

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 04/23/2026
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, and review of facility policy, the facility failed to ensure residents received their showers as scheduled. This deficient practice affected two (Resident #16 and Resident #37) of three residents reviewed for shower assistance. The facility census was 49. Findings Include: 1. Review of the medical record for Resident #16 revealed an admission date of 10/28/24 and diagnoses of muscle weakness, anxiety, dysarthria and anarthria, severe protein-calorie malnutrition, chronic obstructive pulmonary disease (COPD), tobacco use, and dementia. Review of Resident #16's Minimum Data Set (MDS) assessment dated [DATE] revealed the resident required partial to moderate assistance with showering and bathing. Review of Resident #16's care plan, last revised 02/09/26, revealed the resident required staff assistance to meet activities of daily living (ADL) needs related to dysarthria, COPD, malnutrition, and dementia, with interventions to assist the resident with bathing as needed and per resident preference. Review of Resident #16's shower schedule revealed the resident was scheduled to receive biweekly showers on Wednesdays and Saturdays. Review of Resident #16's shower documentation revealed no documentation of scheduled showers on 03/25/26 and 04/12/26. During an interview on 04/22/26 at 11:05 A.M., Resident #16 stated they had not received their scheduled showers on a regular basis. During an interview on 03/23/26 at 9:28 A.M., the Director of Nursing stated the facility had no documentation that Resident #16 received their scheduled showers on 03/25/26 and 04/12/26. 2. Review of Resident #37's medical record revealed an admission date of 09/11/25 and diagnoses of muscle weakness, osteoarthritis, polyneuropathy, obesity, bipolar disorder, hypertension, heart failure, chronic obstructive pulmonary disease (COPD), body mass index (BMI) greater than 50 percent, and diabetes mellitus. Review of Resident #37's Minimum Data Set (MDS) assessment, last updated 04/08/26, revealed the resident required substantial to maximal assistance with showering and bathing. Review of Resident #37's care plan, last updated 04/06/26, revealed the resident required staff assistance to meet activities of daily living (ADL) needs related to diabetes, bipolar disorder, chronic pain, migraine, arthritis, neuropathy, obesity, COPD, and weakness, with interventions to assist the resident with bathing as needed and per resident preference. Review of Resident #37's shower schedule revealed the resident was scheduled to receive biweekly showers on Wednesdays and Saturdays. Review of Resident #37's shower documentation revealed no documentation of scheduled showers on 03/25/26, 03/29/26, 04/05/26, 04/08/26, and 04/12/26. During an interview on 04/22/26 at 11:10 A.M., Resident #37 stated they had missed showers during the previous two weeks and that they were upset when they missed their scheduled showers. During an interview on 03/23/26 at 9:28 A.M., the Director of Nursing confirmed the facility had no documentation showing that Resident #37 received their scheduled showers on the above dates. Review of the facility policy titled ADLs, last revised 03/04/26, revealed residents who are unable to carry out activities of daily living are to receive the necessary services to maintain grooming, personal hygiene, oral hygiene, and good nutrition. This deficiency represents non-compliance investigated under Complaint Number 2988246.</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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