STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365358	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ohio Living Mount Pleasant	225 Britton Lane Monroe, OH 45050

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. Based on observation, staff interviews, and policy review, the facility failed to assess residents for risk of entrapment and failed to obtain informed consent prior to installation of assist bars on resident beds. This affected all 28 residents identified by the facility with assist bars attached to their bed. The census was 28.Findings include:Observations of resident rooms on 01/21/26 between 4:26 P.M. and 4:53 P.M. revealed assist bars were attached to all beds in occupied resident rooms.Interview on 01/21/26 at 12:13 P.M. with Registered Nurse (RN) #212 stated the facility did not assess residents for risk of entrapment from assist bars on resident beds.Interview on 01/21/26 at 2:06 PM with the Director of Nursing (DON) confirmed assist bars were applied to all resident beds within in the facility. The DON also reported staff did not assess residents for risk of entrapment related to the use of assist bars on resident beds.Interview on 01/22/26 9:10 A.M. with Occupational Therapist (OT) #252 revealed occupation therapy initial evaluations of residents did not include assessment for potential entrapment with the use of assist bars on resident beds.Interview on 01/22/26 at 10:29 P.M. with the DON and Director of Assisted Living (DOAL) #255 confirmed residents were not assessed for risk of entrapment from assist bars prior to installation of assist bars and consent for use of assist bars had not been obtained for any current residents, all of whom had assist bars in place on their beds.Interview on 01/22/26 at 10:37 A.M. with Therapy Program Manager #253 revealed physical therapy initial evaluations for residents did not assess for potential entrapment with use of assist bars on resident beds.Review of the facility policy titled, Assist Bars, with a revision date of 04/01/25, revealed no requirement to assess residents for risk of entrapment with use of assist bars or to obtain informed consent from residents or resident representatives prior to installation of assist bars on resident beds.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interviews, and policy review, the facility failed to ensure staff with facial hair wore appropriate beard covers during meal preparation. This had the potential to affect all 28 residents the facility identified as receiving food from the kitchen. The census was 28. Findings Include: Observation of the kitchen on 01/20/26 from 11:45 A.M. to 12:00 P.M. revealed Sous Chef #177, Dietary Technician (DT) #245, and [NAME] #228 each had varying lengths of facial hair and assisted with meal preparation without wearing beard covers. During an interview on 01/20/26 at 12:28 P.M., Corporate Culinary Director #251 verified male kitchen staff were preparing food without wearing appropriate beard covers. Additionally, he stated every male with facial hair was required to wear a beard cover during food preparation or tray line.During an interview on 01/20/26 at 12:29 P.M. Culinary Director #206 verified Sous Chef #177 and DT #245 both had visible facial hair and were not wearing beard covers while preparing lunch meal trays. During an interview on 01/20/26 at 12:30 P.M. [NAME] #228 verified he was preparing desserts for the evening meal and was not wearing a beard cover. He stated his facial hair was not long enough to require a beard cover and was not able to verbalize at what length facial hair required a beard cover. During an interview on 01/20/26 at 12:33 P.M. DT #245 verified he did not wear a beard cover while preparing lunch trays. He stated he had never worn a beard cover and was unaware of the policy for covering facial hair during food preparation.Review of a facility policy titled, Personal Hygiene and Health Reporting, dated 2023, revealed beards and mustaches were kept closely cropped, neatly trimmed, and restrained with beard covers when near exposed foods.

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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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, and policy review, the facility failed to ensure medications ordered for residents had adequate indications for use. This affected two (#6 and #24) of eight residents reviewed for unnecessary medications. The facility census was 28.Findings include:1. Record review for Resident #6 revealed the resident was admitted to the facility on [DATE] with diagnoses including cerebral infarction; hemiplegia and hemiparesis following cerebral infarction affecting the right dominant side; unspecified dementia, unspecified severity, with mood disturbance; and type II diabetes.Review of the most recent Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #6 had a Brief Interview for Mental Status (BIMS) score of two indicating severe cognitive impairment. The resident was assessed to require substantial/maximal assistance for eating, and was dependent on staff for oral hygiene, toileting, shower/bathing, dressing, and personal hygiene. Review of Resident #6's physician orders revealed an order for Depakote Sprinkles (divalproex) 250 milligrams (mg) twice a day with an order date of 05/22/25. Depakote is an anticonvulsant medication used in the treatment of mania related to bipolar disorder and epilepsy. Resident #6's Depakote Sprinkles order revealed the indication for use was for treatment of unspecified dementia, unspecified severity, with mood disturbance.2. Record review for Resident #24 revealed the resident was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease with late onset, hyperlipidemia, and chronic diastolic (congestive) heart failure.Review of the most recent MDS assessment dated on 11/14/25 revealed Resident #24 had a BIMS score of five indicating severe cognitive impairment. The resident was assessed to require setup or cleanup assistance with eating, substantial/maximal assistance for oral and personal hygiene, and was dependent for toileting, showering, and dressing. Review of Resident #24's physician orders revealed an order for Depakote (divalproex) 125 mg once a day with an order date of 11/10/25. Resident #24's Depakote order revealed the indication for use was for treatment of Alzheimer's disease with late onset.Interview on 01/22/26 at 8:58 A.M. with the Director of Nursing (DON) confirmed Resident #6 and Resident #24 both had Depakote orders with inappropriate indications for use.Review of facility policy titled, Psychotropic Medications/Unnecessary Medications, dated 04/28/25, revealed medications should have documented indication consistent with accepted clinical standards of practice.