

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2025
NAME OF PROVIDER OR SUPPLIER Hall of Fame Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2714 13th Street NW Canton, OH 44708	

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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</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: 365291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2025
NAME OF PROVIDER OR SUPPLIER Hall of Fame Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2714 13th Street NW Canton, OH 44708	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the activities calendar, resident interview, and staff interview, the facility failed to provide activities to meet the needs and interests of all residents in the facility. This affected three residents (#2, #16, and #40) of six interviewed regarding activities. The facility census was 45. Findings include: Review of the facility's activities calendar for December 2025 revealed the planned activities were repetitive, no activities were provided later than 3:00 P.M., and staff led activities on the weekends and on holidays were lacking. The following were the activities listed on the calendar for December 2025: -On Mondays 12/01/25, 12/08/25, 12/15/25, 12/22/25, and 12/29/25, the scheduled activities were True or False at 10:45 A.M. and Crafts at 2:00 P.M. No other activities were planned for Mondays in December. -On Tuesdays 12/02/25, 12/09/25, 12/16/25, 12/23/25, and 12/30/25, the scheduled activities were Book Club at 1:00 P.M. and Bingo at 2:00 P.M. No other activities were planned for Tuesdays in December. -On Wednesdays 12/03/25, 12/24/25, and 12/31/25, the scheduled activities were Yarn Club at 1:30 P.M., Bible Study at 3:00 P.M., and Room Visit with no specified time. On Wednesday 12/10/25, the scheduled activities were Yarn Club at 1:30 P.M., Gospel Singers at 2:00 P.M., and Room Visit with no specified time. On Wednesday 12/17/25, the scheduled activities were Christmas Singer at 1:00 P.M., Bible Study at 3:00 P.M., and Room Visit with no specified time. No other activities were planned for Wednesdays in December. -On Thursdays 12/04/25 and 12/18/25, the scheduled activities were Cards at 10:30 A.M., Nails at 1:00 P.M., and Trivia at 2:00 P.M. On Thursday 12/11/25, the scheduled activities were Cards at 10:30 A.M., Nails at 1:00 P.M., and [NAME] Game at 2:00 P.M. On Thursday 12/25/25 (Christmas Day), the listed activities were Activity Packet and Lifetime Channel with no timed or staff led activities listed. No other activities were planned for Thursdays in December. -On Fridays 12/05/25, 12/12/25, 12/19/25, and 12/26/25, the scheduled activities were Let's Talk at 12:00 P.M., Movie & Popcorn at 1:30 P.M., and Room Visits with no specified time. No other activities were planned for Fridays in December. -On Saturdays 12/06/25, 12/13/25, 12/20/25, and 12/27/25, the listed activities were Activity Packet and Lifetime Channel with no timed or staff led activities listed. No other activities were planned for Saturdays in December. -On Sundays 12/07/25, 12/14/25, and 12/21/25, the listed activities were Activity Packet and Lifetime Channel with no timed or staff led activities listed. On Sunday 12/28/25, the listed activities were Church at 2:00 P.M., and Activity Packet and Lifetime Channel with no specified time. No other activities were planned for Sundays in December. On 12/03/25 at 11:09 A.M., an interview with Activities Director #105 confirmed the activities listed on the facility's activities calendar for December 2025. Activities Director #105 stated the earliest activity was not until after 10:00 A.M. because the first smoke break was at 10:00 A.M. and no residents were up prior to that time. Activities Director #105 further stated no activities were scheduled after 3:00 P.M. because she supervised the 4:00 P.M. smoke break and then she left the facility by 4:30 P.M. every day. She stated she only works Monday through Friday and the weekend activities included the Lifetime channel and activities packets, which she stated consisted of coloring pages, word searches, and puzzles. She also stated she occasionally worked on a Saturday to go shopping for residents and they had church one Sunday per month. Activities Director #105 stated the facility had no additional activities staff and she was the only staff member leading activities. On 12/03/25 at 3:40 P.M., an interview with Social Services Designee (SSD) #104 revealed she was the former activities director for the facility and was still overseeing the activities department because Activities Director #105 had not received her activities professional certification yet. SSD #104 further stated she only helped with scheduling and did not lead any activities because her other duties at the facility did not allow time for that. SSD #104 also said Activities Director #105 did do some weekend activities occasionally, but she was unable to provide any additional information and stated those were not documented anywhere. SSD #104 stated she did not work on the weekends and confirmed there were no activities staff other than SSD #104 and Activities Director #105. On 12/04/25 at 12:40 P.M., an interview with Resident #2 stated he was bored in the evenings and on the weekends. On 12/04/25 at 12:51 P.M., an interview with Resident #16 stated all there was to do at the facility was watch television and he would like to see more activities geared toward veterans. On 12/04/25 at 12:59 P.M., an interview with Resident #40 stated he was bored at the facility. Review of the personnel file for Activities Director #105 revealed a hire date of 11/11/2022 as a Certified Nursing Assistant (CNA), then she became an Activities Assistant on 10/10/24, and became the Activities Director in late 2025 (there was no clear indication as to when this promotion occurred, just a change in rate/salary document indicating a rate</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2025
NAME OF PROVIDER OR SUPPLIER Hall of Fame Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2714 13th Street NW Canton, OH 44708	
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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2025
NAME OF PROVIDER OR SUPPLIER Hall of Fame Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2714 13th Street NW Canton, OH 44708	
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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure adequate foot care had been provided. This affected one resident (#45) of two reviewed for foot care. The facility census was 45. Findings include: Review of Resident #45's medical records revealed an admission date of 07/01/16. Diagnoses included traumatic brain injury, aphasia (difficulty speaking) and cognitive deficits. Review of Minimum Data Set (MDS) dated [DATE] revealed Resident #45 had no cognition score due to being rarely understood. Resident #45 was independent with toileting and required set up assistance with bathing. Review of care plan dated 11/10/25 revealed Resident #45 had self care deficits related to impaired cognition and had been combative when trying to trim facial hair. Interventions included encourage resident to participate to fullest extent possible and reapproach when resistive to care. Resident #45 had behaviors that included yelling out and physical behaviors when she did not want to participate in task. Resident #45 was resistive to working with podiatry and staff trying to clip toe nails. Interventions included document behaviors and response to interventions and review concerns as needed. Resident #45 was resistive to care and refused to cooperate with ancillary services. Resident #45 was taken to an outside podiatrist and had become agitated and refused care. Resident #45's nails continued to be extremely long. Interventions included educate family of the possible outcomes of non compliance, if resident resisted care reassure resident, leave and return 5-10 later and reattempt. Review of podiatry visits dated 02/19/25, 05/12/25, 07/31/24 and 09/30/25 revealed Resident #45 had refused treatment, with no documentation of family being notified. Review of Progress notes dated 07/08/25 and 10/07/25 authored by Activities Director/Social Services #104 revealed a care conference was held with Resident #45 and family. Progress note did not include discussion of Resident #45's refusals of care of podiatry visits. Observation on 12/03/25 at 11:09 A.M. revealed Resident #45 was in a reclining chair in her room with her feet elevated and was wearing a pair of open toes slippers. Resident #45's toe nails were exposed and were extremely long, thick and were curled. Resident #45 was not interviewable and had only said Ok when questions were asked. Interview on 12/03/25 at 11:18 A.M. with Certified Nursing Assistant (CNA) #121 revealed she had been employed at the facility for approximately a week and stated she had asked staff about Resident #45's long toenails. CNA #121 stated she had been told Resident #45 had refused nail care and was unsure of what was to be done with them. Interview on 12/03/25 at 11:37 A.M. with Licensed Practical Nurse (LPN) #136 revealed he had been aware Resident #45 had refused her toe nails to be cut and had been combative in the past regarding nail care. Observation on 12/03/25 at 1:05 P.M. revealed Podiatrist #149 was present at the facility and had been performing nail care. Interview with Podiatrist #149 at time of observation revealed she had observed Resident #45's toe nails and had attempted to provide her with care, however Resident #45 had been combative and refused. Podiatrist #149 stated she had only seen Resident #45 one other time previously and Resident #45 had refused at that time as well. Podiatrist #149 stated she would be making a recommendation to the facility to inquire about adding a sedative medication to allow toe nails to be cut. Podiatrist #149 stated Resident #45's toenails appeared to have been in that condition for possibly 2-3 years. Attempted telephone interview on 12/04/25 at 9:56 A.M. and 4:06 P.M., with Resident #45's sister with no answer or return call. Interview on 12/04/25 at 12:34 P.M. with Activities Director/Social Services #104 confirmed she had performed care conferences with Resident #45 and her family (sister). Activities Director/Social Services #104 stated she could not recall when she had last discussed Resident #45's refusal of nail care with Resident #45's sister and confirmed care conferences had not included documentation of refusals. Activities Director/Social Services #104 stated Podiatrist #149 had mentioned the possibility of getting sedation medication ordered for Resident #45 in order to perform nail care. Review of facility policy titled Podiatry Services undated revealed facility to ensure residents received proper treatment and care within professional standards of practice to maintain mobility and good foot health. This deficiency represents non-compliance investigated under complaints 2681538 and 267099</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2025
NAME OF PROVIDER OR SUPPLIER Hall of Fame Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2714 13th Street NW Canton, OH 44708	
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2025
NAME OF PROVIDER OR SUPPLIER Hall of Fame Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2714 13th Street NW Canton, OH 44708	
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure social services staff was adequately trained and performed duties as required. This affected one resident (#45) of three reviewed for social services duties. The facility census was 45. Findings include: Review of Resident #45's medical records revealed an admission date of 07/01/16. Diagnoses included traumatic brain injury, aphasia (difficulty speaking) and cognitive deficits. Review of Minimum Data Set (MDS) dated [DATE] revealed Resident #45 had no cognition score due to being rarely understood. Resident #45 was independent with toileting and required set up assistance with bathing. Review of care plan dated 11/10/25 revealed Resident #45 had self care deficits related to impaired cognition and had been combative when trying to trim facial hair. Interventions included encourage resident to participate to fullest extent possible and reapproach when resistive to care. Resident #45 had behaviors that included yelling out and physical behaviors when she did not want to participate in task. Resident #45 was resistive to working with podiatry and staff trying to clip toe nails. Interventions included document behaviors and response to interventions and review concerns as needed. Resident #45 was resistive to care and refused to cooperate with ancillary services. Resident #45 was taken to an outside podiatrist and had become agitated and refused care. Resident #45's nails continued to be extremely long. Interventions included educate family of the possible outcomes of non compliance, if resident resisted care reassure resident, leave and return 5-10 later and reattempt. Review of podiatry visits dated 02/19/25, 05/12/25, 07/31/24 and 09/30/25 revealed Resident #45 had refused treatment, with no documentation of family being notified. Review of Progress notes dated 07/08/25 and 10/07/25 authored by Activities Director/Social Services #104 revealed a care conference was held with Resident #45 and family. Progress note did not include discussion of Resident #45's refusals of care of podiatry visits. Observation on 12/03/25 at 11:09 A.M. revealed Resident #45 was in a reclining chair in her room with her feet elevated and was wearing a pair of open toes slippers. Resident #45's toe nails were exposed and were extremely long, thick and were curled. Resident #45 was not interviewable and had only said Ok when questions were asked. Observation on 12/03/25 at 1:05 P.M. revealed Podiatrist #149 was present at the facility and had been performing nail care. Interview with Podiatrist #149 at time of observation revealed she had observed Resident #45's toe nails and had attempted to provide her with care, however Resident #45 had been combative and refused. Podiatrist #149 stated she had only seen Resident #45 one other time previously and Resident #45 had refused at that time as well. Podiatrist #149 stated she would be making a recommendation to the facility to inquire about adding a sedative medication to allow toe nails to be cut. Podiatrist #149 stated Resident #45's toenails appeared to have been in that condition for possibly 2-3 years. Attempted telephone interview on 12/04/25 at 9:56 A.M. and 4:06 P.M., with Resident #45's sister with no answer or return call. Interview on 12/03/25 at 3:22 P.M. with Human Resources (HR) #150 confirmed Activities Director/Social Services personnel file had not included a signed copy of her job description and stated she would obtain a signed copy. At time of interview HR #150 had provided a copy of the social services job description that included to provide guidance as requested to residents and families in regards to all physical concerns or limitations. Interview on 12/04/25 at 12:34 P.M. with Activities Director/Social Services #104 confirmed she had performed care conferences with Resident #45 and her family (sister). Activities Director/Social Services #104 stated she could not recall when she had last discussed Resident #45's refusal of nail care with Resident #45's sister and confirmed care conferences had not included documentation of refusals. Activities Director/Social Services #104 stated Podiatrist #149 had mentioned the possibility of getting sedation medication ordered for Resident #45 in order to perform nail care. Activities Director/Social Services #104 stated she had not received any official training in the Social Services role, however she had spoken with a social services designee at another facility when needed and she was learning day by day. Activities Director/Social Services #104 stated she had not received a copy of the social services job description when she had taken over the role sometime in April or May of 2025 and stated no one had really explained what she was supposed to be doing. Activities Director/Social Services #104 stated she had been aware the previous social services designee had not performed care conferences in December of 2024 and she began performing them sometime in July of 2025 and stated care conferences were to be held at least every three months. Review of Activities Director/Social Services #104's personnel file revealed no signed job description. Review of facility policy titled Podiatry Services undated revealed</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2025
NAME OF PROVIDER OR SUPPLIER Hall of Fame Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2714 13th Street NW Canton, OH 44708	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2025
NAME OF PROVIDER OR SUPPLIER Hall of Fame Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2714 13th Street NW Canton, OH 44708	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on observation, interview, and review of facility policy, the facility failed to serve foods in a manner to prevent contamination, failed to have a sufficient supply of foods in case of emergency, and failed to ensure expired foods were discarded timely. This had the potential to affect all 45 residents in the facility. Findings include: 1. On 12/03/25 from 11:25 A.M. to 12:11 P.M., an observation of the lunch meal tray line service revealed [NAME] #146 was wearing gloves while plating foods for the lunch meal. [NAME] #146 used his gloved hands to handle all serving utensils, to hold the baked potatoes on each plate as he cut them open, he used his gloved fingers to open each baked potato after he cut it, and he used his gloved fingers to move and position the meat and creamed spinach after he put those items on the plates. [NAME] #146 did not change or dispose of his soiled gloves at any point during the observed meal service. At 11:36 A.M., Regional Dietary Director #126 told [NAME] #146 to use tongs when handling the baked potatoes. At 11:39 A.M., [NAME] #146 obtained a styrofoam container for one meal requiring paper products only and his gloved hand touched an adjacent container which left spinach on the other container. Regional Dietary Director #126 verified this at the time of observation and disposed of the soiled container. At 11:44 A.M., [NAME] #146 plated a large amount of roast beef using tongs, then used his gloved hand to take part of the meat off the plate and put it back into the serving pan on the steam table. At 11:45 A.M., Regional Dietary Director #126 told [NAME] #146 not to use his hands to handle the food and provided him with a portioned serving spoodle for the roast beef. At 12:02 P.M., [NAME] #146 acquired a new pan of roast beef and poured its contents into the existing serving pan on the steam table that had already been served out of prior to this time. On 12/03/25 at 12:09 P.M., an interview with [NAME] #146 verified he always wore gloves while serving food and confirmed he used his gloved hands to arrange the food items on the plate. On 12/03/25 at 12:30 P.M., an interview with Regional Dietary Director #126 and Dietary Manager #106 confirmed the observations during the meal service. Regional Dietary Director #126 also verified she told [NAME] #146 to stop touching the food and to use utensils. 2. On 12/03/25 at 1:15 P.M., an observation of the facility's emergency food supply revealed the following unexpired items: 35 servings of canned chicken and dumplings, 144 servings of canned peaches, 144 servings of canned pineapple, 96 servings of canned tuna, 24 servings of canned beets, 72 servings of canned sloppy joe, 594 servings of dry milk (requiring rehydration for consumption), and six gallons of water. In addition, there were nine boxes of graham crackers that expired in February 2025 and six cans of corned beef that expired in November 2025. An interview at the time of observation with Dietary Manager #106 verified the contents of the facility's emergency food supply and stated the items had been delivered on 10/03/24 based on the shipping labels on the boxes. Dietary Manager #106 further stated he identified this as a concern on 11/21/25 of the facility not having a sufficient emergency food supply and created a list of items to restock the emergency food supply which needed to be approved by management before it could be ordered. On 12/04/25 at 4:05 P.M., an interview with the Administrator stated the order for the emergency food supplies was submitted to the vendor on 12/04/25. Review of the diet order listing report revealed all 45 residents received food from the kitchen. Review of the facility's policy titled Emergency Food Supply, dated 2025, revealed the Dietary Manager would maintain a three to seven day supply of non-perishable foods and supplies of disposable dishes/utensils. This emergency food supply would be replenished every six months. Review of the facility's policy titled Emergency Water Supply, dated 2025, revealed the Dietary Manager would maintain a three day supply of bottled water for drinking and cooking. Review of the facility's policy titled Food Safety Requirements, dated 2025, revealed all equipment used in the handling of food shall be cleaned, sanitized, and handled in a manner to prevent contamination. Gloves would be worn when handling ready to eat foods and staff would take precautions to prevent cross-contamination of foods. This deficiency represents non-compliance identified under Complaint Numbers 2678099 and 2683098.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2025
NAME OF PROVIDER OR SUPPLIER Hall of Fame Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2714 13th Street NW Canton, OH 44708	

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 - Some</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>Based on observation and interview the facility failed to ensure a clean and sanitary environment. This affected one resident (#21) and had the potential to affect twenty five residents (#5, #6, #8, #9, #13, #14, #15, #16, #20, #21, #23, #24, #25, #26, #27, #28, #29, #30, #31, #33, #37, #38, #44, #45 and #47) who resided on the second floor. The facility census was 45. Findings include: Observation on 12/03/25 at 10:01 A.M. revealed Resident #21's bathroom had a large area of what appeared to be mold or mildew underneath his bathroom sink. Resident #21 was not present in his room during observation. Observation of shower room located on the second floor on 12/03/25 at 10:34 A.M. with Housekeeper #137 revealed a large hole behind the toilet with exposed pipes and a large hole in the ceiling also with exposed pipes. Further observation revealed toilet in shower room had a large amount of dried stool inside the bowl and stool on the outside of bowl and lid. Interview with Housekeeper #137 at time of observation confirmed the observation and Housekeeper #137 stated the water may have been turned off and was unable to flush the toilet. Observation of shower room located on the second floor with Maintenance Director (MD) #120 confirmed previous observation and MD #120 stated he was unaware of the water being turned off to the toilet and was unsure how long it had been off. Observation on 12/03/25 at 11:37 A.M. with Licensed Practical Nurse (LPN) #136 confirmed the large amount of mold or mildew in Resident #21's room and stated he would inform maintenance. Resident #21 was not present in room at time of observation. Observation on 12/03/25 at 3:07 P.M. with LPN #136 confirmed the mold or mildew area in Resident #21's room had been removed. Interview on 12/03/25 at 3:57 P.M. with MD #120 confirmed the area in Resident #21's room had been cleaned and stated the area should have been cleaned prior to observation. Review of facility policy titled Routine Cleaning and Disinfection undated revealed cleaning of walls will be conducted when visibly soiled and routine cleaning and disinfecting of visibly soiled surfaces will be performed in common areas and resident rooms. This deficiency represents non-compliance investigated under complaints 2683098, 2681538 and 2678099.</p>