STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365330	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ayden Healthcare of Wauseon	303 W Leggett St Wauseon, OH 43567

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49742 Based on medical record review, observation, staff interview, and resident interview, the facility failed to ensure residents had a safe, clean, comfortable environment. This affected one resident (#35) and had the potential to affect an additional 36 residents (#1, #2, #3, #4, #5, #6, #7, #9, #10, #11, #12, #13, #14, #15, #17, #19, #20, #21, #22, #23, #25, #26, #27, #29, #31, #32, #33, #34, #38, #39, #40, #42, #43, #44, #45, #46,) residing in the facility. The facility census was 47. Findings include: Review on 07/24/24 at approximately 2:00 P.M. revealed Resident #35 was admitted on [DATE] with diagnoses of severe protein-calorie malnutrition, non-ST elevation myocardial infarction (NSTEMI), acidosis, peripheral vascular disease (PVD), unsteadiness on feet, adult failure to thrive, anorexia, right foot drop, hypertension (HTN), drug induced constipation, cognitive communication deficit, muscle wasting and atrophy, muscle weakness, dysphagia, difficulty in walking, hypomagnesia, and depression. Review of the most recent Minimum Data Set (MDS) dated [DATE] revealed intact cognition. Further review of the MDS revealed Resident #35 utilized a manual wheelchair. Observation on 07/24/24 at 7:45 A.M. of the north hall revealed five wheelchairs, one BrodaChair, three walkers, and one lift lining the right side, and one dining cart and two isolation carts on the left side of the north hall. Interview on 07/24/24 at 7:51 A.M. with the Director of Nursing (DON) verified these findings. Observation on 07/24/24 at 7:52 A.M. revealed Resident #35 was unable to wheel themself down the north hall in their wheelchair due to the equipment lining the hall. Interview on 07/24/24 at 7:52 A.M. with Resident #35 revealed it is common for this to occur as there is frequently a lot of equipment lining the hall. Observation on 07/24/24 at 8:15 A.M. revealed four wheelchairs, five walkers, three lifts, 3 isolation carts, and one portable vital sign machine lining the left side of the south hall. Interview on 07/24/24 at approximately 8:20 A.M. with the DON verified these findings. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 07/24/24 at 8:27 A.M. with Resident #27 revealed they frequently have trouble navigating the north and south halls due to the presence of the equipment. Interview on 07/24/24 at 8:37 A.M. with Resident #7 revealed they frequently have trouble navigating the north and south halls due to the presence of the equipment. Interview on 07/24/24 at 8:45 A.M. with State tested Nursing Assistant #207 revealed it is common for equipment to be present in both facilities halls.

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49742 Based on observations, staff interviews, and policy review, the facility failed to ensure residents were safely smoking. This affected one (Resident #48) of one resident observed for smoking. The facility census was 47. Findings include: Observation on 08/01/24 at 7:35 A.M. revealed Resident #48 outside of the facility at the end of the north hall smoking a cigarette unattended in a non-designated smoking area with no flame-retardant receptacle to extinguish smoking materials into. Concurrent observation on 08/01/24 at 7:35 A.M. of Resident #48 revealed Resident #48 extinguish their cigarette with their hand and place unused portion in their pocket. Observation on 08/01/24 at 7:53 A.M. of Resident #48 revealed a package of cigarettes in their left sock. Interview on 08/01/24 at 8:33 A.M. with the Director of Nursing (DON) revealed the facility is implementing a new smoking policy on 08/01/24, but the residents and staff have not been educated on it. Concurrent interview on 08/01/24 at 8:33 A.M. with the DON revealed Resident #48 has a locked drawer in his room to store his cigarettes and lighter in. Concurrent interview on 08/01/24 at 8:33 A.M. with the DON revealed they also saw Resident #48 smoking a cigarette unattended in a non-designated smoking area with no flame-retardant receptacle to extinguish smoking materials into during their morning rounds. Concurrent interview on 08/01/24 at 8:33 A.M. with the DON revealed a facility nurse had provided Resident #48 with their cigarettes earlier in the morning as they had a doctor's appointment their adult son was providing transportation to. Review of facility policy titled, [NAME] Healthcare Smoking Policy, dated June 2023, on 08/01/24 at approximately 10:30 A.M. revealed smoking is only permitted in the designated smoking areas. Supervised designated smoking area for the residents is in the courtyard off the dining hall. All cigarettes and lighters will be placed into the residents' smoke bag and given to staff. Cigarettes and lighters are not to be left with residents or in resident's rooms at ALL. This is an incidental finding found during the course of the complaint investigation.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 49742 Based on observation, staff interview, resident interview, and policy review, the facility failed to ensure food was served warm and palatable. This had the potential to affect all residents who receive food from the facility's kitchen. The facility census was 47. Findings include: Observation on 08/01/24 at 7:40 A.M. of meal delivery to the south hall revealed the door to the meal delivery cart was left open between delivery of each tray. Observation on 08/01/24 at 7:42 A.M. of meal delivery to the south hall revealed 11 plate covers (from previously delivered trays), one undelivered resident tray, and a tote of condiments on top of the meal delivery cart. Interview on 08/01/24 at 7:47 A.M. with State tested Nursing Assistant (STNA) #219 revealed the top of the meal delivery cart for the south hall had 11 plate covers (from previously delivered trays), one undelivered resident tray, a tote of condiments on top, and the door was let open in-between delivering trays. Concurrent interview on 08/01/24 at 7:47 A.M. with STNA #219 revealed they receive multiple complaints daily from residents regarding the temperature at which meals are served and they warm up resident meals multiple times a day per request of residents. Observation on 08/01/24 at 7:54 A.M. of meal delivery to the north hall revealed door to the meal delivery cart was left open between delivery of each tray. Interview on 08/01/24 at 7:55 A.M. with STNA #225 revealed the door was left open in-between delivering trays. Concurrent interview on 08/01/24 at 7:55 A.M. with STNA #225 revealed meals are often delivered to residents too cold and residents request them to be reheated to a more acceptable temperature. A test tray on 08/01/24 at 8:00 A.M. was sampled with Licensed Practical Nurse (LPN) #173 which revealed the breakfast sausage was cold and not palatable. Interview on 08/01/24 at 8:48 A.M. with the Director of Nursing (DON) revealed the facility steam table and plate warmer are broken and awaiting replacement. Interview on 08/01/24 at 9:20 A.M. with Resident #3 and Resident #4 revealed the food is rarely warm and they often request for it to be re-heated to their liking. Interview on 08/01/24 at 9:47 A.M. with Resident #35 revealed the food is often served cold and not to their liking. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Interview on 08/01/24 at 9:55 A.M. with LPN #173 revealed that there are frequent resident complaints regarding the temperature of the food. Review of facility policy entitled, Food and Nutrition Services, dated October 2017, on 08/01/24 at approximately 10:40 A.M., revealed each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional needs and special dietary needs, taking into consideration the preferences of each resident. This deficiency represents non-compliance investigated under Complaint Number OH00155728.