

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/18/2024
NAME OF PROVIDER OR SUPPLIER  Signature Healthcare of Galion		STREET ADDRESS, CITY, STATE, ZIP CODE  935 Rosewood Dr Galion, OH 44833	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>49793</p> <p>Based on record review and staff interview, the facility failed to use the services of a registered nurse (RN) for at least eight consecutive hours a day, seven days a week as required. This had the potential to affect all 50 residents residing in the facility. Facility census was 50.</p> <p>Findings include:</p> <p>Review of the posted nursing staff information and staff schedule revealed on 06/15/24 and 06/16/24 there was no RN present or working in the facility.</p> <p>Review of pay schedules/time sheets for 06/15/24 and 06/16/24 revealed there was no RN that clocked in for work on 06/15/24 and 06/16/24.</p> <p>Interview with the Administrator on 06/18/24 at 11:07 A.M. confirmed there was no RN who worked on 06/15/24 or 06/16/24.</p> <p>Interview with the Director of Nursing (DON) on 06/18/24 at 12:49 PM confirmed there was no RN scheduled to work on 06/15/24 and 06/16/24.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00154558.</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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