

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365453	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2025
NAME OF PROVIDER OR SUPPLIER Ayden Healthcare of Oregon		STREET ADDRESS, CITY, STATE, ZIP CODE 3953 Navarre Ave Oregon, OH 43616	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, resident and staff interview, and review of a facility policy, the facility failed to maintain a clean and homelike environment. This affected two (#268 and #269) of 15 residents residing on the 200 hall. The facility census was 90. Findings include: Review of the medical record for Resident #268 revealed she was admitted on [DATE] with diagnoses that included urinary retention, chronic pulmonary embolism, depression, hyperlipidemia, and bipolar disorder. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #268 was cognitively intact and did not exhibit behaviors at the time of the assessment. Review of the medical record for Resident #269 revealed she was admitted on [DATE] with diagnoses that included chronic obstructive pulmonary disease, atrial fibrillation, anxiety, depression, and hypertension. Review of the MDS assessment dated [DATE] revealed Resident #269 was cognitively intact and did not exhibit behaviors at the time of the assessment. Observation on 12/22/25 at 9:40 A.M. of the 200 hall revealed, between room [ROOM NUMBER] and room [ROOM NUMBER], there was a metal ceiling tile support track hanging down approximately three inches and two ceiling tiles with round orange-brown stains approximately three inches in diameter. Continued observation revealed two ceiling tiles with round orange-brown stains approximately six inches in diameter between room [ROOM NUMBER] and room [ROOM NUMBER], and outside room [ROOM NUMBER] and room [ROOM NUMBER] was an excess amount of dust buildup on the vents and surrounding ceiling tiles. Interview on 12/22/25 at 9:55 A.M. with Licensed Practical Nurse (LPN) #650 confirmed the observations of the stained ceiling tiles, the ceiling tile metal support track hanging, and the excess dust build up on the vents on the 200 hall ceiling. Interview on 12/22/25 at 3:40 P.M. with Resident #268 and Resident #269 revealed they were aware of the conditions of the ceiling on the 200 hall and found the conditions to be bothersome and not homelike. Review of facility policy titled, Quality of Life - Homelike Environment, dated May 2017, revealed the facility would provide a safe, clean, and homelike environment. This deficiency represents non-compliance investigated under Complaint Number 2642376.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365453	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2025
NAME OF PROVIDER OR SUPPLIER Ayden Healthcare of Oregon		STREET ADDRESS, CITY, STATE, ZIP CODE 3953 Navarre Ave Oregon, OH 43616	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, staff interview, and review of drug manufacturer instructions for use, the facility failed to ensure a resident was encouraged to use and offered an oral rinse after administration of an orally inhaled medication containing a steroid. This affected one (#263) of three residents reviewed for medication administration. The facility census was 90. Findings include: Review of the medical record for Resident #263 revealed he was admitted on [DATE] with diagnoses including emphysema, hypertension, viral hepatitis C, alcohol dependence, cocaine use, and toxic encephalopathy. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #263 was cognitively impaired and did not exhibit behaviors at the time of the assessment. Resident #263 utilized a walker and a wheelchair and required moderate assistance with activities of daily living, personal hygiene, bed mobility, and transfers. Review of physician orders for Resident #263 revealed the resident was ordered budesonide-formoterol fumarate dihydrate (Symbicort, a combination drug containing a steroid and a long-acting beta-agonist) 160-4.5 micrograms per actuation (mcg/act), two puffs inhaled orally every 12 hours for shortness of breath. Observation on 12/22/25 at 10:02 A.M. of Licensed Practical Nurse (LPN) #652 administering medications to Resident #263 revealed she administered Symbicort and did not instruct nor encourage Resident #263 to rinse his mouth after the administration of the inhaled medication. Interview on 12/22/25 at 10:15 A.M. with LPN #652 confirmed residents should rinse their mouths after using a steroid inhaler, and confirmed Resident #263 was not offered or encouraged to rinse his mouth following administration of Symbicort. Interview on 12/22/25 at 12:55 P.M. with Registered Nurse (RN) #660 revealed residents should rinse their mouths with water after using a steroid inhaler. Review of the manufacturer's instructions for Symbicort inhaler usage, dated 2018, revealed one of the ingredients was an inhaled corticosteroid budesonide. Further review revealed after inhaling the medication, the user was instructed to rinse their mouth out with water and spit the water out. This deficiency represents an incidental finding discovered during the complaint investigation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365453	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2025
NAME OF PROVIDER OR SUPPLIER Ayden Healthcare of Oregon		STREET ADDRESS, CITY, STATE, ZIP CODE 3953 Navarre Ave Oregon, OH 43616	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365453	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2025
NAME OF PROVIDER OR SUPPLIER Ayden Healthcare of Oregon		STREET ADDRESS, CITY, STATE, ZIP CODE 3953 Navarre Ave Oregon, OH 43616	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, staff interview, review of medication refrigerator temperature logs, and review of a facility policy, the facility failed to ensure medications were stored in a safe and secure manner. This had the potential to affect all 90 residents residing in the facility. The facility census was 90. Findings include: 1. Observation on 12/22/25 at 9:55 A.M. of the medication refrigerator located at the North nurse station revealed the current temperature check log was incomplete as there were no temperatures recorded on 12/05/25, 12/09/25, 12/15/25, 12/16/25, and 12/19/25. Review of a facility temperature log for November 2025 for the medication refrigerator located at the North nurse station revealed temperatures had not been recorded on 11/07/25, 11/10/25, 11/11/25, and 11/28/25. Review of a facility temperature log for October 2025 for the medication refrigerator located at the North nurse station revealed temperatures had not been recorded on 10/03/25, 10/06/25, 10/07/25, 10/09/25, 10/10/25, 10/13/25, 10/14/25, 10/17/25, 10/20/25, 10/21/25, 10/24/25, 10/27/25, 10/28/25, and 10/31/25. Review of a facility temperature log for December 2025 for the medication refrigerator located at the South nurse station revealed temperatures had not been recorded on 12/03/25, 12/04/25, 12/06/25, 12/10/25, 12/11/25, 12/14/25, and 12/18/25. Review of a facility temperature log for November 2025 for the medication refrigerator located at the South nurse station revealed temperatures had not been recorded on 11/01/25, 11/02/25, 11/06/25, 11/08/25, 11/09/25, 11/13/25, 11/14/25, 11/15/25, 11/16/25, 11/19/25, 11/20/25, 11/26/25, 11/27/25, 11/28/25, 11/29/25, and 11/30/25. Review of a facility temperature log for October 2025 for the medication refrigerator located at the South nurse station revealed temperatures had not been recorded on 10/07/25, 10/10/25, 10/11/25, 10/28/25, and 10/31/25. Interview on 12/22/25 at 11:30 A.M. with the Director of Nursing (DON) confirmed temperatures had not been monitored daily for the medication refrigerators at the North and South Nurse stations and confirmed the missing dates from the refrigerator temperature logs from the North and South nurse station refrigerators for October, November, and December 2025 as listed above. The DON confirmed medication refrigerator temperatures should be monitored and logged daily. Review of facility policy titled, PCU027 - Medication Storage in the Facility, dated 2022, revealed medications requiring refrigeration would be stored in a refrigerator with a thermometer to allow for daily temperature monitoring. 2. Review of the medical record for Resident #263 revealed he was admitted on [DATE] with diagnoses including emphysema, hypertension, viral hepatitis C, alcohol dependence, cocaine use, and toxic encephalopathy. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #263 was cognitively impaired and did not exhibit behaviors at the time of the assessment. The resident utilized a walker and a wheelchair and required moderate assistance with activities of daily living, personal hygiene, bed mobility, and transfers. Review of physician orders for Resident #263 revealed he was ordered amlodipine besylate 2.5 milligrams (mg) by mouth once daily for hypertension on 11/10/25, Eliquis five (5) mg by mouth once daily for deep vein thrombosis prophylaxis on 11/07/25, tamsulosin hydrochloride 0.4 mg by mouth once daily for prostate health on 10/23/25, budesonide-formoterol fumarate dihydrate (Symbicort) 160-4.5 micrograms per actuation (mcg/act) two puffs inhaled orally every 12 hours for shortness of breath on 10/23/25, and albuterol sulfate (Ventolin) 108 (90 base) mcg/act two puffs inhaled orally every 12 hours for shortness of breath on 10/23/25. Observation on 12/22/25 at 10:02 A.M. of medication administration for Resident #263 completed by Licensed Practical Nurse (LPN) #652 revealed LPN #652 did not secure three medication cards while taking the prepared medications to Resident #263's room. Resident #263's amlodipine besylate, Eliquis, and tamsulosin hydrochloride medication cards were left on top of the medication cart in the hallway; each card had nine doses remaining. The medication cart with was out of LPN #652's view from 10:10 A.M. until 10:16 A.M. leaving the medication cards unsecured. Interview on 12/22/25 at 10:16 A.M. with LPN #652 confirmed she left Resident #263's amlodipine besylate, Eliquis, and tamsulosin hydrochloride medication cards, each with nine doses, unsecured on top of the medication cart in the hallway while she was in Resident #263's room. Observation on 12/22/25 at 3:20 P.M. of Resident #263 revealed he was lying in bed in his room and was awake and conversational. Further observation revealed one Ventolin inhaler and one Symbicort inhaler by the pillow in his bed. Interview on 12/22/25 at 3:30 P.M. with LPN #650 confirmed Resident #263 was not permitted to have Symbicort and Ventolin stored in his room and confirmed the presence of both medications in the resident's room. Interview on 12/22/25 at 4:00 P.M. with the DON confirmed Resident #263 was not permitted to self-administer medications. Review of facility policy titled, PCU027 - Medication Storage in the</p>		