

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365629	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/17/2025
NAME OF PROVIDER OR SUPPLIER Dixon Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 135 Reichart Avenue Wintersville, OH 43953	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365629	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/17/2025
NAME OF PROVIDER OR SUPPLIER Dixon Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 135 Reichart Avenue Wintersville, OH 43953	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and policy review the facility failed to ensure medications were ordered timely and available for residents. This affected one resident (Resident #7) of four residents reviewed for pharmacy services. Findings include:Record review revealed Resident #7 admitted to the facility 10/10/19 with diagnoses including traumatic brain injury with loss of consciousness, insomnia, neuropathy, quadriplegia, muscle spasms, neuromuscular bladder dysfunction, and hyperkalemia.Record review of Resident #7 quarterly minimum data set (MDS) assessment completed 08/14/25 revealed the resident's cognition was intact, had no observed or exhibited behaviors, was dependent for toileting, showering, bathing, lower body dressing, and personal hygiene, and was dependent or required maximum assistance for mobility. MDS revealed Resident #7 received an opioid medication. Review of quarterly care plan initiated on 11/09/21 and revised on 08/25/25 revealed Resident #7 had complaints of chronic pain related to quadriplegia, idiopathic peripheral autonomic neuropathy, neurogenic bladder, and muscle spasms. Interventions include administer non-pharmacological interventions (repositioning, diversion activities, snacks and fluids, ice / heat, music therapy, relaxation techniques, imagery). As needed Transcutaneous electrical nerve stimulation (TENS) unit for pain. Review of quarterly care plan initiated on 11/09/21 and revised on 08/25/25 revealed Resident #7 had complaints of chronic pain related to quadriplegia, idiopathic peripheral autonomic neuropathy, neurogenic bladder, and muscle spasms. Interventions include administer non-pharmacological interventions (repositioning, diversion activities, snacks and fluids, ice / heat, music therapy, relaxation techniques, imagery). As needed Transcutaneous electrical nerve stimulation (TENS) unit for pain. Record review revealed a progress note dated 09/25/25 at 2:30 P.M. that a call was made to [NAME] pain management. Per pain management office staff, the prescription will be sent to the new pharmacy as soon as the pharmacy is established in the e-scribing system. Record review revealed a progress note dated 09/25/25 at 7:34 P.M. revealed Resident #7 was out of Percocet.Record review revealed a progress note dated 09/25/25 at 8:16 A.M. that Resident #7's room was entered to speak about pain medication. Resident #7 stated they need their pain medication before they had withdrawal symptoms. Resident #7 was explained measures that would be taken to get her pain medication into the facility. Resident #7 was offered to go to the emergency room (ER), Resident #7 declined transport to ER but requested to be informed of measures taken and their outcomes. Nurse Practitioner (NP) made aware. Record review revealed an order for Percocet oral tablet 7.5-325 milligram (mg) (Oxycodone with Acetaminophen). Give Resident #7 one tablet by mouth four times a day for pain and give one tablet by mouth one time a day for pain. Record review revealed a progress note dated 09/25/25 at 9:11 A.M. that Pharmacy notified facility to check on status of pain medication, pharmacy stated they received the script from the pain clinic and will be sending out on the 1:00 P.M. delivery. Nurse requested authorization to pull Percocet at that time. Resident #7 and Physician aware. Record review revealed a progress note dated 09/26/25 at 9:01 A.M. that Physician #100 placed new order for Ultram 50 mg every four hours for seven days until supply arrives of Percocet for pain clinic order and Resident #7 aware. Review of Resident #7 September Medication Administration Record (MAR) revealed Percocet oral tablet 7.5-325 mg give one tablet one time a day was given on 09/25/25 at 2:00 A.M. and was not given on 09/26/25 at 2:00 A.M. Review of Resident #7 September MAR revealed Percocet oral tablet 7.5-325 mg give one tablet by mouth four times a day for pain was not given on 09/25/25 for any occurrence as ordered for 8:00 A.M., 12:00 P.M., 4:00 P.M., and 8:00 P.M Interview on 10/07/25 at 10:10 A.M. with anonymous staff member (ASM) #33 confirmed they just switched to a new pharmacy, within the last month it became official. ASM #33 stated they had an issue with narcotics, their understanding was it was supposed to be in one shipment and when that shipment came it wasn't there, and they were unable to get into the emergency stock. ASM #33 stated they do not recall which resident the prescription was for. Interview on 10/07/25 at 1:38 P.M. with Resident #7 revealed she was out of her pain medication for almost 30 hours a couple weeks ago. Resident #7 stated the longest she goes without her pain medication six hours, between 2 A.M. and 8 A. M., this is when its scheduled. The staff told her there was a pharmacy mix up. Resident #7 stated this has happened before, and they told her they were going to start ordering their pain medication seven days before it runs out due to the frequency she takes it. Resident #7 stated she was worried she was going to withdraw. The did offer her to go to the hospital but she did not feel that was necessary. Interview on 10/07/25 at 2:05 P M with Pain Clinic staff #54 revealed on 09/24/25 at 4:29 P M their office had a call which was placed on</p>		