STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365306	A. Building B. Wing	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Madison Health Care	7600 S Ridge Rd Madison, OH 44057

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 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. Based on record review, interview, and facility policy review, the facility failed to provide copies of a resident's medical record within two working days of the advanced notice. This affected one resident (Resident #40) of one resident who requested medical records. The census was 99.Findings include:Review of the medical record for Resident #40 revealed an admission date of 07/31/24. Diagnoses included dementia with other behavioral disturbance, anxiety disorder, and presence of a cardiac pacemaker (04/03/26). The resident resided on the secured memory care unit, and there was a designated power of attorney (POA) on record.Review of the Quarterly Minimum Data Set (MDS) assessment, dated 01/30/26, revealed Resident #40 had severely impaired cognition, was independent with ambulation, and had no behaviors.Additional review of Resident #40's medical record revealed on 02/26/26 at approximately 12:12 P.M., Resident #40 was involved in a resident-to-resident altercation. There was no evidence in the medical record of the resident or resident's representative requesting copies of the medical record.Review of correspondence dated 03/17/26 addressed to the facility from Resident #40's POA revealed a request for medical records related to the incident which occurred on 02/26/26 involving Resident #40. The correspondence also stated the family had made a previous written request which the facility acknowledged, and it had now been over two weeks. There was no evidence of a prior written request for Resident #40's medical record.Review of the certified mail receipt addressed to Resident #40's POA was postmarked on 03/20/26 (three working days after the written medical records request).Interview on 06/23/26 at 2:11 P.M. with Administrator stated 03/17/26 was the first time he received a written request for Resident #40's medical records, and verified the requested records were not sent within two working days as it was postmarked on 03/20/26. Review of facility policy labeled, Release of Medical Records, dated 06/01/24, revealed upon receipt of a request for medical record copies, the facility should notify the requesting party, in writing, of the cost for obtaining records and that records were available two days after receipt of payment for the copies. Copies should not be released prior to the receipt of payment for copying charges. Access rights to medical information include the resident's record being accessible to him/her within 24-hour notice (excluding weekends and holidays) following an oral or written request.This deficiency represents non-compliance investigated under Complaint Numbers 2807203 and 2794456.

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
	365306	A. Building B. Wing	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Madison Health Care	7600 S Ridge Rd Madison, OH 44057

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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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on interviews and record review, the facility failed to maintain a qualified dietary manager. This had the potential to affect all 99 residents residing in the facility.Findings include:Interview with Dietary Director (DD) #601 on 06/24/26 at 9:27 A.M. revealed he was not a certified dietary manager or certified food service manager. He had no other certification specific to management of a food service program, no associates or higher degree in food service or hospitality, and no prior experience as a dietary director in a nursing facility. His overseeing dietician was not in the facility full-time.Record review of DD #601's employee file revealed no evidence of previous experience managing a dietary department in nursing homes and no certifications or degrees related to management of a nursing home's dietary program. He was hired as a dietary manager of the facility on 04/19/26.Interview with Human Resources Director #506 on 06/24/26 at 9:45 A.M. confirmed DD #601 lacked appropriate qualifications for the dietary director role.This deficiency represents non-compliance investigated under Master Complaint Number 3053040.

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	365306	A. Building B. Wing	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0850 Level of Harm - Potential for minimal harm Residents Affected - Many	Hire a qualified full-time social worker in a facility with more than 120 beds. Based on record review and interview, the facility failed to maintain a full-time social worker. This had the potential to affect all 99 residents residing in the facility.Findings include:Record review of the current staff list provided by the facility revealed it did not identify any social worker employed at the facility.Interview with Assistant Director of Nursing #504 on 06/23/26 at 11:56 A.M. revealed the facility had not had a full-time social worker since roughly January 2026. A corporate social worker was in the building occasionally to assist with needs, and other staff including nurse management pitched in to assist with social work needs.Interview with Business Office Manager (BOM) #505 on 06/23/26 at 12:10 P.M. revealed the facility had no social worker except a corporate worker who came weekly. BOM #505 and other staff members assisted with various social work activities.Interview with the Director of Nursing on 06/23/26 at 3:37 P.M. revealed the facility previously had a social worker who would come on weekends to do work; however, she was terminated roughly ten days ago. The facility currently had a corporate social worker who came once per week.Interview with the Administrator on 06/23/26 at 3:42 P.M. confirmed the facility had not had a full-time social worker since he joined the facility in January 2026.This deficiency represents non-compliance investigated under Complaint Number 2658229.