

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365625	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2026
NAME OF PROVIDER OR SUPPLIER  Altercare of Bucyrus Center Fo		STREET ADDRESS, CITY, STATE, ZIP CODE  1929 Whetstone 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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on closed medical record review, staff interview, and review of facility policy, the facility failed to ensure enabler bars were implemented for mobility as assessed by the facility. This affected one (#100) of three residents reviewed for side rails. Findings include: Review of the closed medical record for Resident #100 revealed an admission date of 10/13/25. Diagnoses included cellulitis of both great toes with gangrene, peripheral vascular disease (PVD), bacteremia (infection of a bacteria in the blood), significant coronary artery disease, heart failure with preserved ejection fraction (type of heart failure where the hearts main pumping chamber is stiff and does not fill and pump efficiently), end stage renal disease (ESRD) requiring hemodialysis (kidney failure where dialysis is required to sustain life), chronic combine systolic and diastolic congestive heart failure (CHF) (where both the right and left side of the heart is not functioning properly), angina (chest pain), and multiple coronary stent placement (this is required to open the heart vessels following blockage to maintain adequate blood flow to the heart muscle). Resident #100 discharged to the hospital on [DATE]. Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #100 had moderate cognitive impairment. Review of the Enabler assessment dated [DATE] revealed Resident #100 was ordered half enabler bars to both sides of the bed for weakness. Benefits included to aid in maintenance of proper body alignment, aid in proper body posture for eating, breathing, and appearance, and assist the resident with Activities of Daily Living (ADL). Review of the care plan dated 10/26/25 revealed Resident #100 was care planned for bilateral enabler bars for bed mobility. Review of the physician orders for January 2026 revealed Resident #100 had an order for bilateral assist bars/siderails to aid in bed mobility. Observation on 02/04/26 at approximately 8:15 A.M. of Resident #100's former room revealed the room was vacant and clean. Further observation revealed the bed did not have any side rails or enabler bars in place. Interview on 02/05/26 at 1:54 P.M. with Licensed Practical Nurse (LPN) #340 revealed Resident #100 did not have enabler bars on his bed when he resided at the facility. Interview on 02/05/26 at 2:10 P.M. with Maintenance Director (MD) #330 revealed he did not have a work order for enabler bars to be applied to Resident #100's bed once he transferred from the skilled unit to the long-term care unit. MD #330 confirmed he did not apply enabler bars to the bed for Resident #100. Interview on 02/05/26 at 2:20 P.M. with Registered Nurse (RN) #335 revealed Resident #100 transferred from the skilled unit to the long term care unit on 11/01/25. Review of the facility policy titled, Side Rails-Proper Use, revised May 2025, revealed it was the facility's policy to ensure side rails were only utilized for residents to assist in bed mobility that enabled the resident to function at their highest functional level that their condition would allow. Side rails may be used to assist in mobility and transfer of residents. An assessment would be made to determine the resident's symptoms or reason for using side rails. When used for mobility, the residents' bed mobility and transfer ability would be taken into consideration. The use of side rails as an assist</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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F 0676  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	device would be addressed in the resident's plan of care. This deficiency represents non-compliance investigated under Complaint Number 2733940.		