

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

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 05/14/2026
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, medical record review, and policy review, the facility failed to ensure a resident received appropriate incontinence care. This affected one (Resident #43) of three residents reviewed for incontinence care. The facility census was 44. Review of the medical record for Resident #43 revealed an admission date of 02/07/25. Diagnoses included transient ischemic attack, cerebral infarction, vascular dementia, and chronic respiratory failure with hypoxia. Review of his quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #43 was cognitively impaired. Resident #43 required assistance with bed mobility. Review of the Care Plan dated 04/10/26 revealed Resident #43 was frequently incontinent. Interventions included care as needed, resident with be clean, dry, and odor free, and bed in the low position. Observation on 05/14/26 at 7:45 A.M. revealed Resident #43 was lying in bed with no sheets or pillow. His pajama top was wet and the room had a strong odor or urine. Certified Nursing Assistant (CNA) #200 explained she started her shift at 7:00 A.M. and was given report. She entered Resident #43's room to find him bed with his bed sheets, blankets, and clothing soaked in urine. CNA #200 was able to get the sheets and pillowcases off the bed, clean the resident's lower body, and place a dry pair of pants on him. Observation on 05/14/26 at 7:48 A.M. Resident #43's bed linens and pillows were bagged in his room to go to laundry. CNA #200 and CNA #202 was able to clean up Resident #43's upper body and place him in his wheelchair with a clean shirt. Resident #43's mattress smelled of urine and was replaced. Interview on 05/14/26 at 8:10 A.M. with Resident #43 verified he was lying in his bed, soaked in urine for a while. Review of the facility Activities of Daily Living (ADL) policy dated 03/04/26 revealed residents who are unable to carry out ADLs will receive necessary services to maintain functional abilities. This deficiency represents non-compliance investigated under Complaint Number 2999505.		

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
--	-------	-----------