

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365354	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Longmeadow Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 565 Bryn Mawr Ravenna, OH 44266	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>42734</p> <p>Based on record review, observation, and interview the facility failed to maintain safe and comfortable water temperatures for residents. This had the potential to affect nine residents (Resident #1, Resident #3, Resident #9, Resident #24, Resident #36, Resident #48, Resident #49, Resident #56 and Resident #61) residing on [NAME] Hall. The census was 71.</p> <p>Findings include:</p> <p>Observation on 01/07/25 at 11:16 A.M. of the water temperature in the shower room on [NAME] Hall revealed a shower temperature of 90.4 degrees Fahrenheit (F) after the water was running for seven minutes. The water temperature of the sink started at 101 degrees F but went down to 99 degrees F after running for 3 minutes.</p> <p>Interview on 01/07/25 at 11:16 A.M. with Maintenance Director #225 revealed the temperature should be between 110 to 120 degrees F. He stated he had to adjust it weekly based on colder or hotter weather temperatures.</p> <p>Review of a list of residents residing on [NAME] Hall revealed Resident #1, Resident #3, Resident #9, Resident #24, Resident #36, Resident #48, Resident #49, Resident #56 and Resident #61 resided on the hall.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00160559.</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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