

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365644 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/01/2025 |
| NAME OF PROVIDER OR SUPPLIER Embassy of Winchester | | STREET ADDRESS, CITY, STATE, ZIP CODE 36 Lehman Dr Canal Winchester, OH 43110 | |

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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide activities to meet all resident's needs.</p> <p>Based on interviews, observation and policy review, the facility failed to ensure scheduled activities were completed as well as ensuring evening activities were scheduled. This affected 92 residents (except for Resident #233) who attend/participate in activities. The facility census was 93.</p> <p>Findings include:</p> <p>Interview on 06/30/25 at 10:31 A.M. with Resident #301 in the activities room revealed the facility rarely does the activities that are posted on the board and stated They just sit out stuff on the table for us to do on our own. No activities in the evening so he gets bored a lot.</p> <p>Interview on 06/30/25 at 10:42 A.M. with Resident #302 revealed there are really never any activities occurring. There are items on the tables, but when it comes to the scheduled events, they rarely happen. There are no evening activities to do as well. She goes into the activities room a lot and can never find anyone with activities in there.</p> <p>Observation on 06/30/25 at 11:30 A.M. of the activities room revealed no move and groove activity being conducted as per schedule with a total of 9 residents throughout the area sitting at tables. No activity workers in the room.</p> <p>Observation on 06/30/25 at 11:47 A.M. of the activities room revealed no move and groove activity being conducted as per schedule with a total of 12 residents throughout the area sitting at tables. No activity workers in the room.</p> <p>Interview on 06/30/25 at 11:48 A.M. with Resident #333 revealed her to be waiting for the move and groove activity in the activity room and had been waiting for at least 10 minutes.</p> <p>Interview on 06/30/25 at 11:52 A.M. with the Activities Recreation Director revealed she was not sure why the move and groove activity was not occurring as scheduled and went to check with her Activity Aide.</p> <p>Interview on 06/30/25 at 12:47 P.M. with the Activities Recreation Director revealed that for evening activities, they always leave activities out on the tables, but no scheduled evening activities as the activities department goes home and no other staff conduct activities when the activities department are not there. Verified for July 2025 no scheduled activities after 2:00 P.M. every Saturday and Sunday and no weekday scheduled events after 4:00 P.M.</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: 365644 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/01/2025 |
| NAME OF PROVIDER OR SUPPLIER Embassy of Winchester | | STREET ADDRESS, CITY, STATE, ZIP CODE 36 Lehman Dr Canal Winchester, OH 43110 | |

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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Interview on 06/30/25 at 2:19 P.M. with the Activities Recreation Director said her assistant only asked two residents when they came in from smoking if they wanted to do the 11:30 A.M. activity which was the move and groove and they denied. She did not ask any other residents throughout the time period of the activity as residents came and gone for activities. Verified the move and groove activity was not completed as scheduled and the Activities Aide should have been in the room asking residents if they wanted to participate throughout the time frame of the activity.</p> <p>Review of the Activities Calendar for June 2025 revealed no activities scheduled after 2:00 P.M. every Saturday and Sunday and no activities scheduled after 4:00 P.M. every weekday.</p> <p>Review of facility policy titled Activities, revised 06/01/24, revealed activities will encourage both independence and interaction within the community. Residents are encouraged to participate in scheduled activities.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00167006.</p> |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365644 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/01/2025 |
| NAME OF PROVIDER OR SUPPLIER Embassy of Winchester | | STREET ADDRESS, CITY, STATE, ZIP CODE 36 Lehman Dr Canal Winchester, OH 43110 | |
| 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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>Based on observations, interviews, and policy review, the facility failed to ensure name badges were worn at all times by facility staff. This affected all 93 residents at the facility. Facility census was 93.</p> <p>Findings include:</p> <p>Observation on 06/30/25 at 9:48 A.M. of Certified Nurse Assistant #1111 revealed no name badge present. Concurrent interview verified no name badge was present and has not had a permanent one since being hired. The temporary badges that are being used fall off a lot as they are just a sticker.</p> <p>Observation on 06/30/25 at 10:29 A.M. of Activities Aide #1000 revealed no name badge present. Concurrent interview verified that no name badge was present and had not had a permanent one since she lost it. Will obtain a temporary sticker one now.</p> <p>Interview on 06/30/25 at 10:31 A.M. with Resident #301 revealed the staff at the facility rarely have name badges on.</p> <p>Interview on 06/30/25 at 10:42 A.M. with Resident #302 revealed the staff at the facility rarely have name badges on and she can't keep them straight because of that.</p> <p>Interview on 06/30/25 at 10:47 A.M. with Resident #200 revealed the staff continue to not wear name badges so she is not sure who cares for her.</p> <p>Interview on 06/30/25 at 11:31 A.M. with Administrator #2222 verified it is the Administrators duty to make sure all staff are wearing their name badges as part of the facility uniform policy.</p> <p>Interview on 06/30/25 at 11:38 A.M. with the Human Resource Manager #4444 verified she has not been printing off permanent name badges for several months or longer as she should have been.</p> <p>Review of facility policy titled Uniform Policy, no date, revealed name badges are to be worn at all times as part of the uniform.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00167052.</p> | | |