

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365619	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER Unger Park Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1170 W Mansfield Street Bucyrus, OH 44820	

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 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>Based on staff interview, review of employee files, review of the Bureau of Criminal Investigation (BCI) log and review of the facility policy, the facility failed to ensure employee background checks were completed prior to employment. This had the potential to affect all 56 residents residing in the facility. The facility census was 56. Findings include: Review of Dietary Aide (DA) #238's employee file revealed a start date of 02/16/25. Further review revealed no evidence a BCI check was completed for DA #238. Review of the facility's BCI log revealed DA #238 was not logged as having a background check completed. Interview on 07/15/25 at 1:28 P. M. with Human Resource Director (HRD) #253 verified DA #238 did not have a background check completed. Review of the facility policy titled, Background Screening Investigations, revised March 2019, revealed the facility conducted employment background screening checks, reference checks, and criminal conviction investigation checks on all applicants for positions with direct access to residents. Direct access employee meant any individual who had access to a resident or patient of a long term care facility or provider through employment or through a contract that had duties that involved, or may involve, one-on-one contact with a patient or resident of the facility or provider. The director of personnel, or designee, conducted background checks, reference checks, and criminal conviction checks (including fingerprinting) on all potential direct access employees and contractors. Background and criminal checks were initiated within two days of an offer of employment or contract agreement, and completed prior to employment.</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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