STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365495	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evergreen Healthcare Center	924 Charlie's Way Montpelier, OH 43543

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, staff interview and facility policy the facility failed to ensure adequate fluid was provided to dependent resident. This affected one of one residents (#31) reviewed for hydration in a facility census of 44. Findings include:Resident #31 admitted to the facility on [DATE] with the diagnosis including, congestive heart failure, chronic obstructive pulmonary disease, type 2 diabetes mellitus, morbid obesity, chronic respiratory failure, anxiety disorder, hypertension, dementia, chronic peripheral venous insufficiency, osteoarthritis, transient ischemic attack, and dependence on supplemental oxygen. According to the most current minimum data set assessment dated [DATE] assessed Resident #31 with severe cognitive impairment, no resistive behaviors, range of motion impairment to upper and lower bilateral extremities, utilized a wheelchair propelled by staff, dependent on staff for all activities of daily living including transfer and repositioning, always incontinent of bowel and bladder, no identified weight loss, received a regular diet, at risk for pressure ulcer development, admitted with a stage 2 pressure ulcer. On 02/06/26 a physician order included the provision of a regular diet with regular texture and consistency. Review of dietary nutritional assessment dated [DATE] noted Resident #31 estimated fluid needs to be between 1496 and 1700 milliliters or cubic centimeters (cc) per day (ml/day) and at risk for malnutrition. Average meal intake was between 26-100%. On 02/20/26 a nursing plan of care was implemented to address Resident #31 risk for dehydration, or potential fluid deficit related to diuretic use. Interventions included the following; Administer medications, per orders. Notify medical provider with signs or symptoms of dehydration. Provide diet as ordered. Provide oral care as needed. Review of task documentation daily fluid intake in cubic centimeters (cc) between 04/01/26 and 04/07/26 were as follows. 04/01/26= 600 cc, 04/02/26= 800 cc, 04/03/26= 1100 cc, 04/04/26= 710 cc, 04/05/26= 720 cc, 04/06/26= 600 cc, 04/07/26= 680 cc. Observation on 04/08/26 at 6:48 A.M. noted Resident #31 seated in a wheelchair placed inside the east unit lounge. Continuous observation noted Resident #31 to be taken to the dining room at 8:17 A.M. and provided with 240 cc of fluid. At 8:33 A.M. Resident #31 was returned to the east unit lounge in the wheelchair. Resident #31 remained in the east unit lounge until 12:09 P.M. when Certified Nurse Assistant (CNA) #217 and Licensed Practical Nurse (LPN) #228 propelled Resident #31 to the dining room. CNA #217 provided Resident #31 with 240 cc of fluid during the meal. At 12:41 P.M. noted Resident #31 was returned to lounge in the wheelchair by CNA #217. No observation noted Resident #31 to be offered fluids/hydration beside the meal throughout the continuous observations. Observation at 1:12 P.M. Resident #31 was taken to her room by CNA #272, CNA #217 and Director of Nursing. Resident #31 was placed to bed. Interview on 04/08/26 at 1:37 P.M. with CNA #272 stated she assumed care of the residents on the east unit with CNA #217 at 6:00 A.M. CNA #272 verified she provided no beverages to Resident #31 throughout the day and was unaware if CNA #217 had provided any. Interview on 04/08/26 at 1:45 P.M. with CNA #217 stated she assumed care of the residents on the east unit with CNA #272 at 6:00 A.M. CNA #217 verified she provided no beverages to Resident #31 throughout the day other than during the breakfast and lunch meals. CNA #217 was unaware if CNA #272 had attempted to provide the resident any beverages. On 04/08/26 at 1:49 P.M. interview with LPN #228 revealed she assumed care of Resident #31 at 7:00 (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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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A.M. LPN #228 stated she gave Resident #31 a small amount of water with morning medications. However, no further fluids had been offered or provided to the resident as side from the breakfast and lunch meals. Review of facility General Hydration Services policy undated. The facility offers each resident sufficient fluid, including water and other liquids, consistent with residents needs and preferences to maintain proper hydration and health. Assess the residents nutritional and health status needs for proper amount, type, preference, and proper consistency of fluids. Drinks, which may include water and other beverage choices consistent with resient needs and preferences and that are sufficient to maintain residents hydration, will be served during the three (3) meals provided each day. Observe eating and drinking providing modifications as needed. Provide fresh water at bedside in the proper consistency and drinking device, if appropriate. Provide water or other fluids for medication pass. Update care plans and notify family of changes as appropriate. This deficiency represents non-compliance investigated under Complaint 2805637.