

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 03/16/2026
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, staff interview, review of the resident room bathrooms quote, and policy review, the facility failed to ensure a safe, clean, and homelike environment. This affected one (#60) of three residents reviewed for a safe, clean, homelike environment. The facility census was 64. Findings include: Review of the medical record for Resident #60 revealed an admission date of 06/15/21. Diagnoses included Alzheimer's disease, type two diabetes mellitus, pseudobulbar affect, unspecified dementia, and chronic kidney disease. Review of Resident #60's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #60 had a memory problem and was dependent for showering/bathing and toileting hygiene. Observation on 03/16/26 at 8:14 A.M. of Resident #60's bathroom in room [ROOM NUMBER] revealed a black substance to be around the base of the toilet. Furthermore, the wood at the bottom of the vanity below the sink appeared to have water damage. The wood had a large hole in which you could see the floor of the facility through. The wood also had a black substance on it in multiple areas. Concurrent interview with the Maintenance Coordinator (MC) #114 verified the black substance around the toilet and under the sink, in the vanity and stated he did not think it was mold. Interview on 03/16/26 at 12:30 P.M. with Certified Nurse Aide (CNA) #152 revealed she had worked at the facility for a little over a year and a half and the wood at the bottom of the vanity below the sink had been damaged and discolored since she began working at the facility. Review of the 100/200 Resident Room Bathrooms email documentation revealed on 03/12/26 an email was sent to the [NAME] President of Property Management that stated attached is the information for the Bucyrus resident room bathroom project from 2016. The project was quoted at \$142,805 for 25 resident rooms. Review of the facility policy last updated on 07/01/25 titled Environmental Service revealed it was the facilities policy to maintain the resident's environment in a clean and sanitary condition. This deficiency represents non-compliance investigated under Complaint Number 2800297.</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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