

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2025
NAME OF PROVIDER OR SUPPLIER Arlington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 98 South 30th Street Newark, OH 43055	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, interview and facility policy review, the facility failed to implement safety interventions for Resident #37. This affected one (Resident #37) out three residents reviewed for accidents. The facility census was 103. Findings include: Review of Resident #37's medical record revealed an admission date of 08/31/22 with diagnoses including but not limited Alzheimer's disease, chronic kidney disease, high blood pressure, anxiety, and depression. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #37 had impaired cognition, required assistance from staff to complete activities of daily living (ADL) tasks including personal hygiene care, was incontinent of urine and bowel, and used a wheelchair for mobility. Review of Resident #37's alteration in skin integrity care plan dated 09/09/22 revealed an intervention for geri-sleeves (protective sleeves) to bilateral arms as tolerated and staff to offer and encourage resident to wear long sleeves at bedtime. Further review revealed at risk for falls care plan dated 09/09/22 with interventions including a stop sign to the entry of the bedroom to redirect while unassisted. Review of Resident #37's progress note dated 11/27/25 at 6:00 A.M. revealed Resident #37 had sustained injuries of unknown origin including a superficial laceration to bridge of nose, epistaxis (bloody nose) with small amount of blood draining from bilateral nares, large hematoma to forehead between the eyebrows and skin tears to the left outer hand and base of the right thumb. Resident #37 was sent to the hospital for further evaluation. Further review revealed on 11/27/25 at 9:05 A.M. Resident #37 returned to the facility. Review of Resident #37's progress note dated 11/28/25 at 3:30 P.M. revealed per Resident #37's family request, Resident #37 was moved from the memory care unit to another room on C hallway, with an order to place a Wanderguard (bracelet worn by a resident to alert staff if a resident tries to exit the facility of go into an unsafe area) to the right ankle and to continue 15-minute checks. Review of Resident #37's physician orders dated 12/01/25 to 12/31/25 revealed an order dated 04/29/25 for a stop sign to the entry of the bedroom to redirect the resident while unassisted, and an order dated 11/28/25 for Wanderguard to right ankle expiration 12/2028 to be checked every shift for function and placement. An observation on 12/08/25 at 2:00 P.M. revealed Resident #37 was sitting in the wheelchair in her room looking at pictures. There was no stop sign attached to the doorframe or in the doorway to Resident #37's room. An interview on 12/09/25 at 11:55 A.M. with the Director of Nursing (DON) revealed the only intervention implemented for Resident #37 regarding the sustained injuries was to place Resident #37 on 15-minute checks for 24 hours. The DON confirmed there were no further interventions implemented regarding Resident #37's safety. An interview on 12/09/25 at 1:10 P.M. with the DON confirmed there was not a stop sign in the doorway of Resident #37's new room. The DON stated the stop sign intervention was implemented for Resident #37's roommate on the memory unit prior to being moved to the new room. Review of the facility's policy titled, Abuse, Neglect, Exploitation and Misappropriation of Resident Property, dated 11/21/16, revealed upon completion of an investigation, the facility will determine if modifications are needed to prevent similar incidents or injuries from occurring in the future. This deficiency represents non-compliance investigated under Master Complaint Number 2684570.</p>		