

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365695	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/30/2026
NAME OF PROVIDER OR SUPPLIER  Doylestown Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  95 Black Drive Doylestown, OH 44230	

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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>Based on observations, staff interviews, policy review, and record review, the facility failed to ensure all residents were free from physical restraints. This affected one (#7) of three residents reviewed for abuse. The facility identified 18 residents resided on the memory care unit. The facility census was 48. Findings include: Review of the medical record for Resident #7 revealed an admission date of 01/30/25. Diagnoses included Alzheimer's Disease, diabetes mellitus, and anxiety disorder. Review of the comprehensive Minimum Data Set (MDS) assessment, dated 02/06/26, revealed Resident #7 was rarely understood. Resident #7 was dependent for activities of daily living (ADLs) except eating. Resident #7 ambulated and moved throughout unit without an ambulatory device. Resident #7 had verbal and other behaviors that occurred one to three days during the look back period. Review of the plan of care with a revision date of 03/16/26 revealed Resident #7 has potential to be physically aggressive, chase staff and throws objects at staff related to dementia. Resident can be combative with care. Interventions included giving the resident choices as possible, administer medications as ordered, and when resident becomes agitated, intervene before agitation away from source of distress. Observation and interview on 03/29/26 at 12:15 P.M. revealed Resident #7 was sitting in a chair that had the right chair arm up against the nursing station. In front of Resident #7, there was a wheelchair in front of him with the left wheelchair arm against the nursing station with the wheels locked, appearing to be restraining the resident. Resident #7 was sleeping with his knees touching the empty locked wheelchair. Licensed Practical Nurse (LPN) #402 verified that both wheels to the wheelchair were locked, she had to pull out the wheelchair to unlock the wheel against the nursing station and that the wheelchair should not have been placed in front of Resident #7. Interview on 03/29/26 at 12:19 P.M. with Certified Nurses Assistant (CNA) #404 revealed she put the wheelchair there to get Resident #7 up for lunch. CNA #404 stated she could not get Resident #7 into the wheelchair and left it there. CNA #404 said it was wrong to keep the wheelchair in front of him. Interview on 03/29/26 at 12:20 P.M. with Administrator revealed she stated the wheelchair should not be locked in front of a resident like that and will get Resident #7 up and in the dining room. Review of the facility policy titled Restraints, Physical dated 12/2024 revealed the facility supports the belief that facility residents should live in the least restrictive setting possible. The facility does not use physical restraints except when other alternatives are not appropriate/effective in treating the medical symptom. The meaning of physical restraints is any manual method, or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body. This deficiency represents non-compliance investigated under Master Control Number 2736329 and Complaint Number 2704303.</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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