Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365668	A. Building B. Wing	12/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norwalk Memorial Home	272 Benedict Ave Norwalk, OH 44857

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)
F 0729 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on personnel file review, online State of Ohio State Tested Nursing Aide Registry review, staff interview and review of facility policy, the facility failed to ensure a current/active license for one, Certified Nursing Assistant #117, of five employees reviewed for current/active licensure. This had the potential to affect all residents. The facility census was 54. Review of Certified Nursing Assistant (CNA) #117's personnel file revealed a hire date of [DATE].Review of the Ohio Department of Health State Tested Nursing Aide registry review dated [DATE] at 2:58 P.M. revealed CNA #117's registry had expired on [DATE] and she was not eligible to work.Review of the facility staffing schedule revealed CNA #117 worked in the capacity of a state tested nursing assistant on [DATE], and [DATE].Interview with Human Resources Coordinator #150 on [DATE] at 1:15 P.M. revealed CNA #117 had submitted her resignation on [DATE] so her registration renewal information was removed from the computer system. On [DATE] CNA #117 notified Human Resources that she would like to remain employed at the facility. Human Resources Coordinator #150 stated CNA #117's renewal information was not re-entered and therefore CNA #117's registration expired on [DATE]. Review of the facility policy titled Human Resources Licensure and Certification dated 11/2025 revealed failure by the employee to renew required license, certification and/or registration or to allow required licensure/certification to expire without renewal will result in the employee being removed from the work schedule as of midnight of the expiration date and suspension without pay until a valid license/certification is provided. Continued inability to provide verification of license/certification will place the employee's employment in jeopardy.This violation represents non-compliance investigated under Master Complaint Number 2695554.

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