

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365615	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/23/2025
NAME OF PROVIDER OR SUPPLIER  Ayden Healthcare of Belle Springs.		STREET ADDRESS, CITY, STATE, ZIP CODE 221 North School Street Bellefontaine, OH 43311	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, resident interview, and staff interview, the facility failed to provide a home-like environment in regards to facility's shower rooms being in good repair. This affected two residents (#1 and #4) with the potential to affect all residents residing in the facility. The current census is 87.</p> <p>Findings include:</p> <p>1. Record review for Resident #1 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #1 include infective bursitis right elbow, diabetes type two, neuromuscular dysfunction of bladder.</p> <p>Review of the comprehensive Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had intact cognition and was an extensive assist with Activities of Daily Living (ADLs).</p> <p>Review of Resident #1's care plans dated 05/2024 revealed a focus for ADL assistance. Interventions include mechanical lift for transfers, and staff assist with bathing.</p> <p>Interview on 06/23/25 at 12:55 P.M. with Resident #1 revealed the resident stated his main complaint with his care involved use of the shower room on the hall. Resident #1 stated every time he is being transported back to his room after his shower the shower chair wheels get stuck in the holes in the floor of the bathrooms causing the aides to have to push and pull his chair. Resident #1 stated it is uncomfortable and not homelike, and it upsets him the condition of the flooring in the bathrooms in the facility. Resident #1 stated he knows all the bathrooms in the facility are missing tiles in the floors as other residents have complained about the flooring.</p> <p>2. Record review for Resident #4 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #4 include hypertension, heart failure, and chronic kidney disease.</p> <p>Review of the comprehensive Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had intact cognition and required staff assist with ADLs including bathing.</p> <p>Review of Resident #4's care plans dated 05/2025 revealed a focus for ADL self-care deficit. Interventions include mechanical lift for transfers, staff to assist with ADLs, and sponge bath if residents declines a shower.</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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NAME OF PROVIDER OR SUPPLIER  Ayden Healthcare of Belle Springs.		STREET ADDRESS, CITY, STATE, ZIP CODE  221 North School Street Bellevue, OH 43311	
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>Interview on 06/23/25 at 3:34 P.M. with Resident #4 revealed the resident stated she is getting her showers in the main bathroom on the 300-hall per the schedule. Resident #4 stated she did not like the fact there was a hole in floor tiles and stated the aides do have to be more careful with her in the shower chair as the chair sometimes gets stuck in the hole in the floor. Resident #4 stated it was not home-like in the shower room.</p> <p>Observation on 06/23/25 at 1:00 P.M. of the 400-hall central shower room revealed there was one stall with a shower and a shower chair in the bathroom. Observed on the floor around the drain were several missing tiles and a depressed area of the floor.</p> <p>Interview on 06/23/25 at 1:02 P.M. with Certified Nurse Aide (CNA) #192 and CNA #202 verified there were missing tiles and a hole in the floor in the shower area of the bathroom. CNA #192 verified the tiles had been missing and the hole was in the floor for over a year since the aide began working at the facility. Both CNA #192 and CNA #202 verified all residents on the 400-hall are showered in the central bathroom and many residents complained about the hole in the floor due to the chair's wheels catching the hole. Both aides denied any residents falling out of the chair in the shower room.</p> <p>Observation 06/23/25 at 1:05 P.M. of the 300-hall central shower room revealed in the shower stall there were several missing tiles from the floor near the drain area.</p> <p>Interview on 06/23/25 at 1:05 P.M. with CNA #161 verified there were missing tiles in the shower stall, and it caused the shower chair's wheels to jerk. CNA #161 verified all residents on the 300-hall showered in the central shower room.</p> <p>Observation 06/23/25 at 1:10 P.M. of the 200-hall central shower room revealed in the shower stall there were several missing tiles from the floor near the drain area.</p> <p>Interview on 06/23/25 at 1:10 P.M. with CNA #101 verified there were missing tiles in the shower stall, and it caused the shower chair's wheels to jerk. CNA #101 verified all residents on the 200-hall showered in the central shower room.</p> <p>Interview on 06/23/25 at 1:55 P.M. with the Administrator verified in each of the central shower rooms on each of the 4 halls there were missing tiles and holes in the floor. The Administrator verified all residents use the central shower rooms for their showers and bathing.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00165407.</p>		