P.M. revealed the resident had multiple white hairs on her chin which were long and noticeable. Interview with Resident #36 on 01/05/26 at 1:44 P.M. revealed the resident stated I can not find tweezers to get rid of the chin whiskers, the girls usually shaved them, but they did not today. Interview on 01/05/26 at 1:51 P.M. with License Practical Nurse (LPN) #480 confirmed and verified Resident #36 had multiple long white hairs on her chin and Resident #36 had asked for them to be removed but they remained. 2. Review of Resident #55 ' s medical record revealed an admission date of 04/14/21 with diagnosis to include but not limited to atrial fibrillation, hypertension, osteoarthritis, anxiety disorder, hypothyroidism, major depressive disorder, ischemic heart disease, anemia, hypo-osmolality and hyponatremia. Review of the quarterly MDS dated [DATE] revealed a BIMS score of 11 which indicated a moderate cognitive impairment. Resident #55 required moderate assistance for showering and personal hygiene which included shaving. Review of the shower sheet dated 01/03/26 for Resident #55 revealed a blank space where it should be documented if Resident #55 had a shower or not. Review of the care plan for Resident #55 revealed a focus which stated Resident #55 had an ADL self-care performance deficit related to impaired mobility with interventions revised on 02/10/23 to include Resident #55 required staff assistance for showering and personal hygiene to include shaving. Observation on 01/05/26 at 1:22 P.M. of Resident #55 revealed she had multiple black hairs on her upper and lower lips which had the appearance of a mustache. Interview on 01/05/26 at 1:22 P.M. with Resident #55 confirmed the black hair on her upper and lower lips bothered her because it does not look good. Interview on 01/05/26 at 1:27 P.M. with LPN #480 revealed the female residents have their facial hair shaved on shower days and when it</p> <p>(continued on next page)</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:  365250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/08/2026
NAME OF PROVIDER OR SUPPLIER  Buckeye Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1900 East Main Street Lancaster, OH 43130	
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>is noticeable. Additionally, LPN #480 stated the expectation is for the Certified Nursing Assistants (CNAs) to shave the female residents who have facial hair even if it is not their shower day. Interview on 01/05/26 at 1:33 P.M. with LPN #480 who confirmed and verified Resident #55 had multiple black hairs on her upper and lower lips and Resident #55 asked for it to be shaved but it remained. Review of the facility policy Activities of Daily Living (ADL), Supporting revision dated 03/2018 stated that residents who are unable to carry out activities of daily living independently will receive services necessary to maintain good nutrition, grooming, and personal and oral hygiene. Furthermore, the facility policy Activities of Daily Living (ADL), Supporting revision dated 03/2018 stated appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: hygiene (bathing, dressing, grooming, and oral care). This deficiency represents non-compliance investigated under Complaint Number OH002706168.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/08/2026
NAME OF PROVIDER OR SUPPLIER  Buckeye Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1900 East Main Street Lancaster, OH 43130	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, record review, and review of facility policy the facility failed to timely complete an ordered urinalysis laboratory test and appropriately address a urinary tract infection (UTI) for Resident #52. This affected one resident (#52) of three residents reviewed for UTI's. The facility census was 88. Findings include: Review of Resident #52's medical record revealed an admission date of 05/28/21 with diagnoses including Parkinson's disease, Type II Diabetes Mellitus, progress multiple sclerosis, unspecified protein-calorie malnutrition, dysphagia, legal blindness, and dementia. Review of Resident #52's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident had intact cognition. Review of Resident #52's physician note dated 11/10/25 revealed the resident complained of lower abdominal pain. The physician wanted an urinalysis (UA) with culture and sensitivity and recommended encouraging fluids while the results were pending. Review of Resident #52's physician order dated 11/11/25 revealed an order for urinary analysis with culture and sensitivity. Review of Resident #52's progress note dated 11/12/25 revealed the UA was not collected. Review of Resident #52's physician order dated 11/18/25 revealed an order for urinary analysis with culture and sensitivity. Review of Resident #52's physician order dated 11/18/25 revealed an order for Ciprofloxacin Hcl (an antibiotic) 250 milligrams one tablet to be given by mouth every 12 hours for three days for infection. Review of Resident #52's progress note dated 11/19/25 revealed the UA was not collected. Review of Resident #52's progress note dated 11/20/25 revealed the resident showed up in the laboratory's system for a UA, however, she had been on an antibiotic for two days. The physician was asked if he still wanted a UA and on 11/21/25 he reported the order could be discontinued. Review of Resident #52's medical record from 11/10/25 to 11/20/25 revealed no further documentation related to her UTI. Interview on 01/08/26 at 8:42 A.M. with the Director of Nursing verified Resident #52's UA was not completed timely as ordered. She was unsure why it was not completed, and verified there was no documentation on 11/18/25 to indicate why an antibiotic was ordered, or what symptoms she still had. She additionally verified an antibiotic was ordered without a UA, she reported due to the continued symptoms the physician did not wait for the results. Review of the policy 'Antibiotic Stewardship', revised December 2016 revealed when a culture and sensitivity is ordered, the lab results and current clinical situation will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be continued or modified. This deficiency represents non-compliance investigated under Complaint Number 2706168.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/08/2026
NAME OF PROVIDER OR SUPPLIER  Buckeye Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1900 East Main Street Lancaster, OH 43130	
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 - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interview the facility failed to ensure Resident #52 ' s wheelchair was maintained in a clean and sanitary manner. This affected one resident (#52) of three residents reviewed for environment. The facility census was 88. Findings include: Review of Resident #52's medical record revealed an admission date of 05/28/21 with diagnoses including Parkinson's disease, Type II Diabetes Mellitus, progress multiple sclerosis, mild cognitive impairment, unspecified protein-calorie malnutrition, legal blindness, dementia, and major depressive disorder. Review of Resident #52's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident had intact cognition. Observation on 01/06/26 at 2:50 P.M. and on 01/08/26 at 10:05 A.M. revealed Resident #52's wheelchair had a large build up of dirt, food, stains, and splatters along the sides and edges. Interview on 01/08/26 at 10:05 A.M. with the Director of Nursing (DON) verified Resident #52's wheelchair needed cleaned, she reported it was on the schedule for night shift. This deficiency represents non-compliance investigated under Complaint Number 2706168.</p>		