

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365417	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Country Club Center I		STREET ADDRESS, CITY, STATE, ZIP CODE 860 Iron Avenue Dover, OH 44622	

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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33019</p> <p>Based on record review and interview, the facility failed to ensure residents were treated with dignity and respect. This affected one (Resident #9) of three residents reviewed for dignity. The facility census was 55.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #9 revealed an admitted [DATE] with diagnoses including epilepsy, alcohol abuse, diabetes mellitus, chronic kidney disease, and muscle weakness.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment for Resident #9, dated 08/13/24, revealed the Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact. The assessment revealed there were no behaviors or rejection of care. The resident required staff assistance with activities of daily living (ADLs).</p> <p>Review of the Self-Reported Incident (SRI) #251341, revealed on 08/29/24, Resident #9 reported that earlier in the week, State-tested Nursing Assistant (STNA) #300 came into his room and used profanity while directing him not to use his call light.</p> <p>During interview on 09/11/24 at 3:45 P.M., the Administrator stated that she had interviewed Resident #9's roommate, Resident #16, who stated that STNA #300 had been rude to Resident #9 earlier in the week during the alleged incident. The Administrator further stated the facility chose to terminate STNA #300 due to this behavior toward the resident.</p> <p>During interview on 09/11/24 at 3:28 P.M., Resident #9 stated that STNA #300 came in to his room after he rang his call light and told him that he was not the only resident in the building and that if he continued to ring his call light, she would shove the call light up his (expletive for bottom). Resident #9 denied any negative effects following the incident and stated that he had never been abused and felt safe residing in the facility.</p> <p>STNA #300's employment was terminated with the facility.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00156672.</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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