

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365617	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2025
NAME OF PROVIDER OR SUPPLIER Ayden Healthcare of Waterville		STREET ADDRESS, CITY, STATE, ZIP CODE 8885 Browning Drive Waterville, OH 43566	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, staff interview, and review of the facility policy, the facility failed to ensure a resident who was dependent on staff for activities of daily living (ADL) received adequate assistance with personal hygiene. This affected one (#16) of three residents reviewed for ADL care. The facility census was 75. Findings include: Review of the medical record for Resident #16 revealed an admission date of 03/30/18. Diagnoses included chronic respiratory failure, tracheostomy status, ventilator dependent, quadriplegia, and chronic obstructive pulmonary disease (COPD). Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #16 was severely cognitively impaired and was dependent on staff for all ADL care. Review of the care plan revised 08/2025 revealed Resident #16 was care planned for risk for decline in ADL function with an intervention of total dependent assistance for all ADL care. Review of the facility's shower schedule revealed Resident #16 was scheduled for showers on Tuesday and Friday by the night shift staff. Review of the shower sheet for Resident #16 revealed she received a shower on her regularly scheduled shower day on 09/23/25. Observation on 09/23/25 at 11:28 A.M. revealed Resident #16 was laying in bed, eyes closed, unarousable (comatose) with facial hair on her upper lip and chin that was approximately one to two inches in length resembling a man's goatee. Resident #16's upper lip revealed the hair was hanging beyond the top lip line where it begins to form the top full lip. The facial hair on Resident #16's chin revealed the hair was nearly touching the drain sponge underneath the tracheostomy drainage sponge, which was a four-by-four split gauze dressing that was placed around the tracheotomy opening. Observations on 09/24/25 at 7:29 A.M. and 11:39 A.M. revealed Resident #16 was clean, her hair appeared freshly washed, damp, and combed to the side with the facial hair unchanged from observation on 09/23/25. Interview on 09/24/25 at 11:39 A.M. with Certified Nursing Assistant (CNA) #369 verified she received in report from night shift that Resident #16 was showered. CNA #369 further stated the staff don't want to use the facilities razors on her face so they didn't shave her. Observation concurrent with interview on 09/24/25 at 11:40 A.M. with Licensed Practical Nurse (LPN) #381 verified the long facial hair on Resident #16 and stated the expectations of the CNAs during showering was to trim nails, wash hair, and shave facial hair. Further observation of the facility's razors revealed the razors were the traditional two blade razor. Review of the facility policy titled Activities of Daily Living (ADLs) revised 03/2018 revealed residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out ADLs. Residents who are unable to carry out ADLs independently will receive the service necessary to maintain good nutrition, grooming, and personal and oral hygiene. This deficiency represents non-compliance investigated under Complaint Number 2607782.</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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