| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 365417 | A. Building<br>B. Wing | 12/10/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Country Club Center I | 860 Iron Avenue<br>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) |
|---|---|
| F 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.<br><br>Based on review of facility in-service records, review of the resident concerns/grievances log, review of the resident council minutes, interviews with residents and staff, and review of facility policy, the facility failed to ensure resident grievances were resolved in an appropriate manner and time frame regarding the answering of call llights. This affected nine residents (#30, #33, #34, #35, #39, #41, #44, #47, and #53) of nine residents reviewed for resident rights. The facility census was 54.Findings included: Review of a facility in-service record dated 09/23/25 revealed staff were in-serviced on answering call lights in a timely manner and it was everyone's responsibility to ensure call lights were answered.Review of the resident concerns/grievances log dated September 2025 to November 2025 revealed on 10/15/25 Resident #33 indicated a concern about call lights not being answered timely.Review of the concern form dated 10/15/25 revealed that Resident #33 had her call light on for over an hour before it was answered. The resolution was education.Review of the resident council minutes dated 10/30/25 revealed that new business was that call lights were not being answered timely.Review of call light logs for November 2025 revealed the following call light response times: On 11/07/25 the call light for Resident #35 was activated for 29 minutes 34 seconds. On 11/11/25 the call light for Resident #53 was activated for 27 minutes 14 seconds. On 11/13/25 the call light for Resident #39 was activated for 29 minutes 21 seconds. On 11/16/25 the call light for Resident #47 was activated for 122 minutes 44 seconds. On 11/16/25 the call light for Resident #41 was activated for 47 minutes 46 seconds. On 11/17/25 the call light for Resident #53 was activated for 59 minutes 35 seconds. On 11/18/25 the call light for Resident #34 was activated for 26 minutes 27 seconds. On 11/23/25 the call light for Resident #44 was activated for 50 minutes 52 seconds. On 11/24/25 the call light for Resident #44 was activated for 48 minutes 48 seconds.Interview on 12/09/25 at 2:20 P.M. with Resident #30 revealed that he usually waited half an hour before the call light was answered.Interview on 12/10/25 at 2:00 P.M. with Resident #34 revealed that it depended on the day and time when staff would answer the call lights and stated it is getting slightly better. Interview on 12/10/25 at 2:10 P.M. with Resident #47 revealed that she waits a long time for her call light to be answered. Interview on 12/10/25 at 9:45 A.M. with Regional Corporate Nurse (RCN) #302 revealed that she found the in-service completed on 09/23/25 but there were no audits or any follow-up on call lights.Review of the undated facility policy titled, Grievance Policy, revealed that the grievance official will take immediate action to prevent further potential violations of any resident right. This deficiency represents noncompliance investigated under Complaint Number 2626390, 2604068, and 2603368. |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, interview and policy review the facility failed to ensure infection control standards were implemented during resident care. This affected two residents (Resident #35 and Resident #25) out of three residents observed for infection control. The census was 54.Findings included:Findings include: 1. Review of the medical record for Resident #35 revealed an admission date of 10/11/25 with diagnoses including chronic kidney disease, necrotizing fasciitis (an aggressive bacterial infection that affects soft tissues underneath the skin) and Fournier gangrene (a bacterial infection of the genitals).Review of the Minimum Data Set (MDS) 3.0 five-day assessment dated [DATE] revealed the resident was cognitively impaired, did not reject care, and required moderate to complete assistance with activities of daily living.An observation on 12/08/25 at 11:05 A.M. of wound care for Resident #35 with Wound Nurse (WN) #200 revealed the following: WN #200 touched a trash can with gloved hands, did not change gloves after touching the trash can nor sanitize their hands before resuming wound care. WN #200 proceeded to clean Resident #35 ' s abdominal and right groin wounds with the same gloved hands. Also, WN #200 handled Resident #35 ' s removed colostomy bag then changed from soiled to clean gloves without sanitizing their hands in between soiled to clean glove change.An interview on 12/08/25 at 11:52 with WN #200 confirmed the above findings.Review of the facility policy titled Hand Washing, dated 03/26/20 revealed hands should be washed after handling contaminated objects and after removing gloves. 2. Review of the medical record for Resident #25 revealed they were admitted to the facility on [DATE] with diagnoses including metabolic encephalopathy, chronic obstructive pulmonary disease, diabetes type two, and vascular dementia. Review of the quarterly MDS 3.0 assessment dated [DATE] revealed Resident #25 was cognitively impaired and was dependent on staff for toileting needs. An observation on 12/09/25 at 9:09 A.M. of incontinence care for Resident #25 with Certified Nurse Assistant (CNA) #201 revealed during incontinence care CNA #201 changed contaminated gloves without hand hygiene before immediately putting on new gloves to resume incontinence care. An interview on 12/09/25 at 9:20 A.M. with CNA #21 verified the above findings. Review of the facility policy titled Hand Washing, dated 03/26/20 revealed hands should be washed after removing gloves.This deficiency represents non-compliance as an incidental finding under Complaint Number 2670791. |