

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER Marion Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE 409 Bellfontaine Avenue Marion, OH 43302	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident and staff interview, and medical record review, the facility failed to ensure residents were provided activities per their interests. This affected one (#38) of one residents reviewed for activities. The facility census was 40. Findings include: Review of the medical record for Resident #38 revealed an admission date of 08/26/24 with diagnoses including but not limited to senile degeneration of the brain, type two diabetes, other symptoms and signs involving cognitive functions and awareness, visual hallucinations, major depressive disorder, muscle wasting and atrophy, difficulty walking, abnormal posture, schizoaffective disorder, mixed obsessional thoughts and acts, and anxiety disorder. Review of Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #38 had moderate cognitive impairment. Further review revealed the resident's activity preferences included it was very important to the resident to have books, newspapers, and magazines to read, be around animals such as pets, and participate in religious services or practices. It was somewhat important to listen to music she liked and keep up with the news. Resident #38 was dependent on staff for activities of daily living except for eating and was dependent on staff for wheelchair mobility. Review of Resident #38's comprehensive care plan dated 06/03/25 revealed there was no care plan for activities or indications why the resident could not get out of bed. Interview and observation on 09/03/25 at 9:50 A.M. with Resident #38 revealed she did not get out of bed because her legs were weak and she could not stand. Resident #38 stated she would like to get out of bed and stated the facility only uses a mechanical (Hoyer) lift to weigh her. Resident #38 stated the facility does not bring her anything to do while she is bedbound. Observation during the interview revealed Resident #38 did not have any books, magazines, or newspapers, and the television in the room was not on. Interview on 09/04/25 at 9:41 A.M. with the Administrator revealed she did not know why Resident #38 could not get out of bed or why she was in bed all the time. The Administrator verified there was no documentation regarding activities or the reason Resident #38 was in bed all the time. The Administrator verified there was no documentation Resident #38 refusing to get out of bed. The Administrator verified there was no documentation why Resident #38 did not have books, magazines, or newspapers for activities that were assessed as very important to the resident in the MDS assessment. Follow-up interview on 09/04/25 at 1:05 P.M. with Resident #38 revealed the resident would be scared to get up in her wheelchair but she would do it. Resident #38 stated she would like to do something besides lay in bed all day. Resident #38 stated she would like to have some books and magazines for activities. This deficiency represents an incidental finding discovered under Master Complaint Number OH00167412 (1366365).</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
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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, resident and staff interview, and policy review, the facility failed to provide timely incontinence care for a dependent resident. This affected one (#11) of four residents reviewed for bowel and bladder incontinence. The facility census was 40. Findings include: Review of medical record for Resident #11 revealed an admission date of 09/25/24 with diagnoses including but not limited to cerebrovascular disease, psychotic disorder with delusions, vascular dementia, and major depressive disorder. Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #11 had moderate cognitive impairment and was assessed as frequently incontinent of bowel and bladder. Review of Resident #11's current care plan revealed a focus area for alteration in urinary elimination related to urinary incontinence. Interventions included to check the resident every two hours and assist with toileting as needed. Observation on 09/04/25 from 3:10 P.M. to 4:15 P.M. revealed Resident #11 was visibly incontinent. Resident #11 was wearing gray sweatpants which were visibly wet in the front and the resident was sitting in his wheelchair in his room. Second shift nurse aides were observed sitting with the first shift nurse aides and no room-to-room report was observed to be done. Continued observation revealed at 3:26 P.M. Resident #11 remained in his room with the door closed. Resident #11 remained in the same gray sweatpants that were wet in the front and the room had a slight musty smell. Social Services (SS) #212 entered Resident #11 room at 3:42 P.M. and exited the room at 3:50 P.M. The Surveyor entered Resident #11's room after SS #212 left the room and the resident remained in the same gray sweatpants that were wet and the room continued to have a musty smell. No nurse aides were observed on the 100 hall at that time. Resident #11 was checked by staff at 4:16 P.M. after the Surveyor brought it to the Director of Nursing's (DON) attention that Resident #11 had been sitting in a wet brief for an extended period of time with no staff intervention. Interview on 09/04/25 at 12:59 P.M. with Resident #11 stated second shift staff would sometimes leave him lay in a wet bed and/or brief for an extended period. Resident #11 stated it could be up to an hour or more before any staff come to change him. Interview on 04/09/25 at 4:15 P.M. with the DON confirmed Resident #11 was up in his wheelchair and his pants were wet in the front. The DON verified the room had a musty smell. Review of the undated policy titled, Activities of Daily Living (ADLs), Supporting, revealed residents who are unable to carry out activities of daily living independently receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. This deficiency represents non-compliance investigated under Master Complaint Number OH00167412 (1366365).</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, staff interview, and policy review, the facility failed to ensure food was stored in a sanitary manner. This had the potential to affect all 40 residents who receive food from the facility. The facility census was 40. Findings include: Observation on 09/03/25 from 8:45 A.M. to 8:50 P.M. of the kitchen dry storage area revealed one case of fudge rounds stored on the floor and four plastic grocery bags containing fruit-flavored cereal on the floor. Observation of the reach-in freezer revealed seven bags of unidentified product open and not dated. Interview on 09/03/25 at 8:47 A.M. with Dietary Staff (DS) #242 revealed the unidentified products in the reach-in freezer were fried chicken, chicken patties, chicken cordon bleu, sausage patties, hamburger patties, diced chicken, and vegetables. DS #242 verified the bags were not labeled or dated when opened and verified the case of fudge rounds and the four bags of cereal were on the floor. Review of the undated policy titled, Food Receiving and Storage, revealed food in designated dry storage areas are raised off the floor unless packaged for case lot handling, for example dollies, pallets, racks and skids, and clear of sprinkler heads, sewage/waste disposal pipes, and vents. All foods stored in the refrigerator or freezer are covered, labeled, and dated use by date. This deficiency represents an incidental finding investigated under Complaint Number OH00166601 (1366364).</p>		