

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 05/01/2025
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 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>22653</p> <p>Based on observation and interview, the facility failed to maintain a resident room in a clean, organized, and sanitary manner. This affected one resident (#15). The facility census was 62.</p> <p>Findings include:</p> <p>During the tour of the facility on 04/29/25 beginning at 4:30 P.M. with Regional Maintenance Director #100 it was noted Resident #15 had an empty medication cup on the floor, a basin on the sofa with what appeared to be a dried dark brownish red substance on the bottom of the basin, clothes lying on the floor, brown discoloration in the toilet with what appeared to be a splattered spot of stool on the toilet tank, and dried yellow substance in the bottom of the container of the suction machine sitting on the stand at his bedside.</p> <p>On 04/29/25 during the tour, Regional Maintenance Director #100 verified Resident #15's room was not clean, organized and sanitary.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00163989.</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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>22653</p> <p>Based on medical record review, observation, and interview, the facility failed to ensure appropriate personal protective equipment (PPE) was utilized during a dressing change. This affected one resident (#15) of one resident observed for a dressing change. The facility census was 62.</p> <p>Findings include:</p> <p>Review of Resident #15's medical record revealed diagnoses including malignant neoplasm of the esophagus, dysphagia (difficulty swallowing), tracheostomy status, and encounter for attention to a gastrostomy. An order dated 04/26/25 revealed the area around the J-tube (jejunostomy feeding tube) was to be cleaned with normal saline and a clean drain sponge applied three times a day. A nursing note dated 04/29/25 at 5:30 P.M. indicated Resident #15's trach was removed at the doctor's office. The trach bandage was to be changed every day until healed.</p> <p>During the tour on 04/29/25, Resident #15 was noted to have an enhanced barrier precaution (EBP) sign posted on his doorway.</p> <p>On 04/30/25 at 10:57 A.M., Registered Nurse (RN) #110 was observed changing the dressing to Resident #15's J-tube site. The dressing and the top of Resident #15's pants had green drainage on them. RN #110 donned gloves when changing the dressing but did not wear a gown.</p> <p>On 04/30/25 at 10:08 A.M., RN #110 verified he had not worn a gown while changing Resident #15's dressing but should have.</p> <p>Review of the facility's Enhanced Barrier Precautions policy (undated) revealed EBP precautions involved gown and glove use during high-contact resident care activities for residents at risk of multi drug-resistant organisms (MDRO) acquisition. High-contact resident activities included device care and wound care. Chronic wounds included unhealed surgical wounds and indwelling medical devices included feeding tubes. The policy explained devices and wounds were risk factors that placed residents at a higher risk for carrying or acquiring a MDRO.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00164497.</p>		