

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER O'Brien Memorial Health Care C		STREET ADDRESS, CITY, STATE, ZIP CODE 563 Brookfield Ave SE Masury, OH 44438	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>39973</p> <p>Based on interview, documentation of Registered Nurse (RN) coverage review, Payroll Based Journal (PBJ) review and Facility Annual Assessment review, the facility failed to ensure there was adequate RN coverage for at least eight consecutive hours a day, seven days a week as required. This had the potential to affect all 68 residents residing in the facility.</p> <p>Findings include:</p> <p>Review of the Facility Annual Assessment, dated 05/31/24, revealed under licensed nurses the facility would have one full-time Director of Nursing (DON), one full time Clinical Director (not specifying if this was an RN or Licensed Practical Nurse (LPN), and under the area of RN, they would have one full time Minimum Data Set (MDS) RN, one full time Restorative RN plus 100-136 hours of a RN per two weeks. The facility assessment did not reference that they would have at least eight consecutive hours a day, seven days a week as required.</p> <p>Review of the PBJ Staffing Data Report Certification and Survey Provider Enhanced Reports (CASPER) Report 1705D 07/10/24 through 09/30/24 revealed the facility had four or more days within the quarter with no RN coverage and had a one-star staffing rating.</p> <p>Review of the facility tracking calendars for RN coverage for July 2024, August 2024, September 2024, October 2024, November 2024, December 2024, January 2025, February 2025, and March 2025 revealed on 07/05/24, 07/06/24, 07/07/24, 07/20/24, 07/21/24, 08/03/24, 08/04/24, 08/17/24, 08/18/24, 09/01/24, 09/14/24, 09/15/24, 09/28/24, 09/29/24, 10/26/24, 10/27/24, 11/09/24, 11/10/24, 12/07/24, 12/08/24, 12/21/24, 12/22/24, 01/04/25, 01/05/25, 01/18/25, 01/19/25, 02/01/25, 02/02/25, 02/15/25, 02/22/25, 03/01/25, 03/02/25, 03/08/25, and 03/09/25, there was not an RN for eight consecutive hours.</p> <p>On 03/14/25 at 12:59 P.M., an interview with Regional Administrator #610 verified the facility was without an RN on the days listed above and verified the PBJ Report was accurate. She revealed she did not realize the Administrator thought he only had to have two hours of RN coverage per day, not eight.</p> <p>On 03/14/25 at 1:05 P.M. and 1:12 P.M., an interview with the Administrator revealed he thought he only needed two hours of RN coverage per day not eight hours. He also verified the facility was without an RN on the days listed above and verified the PBJ Report was accurate.</p> <p>(continued on next page)</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
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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>This deficiency represents non-compliance investigated under Complaint Number OH00161619.</p>		