STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365428	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sanctuary Wadsworth	365 Johnson Rd Wadsworth, OH 44281

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, interview and facility policy review, the facility failed to ensure activities of daily living were completed for dependent residents. This affected three (Residents #15, 47, and #73) of six residents reviewed for activities of daily living. The facility census was 75.Findings include:1. Review of the medical record revealed Resident #15 was admitted to the facility on [DATE]. Diagnoses included unspecified, spinal stenosis, asthma and scope episodes.Review of the plan of care dated 09/25/25 noted Resident #15 had a self-care deficit with activities of daily living. Interventions included receiving oral hygiene daily and as needed. Review of the comprehensive Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #15 had impaired cognition. The resident was dependent on staff for activities of daily living.Review of the activities of daily living tasks for the last 30 days noted staff provided oral care for Resident #15 an average of once a day.2. Review of the medical record revealed Resident #47 was admitted to the facility 06/09/23. Diagnoses included cerebral infarction, type two diabetes, and peripheral vascular disease.Review of the plan of care dated 06/12/23 noted Resident #47 had potential for discomfort related to dental status related to wearing dentures. Interventions included receiving mouth care and hygiene at least twice daily and as needed. Review of the comprehensive MDS assessment dated [DATE] revealed Resident #47 had intact cognition. The resident was dependent on staff for activities of daily living.Review of the activities of daily living tasks for the last 30 days noted staff provided oral care for Resident #47 an average of once a day.Interviews on 03/07/26 at 8:50 A.M., Residents #15 and #47 who share a room stated staff did not assist/prompt them to brush their teeth. Interview on 03/07/26 at 9:06 A.M., Certified Nurse Assistant (CNA) #911 stated oral care for Resident #15 and Resident #47 were not provided daily, one reason was that Resident #47's dentures hurt her and her gums were swollen.Interview on 03/07/26 at 2:18 P.M., RN #807 verified the lack of oral hygiene completed for Resident #15 and Resident #47.Review of the undated facility policy titled Activities of Daily Living noted the facility would provide care and services including oral care.3. Review of the medical record for Resident #73 revealed he was admitted to the facility on [DATE] with diagnoses including atherosclerotic heart disease of native coronary artery with unspecified angina pectoris, acute on chronic systolic (congestive) heart failure and chronic combined systolic (congestive) and diastolic (congestive) heart failure.Review of the MDS assessment dated [DATE] revealed Resident #73 had a Brief Interview for Mental Status (BIMS) score of 12, indicating he was alert and oriented with cognition impairment. Resident #73 was dependent on staff for activities of daily living and had impairment on both sides of lower extremities.Review of the physician orders dated 11/20/25 revealed Resident #73 required a mechanical lift of two CNAs from surface to surface.Review of the care plan dated 01/31/26 revealed Resident #73 had an activities of daily living self-care performance deficit related to limited mobility and dementia with interventions that included mechanical lift for all transfers with assistance of two staff.Interview and observation on 03/07/26 at 8:54 A.M. revealed Resident #73 lying in bed looking towards the doorway. Upon entrance by surveyor, Resident #73 asked Are you about to get me up? Resident #73 revealed he had been lying in bed all morning waiting on someone to get him out of bed, dressed for the day and transferred to his wheelchair. Resident #73 (continued on next page)

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	revealed he needed help to get out of bed and a mechanical lift. Resident #73 revealed he could not do it himself. Resident #73 revealed he preferred to get dressed prior to the arrival of his breakfast tray.Interview on 03/07/26 at 9:03 A.M. with CNA #406 revealed Resident #73 preferred to be out of bed prior to eating his breakfast. CNA #406 stated He likes to rush us, but he has to wait. CNA #406 revealed some residents required two staff members with the use of a mechanical lift to get out of bed and if other staff were busy, residents had to wait. CNA #406 revealed Resident #73 had already eaten his breakfast meal and was waiting to get out of bed but there was nothing she could do until assistance arrived. CNA #406 confirmed and verified the above findings at the time of the interview. This deficiency represents non-compliance investigated under Complaint Number 2727407.