

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365605	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2026
NAME OF PROVIDER OR SUPPLIER Milcrest Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 730 Milcrest Drive Marysville, OH 43040	
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>Base on observation, interview, and record review the facility failed to ensure linen and personal clothing was not soiled for one, (Resident #16). This affected one (Resident #16) of three residents reviewed for Activities of Daily Living (ADL). The facility census was 49. Findings Include: Review of Resident #16's medical record revealed an admission date of 04/25/25, diagnoses included acquired absence of right left below the knee, chronic venous hypertension with ulcer and inflammation of the left lower extremity, cellulitis, obesity, edema, anemia, hypothyroidism, bilateral blindness, hypertension, peripheral vascular disease, gastro-esophageal reflux, acquired absence of right and left fingers, muscle weakness, Type II Diabetes, and osteomyelitis. Review of Residents #16's care plan last revised on 01/16/26 revealed the resident required assistance from staff to meet ADLs needs due to a right below the knee amputation, diabetic neuropathy, complete bilateral blindness, and amputation of all fingers except of bilateral thumbs. Interventions include assisting the resident with bathing as needed, assisting the resident with clothing choices, and dressing as needed. Further review revealed an alteration in comfort related to the amputation of the right leg below the knee related to osteomyelitis, a history of amputation of all fingers except for bilateral thumbs. Interventions include check and document on wounds daily for signs and symptoms of infection, drainage, bleeding, any breakdown of the skin, and impaired circulation. Monitor for bleeding, document the amount of bloody draining on dressing and in drainage system, and wound care daily as ordered by the physician and rewrap the stump as ordered and as needed. Observation on 02/24/26 at 11:13 A.M. of Resident #16 revealed bilateral open wounds on the residents hand stumps and uncountable red smear marks on the resident's gown and bedding. Interview on 02/24/26 at 11:14 A.M. with Resident #16 revealed they were to have their bilateral hand stumps covered by a dressing and did not have a dressing on them. The resident further confirmed they were unaware of the red smear marks on their gown and bedding and wished to be cleaned up. The resident stated they were upset they were in a soiled gown and bedding. Interview on 02/24/26 at 1:05 P.M. with the Assistant Director of Nursing confirmed Resident #16's gown and bedding were soiled with red marks. Review of the undated facility policy, ALDs revealed residents who are unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming and personal and oral hygiene. Review of Resident #16's medical record revealed an admission date of 04/25/25, diagnoses included acquired absence of right left below the knee, chronic venous hypertension with ulcer and inflammation of the left lower extremity, cellulitis, obesity, edema, anemia, hypothyroidism, bilateral blindness, hypertension, peripheral vascular disease, gastro-esophageal reflux, acquired absence of right and left fingers, muscle weakness, Type II Diabetes, and osteomyelitis. Review of Residents #16's care plan last revised on 01/16/26 revealed the resident required assistance from staff to meet ADLs needs due to a right below the knee amputation, diabetic neuropathy, complete bilateral blindness, and amputation of all fingers except of bilateral thumbs.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 365605	Facility ID: 365605 If continuation sheet Page 1 of 2

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