

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365269	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/27/2026
NAME OF PROVIDER OR SUPPLIER Country Court		STREET ADDRESS, CITY, STATE, ZIP CODE 1076 Coshocton Ave Mount Vernon, OH 43050	
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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation and interviews with staff, the facility failed to ensure the washcloths used for resident care were not stained or discolored. This had the potential to affect all 48 residents in the facility. Findings Include: Observations conducted during the initial tour on 05/26/26 from 9:05 A.M. through 9:11 A.M. revealed all of the washcloths, 70 in total, in three of the linen closets were completely discolored/stained gray to dark brown. On 05/26/26 at 9:20 A.M. an interview with Certified Nursing Assistant (CNA) #106 revealed she did not know why all the washcloths in the linen closets were discolored and stained. Interview and observation of the laundry room on 05/26/26 at 9:35 A.M. with Laundry Staff #111 revealed a pile of unfolded stained/discolored washcloths on the top of the table and about a dozen white washcloths folded in the laundry cart to go out on the units. She stated the stained washcloths on the table in the pile were to be used for cleaning however the nursing staff would take the cleaning cloths and use them on the residents when they were not supposed to use them. Laundry Staff #111 went to the main linen storage closet and obtained more washcloths, took them out to the clean linen closets, gathered up all the discolored washcloths, and replaced them with the new ones. On 05/26/26 at 10:25 A.M. an interview with the Administrator revealed staff were not supposed to be using the discolored or stained washcloths on the residents they were for cleaning only. On 05/26/26 at 12:00 P.M. an interview with Certified Nursing Assistant #103 revealed the night shift must have placed the discolored washcloths in the linen closets. She verified she had been using them for morning care on the residents.		

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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