STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365738	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ayden Healthcare of Fairfield	3801 Woodridge Boulevard Fairfield, OH 45014

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on medical record review, observation, resident interview, staff interview, and review of the facility policy, the facility failed to provide clean safe homelike environment for residents. This affected (Residents #5, #12, #52, #66, #6, and #28) of 22 residents sampled. The facility total census was 68 residents . Findings include: 1.Review of the medical record for Resident #5 revealed an admission date of 07/9/13 with diagnoses including esophageal obstruction, anxiety disorder, and chronic obstructive pulmonary disease. Review of the Minimum Data Set (MDS) assessment for Resident #5 dated 04/10/26 revealed the resident had intact cognition and required partial assistance with activities of daily living (ADLs.) Observation on 04/27/26 at 9:15 A.M. of Resident #5's room revealed there was a large hole in the wall near the headboard of the resident's bed which measured approximately six inches by four inches. There was a broken window shade in the down position. The overbed light had no pull chain to turn on the light. The floor was sticky. Interview on 04/27/26 at 9:15 A.M. with Resident #5 confirmed he did not like the hole in the wall and could not see out the window because the shade was broken and could not be raised. Resident #5 stated the overbed light would not work so the staff had to use the ceiling lights, which upset his roommate. Resident #5 also confirmed the floors were sticky. 2.Review of the medical record for Resident #6 revealed an admission date of 01/06/26 with diagnoses including cerebral infarction, diabetes, and dementia. Review of the MDS assessment for Resident #6 dated 01/28/26 revealed the resident had impaired cognition and required supervision with ADLs. Observation on 04/27/26 at 9:25 A.M. of Resident #6's room revealed there was a six-foot section of flooring near the bed which was split and was raised approximately one half inch along the edge. The wardrobe had a splintered section on the bottom approximately three feet wide by six inches long. The dresser was a missing drawer, and another dresser drawer was off track. There were two unpainted plaster patches on the wall. There was no shower curtain in the bathroom, and the floor was sticky. Interview on 04/27/26 at 9:25 A.M. with Resident #6 confirmed she was not happy with the split in the flooring, the splintered and broken furniture and the missing shower curtain and further stated she did not live like this at home. 3.Review of the medical record for Resident #52 revealed an admission date of 02/09/23 with diagnoses including anxiety disorder, post-traumatic stress disorder and polyneuropathy. Review of the MDS assessment for Resident #52 dated 03/06/26 revealed the resident had intact cognition and required supervision with ADLs. Observation on 04/27/26 at 9:30 A.M. of Resident #52's revealed there was a six-foot section of the flooring which was split and raised approximately one half inch along the edge. There floor had scattered debris and was sticky. The cover to the heater at the end of the bed was not attached. There was no footboard on the bed. There was a round one-inch brown stain, surrounded by three smaller brown stains on the floor under the heater. There were scattered brown stains on the resident's bed linen. The overbed light had no pull chain to turn on the light. Interview on 04/27/26 at 9:30 A.M. with Resident #52 confirmed she upset the heater had no cover attached and came off in the night. Resident #52 stated the flooring should not be separated and the floor needed to be cleaned. Resident #52 wanted her overbed light to work and she stated she did not live in a room looking like this. 4.Review of the medical record for Resident #66 revealed an admission (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365738	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ayden Healthcare of Fairfield	3801 Woodridge Boulevard Fairfield, OH 45014

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	date of 08/23/24 with diagnoses including hemiplegia affecting left side, dysphagia, and malnutrition. Review of the MDS assessment for Resident #66 dated 02/02/26 revealed the resident had intact cognition and required partial assistance with ADLs. Observation on 04/27/26 at 9:45 A.M. of Resident #66's room revealed near the room entrance there was a three foot section of the wall cove base which was detached from the wall and was in the path of the entranceway. The detached cove base revealed an uncleanable surface. The floor was also sticky. Interview on 04/27/26 at 9:45 A.M. with Resident #66 stated he was concerned about the detached cove base because he thought he might get his scooter wheel caught in it. Resident #66 stated he did not like his floor being sticky. 5.Review of the medical record for Resident #12 revealed an admission date of 10/16/19 with diagnoses including chronic obstructive pulmonary disease, diabetes, and heart failure. Review of the MDS assessment for Resident #12 dated 04/10/26 revealed the resident had intact cognition and required maximum assistance with ADLs. Observation on 04/27/26 at 9:15 A.M. of Resident #12's room revealed the overbed light had no pull chain to turn on the light, and the floor was sticky. Interview on 04/27/26 at 9:15 A.M. with Resident #12 stated the overbed light would not work so the staff had to use the ceiling lights, which upset his roommate. Resident #12 stated the floor should not be sticky. 6.Review of the medical record for Resident #28 revealed an admission date of 12/17/18 with diagnoses including morbid obesity, xeroderma pigmentosa, and lymphedema. Review of the MDS assessment for Resident #28 dated 04/03/26 revealed the resident had impaired cognition and required maximum assistance with ADLs. Observation on 04/29/26 at 11:05 A.M. of Resident #28's room revealed the resident's pillowcase had a six-inch by 12-inch spot of a dried dark brown substance. The floor was sticky and the corners of the floor by the entryway had a heavy buildup of brown debris. Interview on 04/29/26 at 11:05 A.M. with Resident #28 confirmed she did not want to lay her head on a dirty pillowcase. Interview on 04/29/26 at 11:10 A.M. with the Director of Nursing (DON) verified Resident #28's pillowcase had a large dark brown stain, and the staff may have moved the pillow from under the resident's leg and put it under the resident's head. The resident had drainage from her legs. The DON verified the floor was sticky and there was a buildup of debris in the entry corner. Interview on 05/04/26 at 9:36 A.M. with the Administrator and Maintenance Director (MD) #109 verified the rooms of Residents #5, #12, #52, #66, #6, and #28 needed repairs and cleaning. Review of facility policy titled Quality of Life Homelike Environment undated revealed residents should be provided a safe, clean, comfortable and homelike environment.This deficiency represents noncompliance investigated under Master Complaint Number 2992266, and Complaint Numbers 2796154 and 2788683.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365738	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ayden Healthcare of Fairfield	3801 Woodridge Boulevard Fairfield, OH 45014

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from the wrongful use of the resident's belongings or money. Based on medical record review, review of facility Self-Reported Incidents (SRIs), review of police reports, staff interview, and review of the facility policy, the failed to ensure residents' belongings and medications were not misappropriated. This affected four (Residents #71, #12, #40, and #62) of four residents reviewed for misappropriation. The facility census was 68 residents. Findings include: 1.Review of the medical record for Resident #71 revealed an admission date of 03/11/24 with diagnoses including Huntington's disease, major depressive disorder, dysphagia and anxiety disorder. Review of the care plan for Resident #71 dated 07/08/25 revealed the resident was at risk for exploitation and personal item loss due to impaired mobility and cognitive changes. Review of the Minimum Data Set (MDS) assessment for Resident #71 dated 01/23/26 revealed the resident had severely impaired cognition and required staff assistance with activities of daily living (ADLs). Review of a local police report dated 06/12/25 revealed after an investigation CNA #600 was issued a summons for theft, and Resident #71's cell phone was recovered. Review of the progress note for Resident #71 dated 07/22/25 revealed the Interdisciplinary Team (IDT) met to discuss an incident reported on 07/08/25 in which Certified Nursing Assistant (CNA) #600 bought a phone from a resident in what she thought was a voluntary purchase. Review of the Self-Reported Incident (SRI) for Resident #71 dated 07/25/25 revealed on 06/13/25 staff reported Resident #71's cellphone was missing. On 06/16/25 Resident #71's family reported the missing cell phone to the local police and notified the facility. On 07/03/25 local police arrived at the facility with Resident #71's missing phone which they had found CNA #600's home. Interview on 05/04/26 at 9:12 A.M. with Detective #650 confirmed CNA #600 was charged with first degree theft of Resident #71's missing phone. Interview on 05/04/26 at 9:59 A.M. with Regional Director of Operations (RDO) #700 confirmed CNA #600 had possession of Resident #71's phone. Interview on 05/04/26 at 10:25 A.M. with Assistant Director of Nursing (ADON) #150 confirmed Resident #71's phone that was reported missing was found at CNA #600's house. Review of the facility policy titled Lost and Found undated revealed the facility should assist all personnel and residents in safeguarding their personal property. 2. Review of the medical record for Resident #12 revealed an admission date of 10/10/19 with diagnoses including morbid obesity, unspecified dementia, and myositis. Review of the pharmacy packing slip for Resident #12 dated 07/15/25 revealed 30 oxycodone five milligram (mg) tablets were delivered to the facility but were not registered as received at the facility. 3.Review of the medical record for Resident #40 revealed an admission date of 04/13/19 with diagnoses including polyosteoarthritis, anxiety disorder, and inflammatory polyarthropathy. Review of the pharmacy packing slip for Resident #40 dated 07/15/25 for revealed 30 hydrocodone five-325 mg tablets were delivered to the facility but were not registered as received at the facility. 4.Review of the medical record for Resident #62 revealed an admission date of 03/06/25 with diagnoses including anxiety disorder, major depressive disorder, and essential hypertension. Review of the pharmacy packing slip for Resident #62 dated 07/15/25 for revealed 30 oxycodone five mg tablets were delivered to the facility but were not registered as delivered at the facility. Review of a police report dated 07/16/25 revealed the facility reported a theft of residents' narcotic medications. Review of an email from the facility to the pharmacy dated 07/24/25 revealed the facility had a narcotic diversion at the facility affecting Residents #12, #40, #62. Resident #12 had 30 oxycodone tablets missing, Resident #40 had 30 hydrocodone tablets missing, and Resident #62 had 30 oxycodone tablets missing. Interview on 05/04/26 at 10:27 A.M. with the Director of Nursing (DON) verified the narcotics and the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365738	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ayden Healthcare of Fairfield	3801 Woodridge Boulevard Fairfield, OH 45014

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	sign in sheets for Residents #12, #40, #62 dated 07/15/25 revealed the sheets and medications were not turned in by Registered Nurse (RN) #550 and the medications were not at the facility. The DON stated they suspected RN #550 took the medications as they were delivered. Interview on 05/04/26 at 12:13 P.M. with the DON confirmed three narcotic cards in total were missing: Resident #12 was missing 30 oxycodone tablets, Resident #40 was missing 30 hydrocodone tablets, and Resident #62 was missing 30 oxycodone tablets. The DON confirmed the facility was able to substantiate Resident #12, #40, and #62's medications had been misappropriated. Review of the facility policy titled Abuse, Neglect, Exploitation and Misappropriation of Resident Property dated October 2023 revealed residents had the right to be free from abuse, neglect, exploitation and misappropriation of resident property. This deficiency represents noncompliance investigated under Complaint Numbers 2583908 and 2566783.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365738	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ayden Healthcare of Fairfield	3801 Woodridge Boulevard Fairfield, OH 45014

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on medical record review, review of personnel files, review of facility Self-Reported Incidents (SRIs), staff interview, and review of the facility policy, the facility failed to report possible staff to resident abuse to the state agency. This affected one (Resident #62) of three residents reviewed for abuse. Based on medical record review, review of facility SRIs, staff interview, and review of the facility policy, the facility failed to report allegations of resident to resident abuse to the state agency in a timely manner. This affected one (Resident #19) of three residents reviewed for abuse. The facility census was 68 residents. Findings include: 1. Review of the medical record for Resident #62 revealed an admission date of 03/06/25 with diagnoses including anxiety disorder, major depressive disorder, and essential hypertension. Review of the Minimum Data Set (MDS) assessment for Resident #62 dated 03/14/26 revealed the resident had moderately impaired cognition and required staff assistance with activities of daily living (ADLs.) Review of the personnel filed for Certified Nursing Assistant (CNA) #500 revealed it included a letter dated 03/28/26 written by Receptionist #125 dictated by Resident #62 alleging the CNA had sexually abused her almost every night and she had feared him for almost three months. Review of the facility SRIs revealed there was no report made to the state agency regarding Resident #62's allegation of abuse per CNA #500. Interview on 05/04/26 at 1:01 P.M with the Administrator confirmed the facility had not reported Resident #62's allegation of abuse to the state agency due to the resident's history of making false allegations. Interview on 05/04/26 at 3:29 P.M. with the Administrator confirmed Receptionist #125 had turned in the letter which included Resident #62's allegation of abuse per CNA #500 to him on 03/29/26. 2. Review of the medical record for Resident #9 revealed an admission date of 02/21/23 with diagnoses including hemiplegia affecting left side, diabetes, heart failure, depression, bipolar disorder. Review of the MDS assessment for Resident #9 dated 04/17/26 revealed the resident had intact cognition and required moderate assistance with ADLs. Review of the SRI for Resident #9 dated 04/24/26 revealed the resident was involved in an incident with another resident on 04/22/26. Interview on 05/04/26 at 1:03 P.M. with the Administrator verified the resident-to-resident incident between Resident #9 and another resident was discovered on 04/22/26 but was not reported to the state agency until 04/24/26. The Administrator stated allegations of potential and suspected abuse should be created within two hours of discovery if the abuse involved serious injury and within 24 hours for all other allegations. Review of the facility policy titled Abuse, Mistreatment, Neglect, Exploitation and Misappropriation of Resident Property dated October 2023 revealed staff should report all incidents and allegations of abuse immediately to the Administrator or designee. The facility would notify the state agency immediately, but not later than two hours after the allegation is made or the serious bodily injury identified. This deficiency represents noncompliance investigated under Complaint Number 2734919.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365738	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ayden Healthcare of Fairfield	3801 Woodridge Boulevard Fairfield, OH 45014

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on medical record review, review of personnel files, review of facility Self-Reported Incidents (SRIs), staff interview, and review of the facility policy, the facility failed to investigate staff to resident abuse. This affected one (Resident #62) of three residents reviewed for abuse. The facility census was 68 residents. Findings include: Review of the medical record for Resident #62 revealed an admission date of 03/06/25 with diagnoses including anxiety disorder, major depressive disorder, and essential hypertension. Review of the Minimum Data Set (MDS) assessment for Resident #62 dated 03/14/26 revealed the resident had moderately impaired cognition and required staff assistance with activities of daily living (ADLs.) Review of the personnel file for Certified Nursing Assistant (CNA) #500 revealed it included a letter dated 03/28/26 written by Receptionist #125 dictated by Resident #62 alleging the CNA had sexually abused her almost every night and she had feared him for almost three months. Review of the facility SRIs revealed there was no report made to the state agency regarding Resident #62's allegation of abuse per CNA #500. Interview on 05/04/26 at 1:01 P.M with the Administrator confirmed the facility had not investigated Resident #62's allegation of abuse per CNA #500 due to the resident's history of making false allegations. Interview on 05/04/26 at 3:29 P.M. with the Administrator confirmed Receptionist #125 had turned in the letter which included Resident #62's allegation of abuse per CNA #500 to him on 03/29/26. Review of the facility policy titled Abuse, Mistreatment, Neglect, Exploitation and Misappropriation of Resident Property dated October 2023 revealed the facility would thoroughly investigate all allegations of resident abuse. This deficiency represents noncompliance investigated under Complaint Number 2734919.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365738	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ayden Healthcare of Fairfield	3801 Woodridge Boulevard Fairfield, OH 45014

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, staff interview, and policy review, the facility failed to timely start behavioral health services. This affected one (#30) of the one resident reviewed for behavioral services. The facility census was 68. Findings include:Review of the medical record revealed Resident #30 had an admission date of 03/19/26 with a discharge date of 04/30/26. Diagnoses include communicating hydrocephalus, cognitive communication deficit, and alcohol dependence with intoxication delirium. Review of the Minimum Data Set (MDS) dated [DATE], revealed Resident #30 was severely cognitively impaired. Resident #30 had physical and verbal behaviors. Review of the care plan initiated on 03/20/26, revealed Resident #30 had a history of addiction related to alcohol abuse and behavioral problem related to combative behaviors. Interventions included psychiatry consultation as needed. Review of the physician orders dated 04/07026 revealed Resident #30 was ordered to be evaluated by psychiatry services. Review of psychiatric consult dated 04/21/26 for Resident #30, revealed the resident was seen as a new patient for a diagnostic evaluation. The resident presented on admission with paranoia, disorganized thinking, homicidal ideation and severe agitation which required constant redirection. Notes indicated a Pre admission Screening and Resident Review (PASRR) was completed on 03/19/26 which indicated the resident had no serious mental illness and/or developmental disability and no Level II referral was made; however, a diagnosis of dementia alcohol abuse and brain bleed were listed. The resident presents being delusional, irritable, agitated and not cooperative. The resident had impaired memory, and per staff the resident was easily agitated and got aggressive with staff. Observation of Resident #30 on 04/27/2026 at 11:03 A.M. revealed the resident was coming out of his room, grabbed a wet floor sign and began threatening Certified Nursing Assistant (CNA) #143 that he was going to hit her with it. During an interview on 04/27/2026 at 11:05 A.M., CNA #143 stated Resident #30 was upset because the nurse had taken his beer from him the day prior. CNA #143 stated Resident #30 was confused and thought she was the nurse that took it from him. During an interview on 05/04/2026 at 3:05 P.M., the Director of Nursing (DON) verified the facility used Stepping Stone for substance use disorder services. The DON verified that Resident #30 was not signed up for those services. During an interview on 05/04/2026 at 3:47 P.M., the DON verified Resident #30 had a physician order dated 04/0726 to receive psychiatry services and that it was not started until 04/21/26. The DON verified that there was a delay in getting the consent form correctly submitted and it resulted in a delay of services. The DON verified psychiatry services would normally start within a few days of being ordered. Review of the facility policy Behavioral Health Services dated 2026, it is the policy of this facility to ensure all residents receive necessary behavioral health services to assist them in reaching and maintaining their highest level of mental and psychosocial functioning and well-being. This deficiency represents non-compliance investigated under Complaint Number 2986547.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365738	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ayden Healthcare of Fairfield	3801 Woodridge Boulevard Fairfield, OH 45014

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observations, staff interviews and record review, the facility failed to follow the planned menu for residents receiving pureed and mechanical soft consistency diets. This affected 12 Residents (#21, #24, #27, #30, #38, #40, #43, #51, #54, #57,#64 and #66) who received a mechanical soft consistency diet and two Residents (#59 and #37) who received puree foods. The facility total census was 68. Findings include: Review of the diet orders on 04/29/26 at 8:10 A.M., revealed Residents #21, #24, #27, #30, #38, #40, #43, #51, #54, #57,#64 and #66 had physician orders for a mechanical soft consistency diet. Resident #59 had orders for a puree diet and Resident #37 had orders for mechanical soft diet with puree meats. Observation on 04/29/26 at 8:15 A.M. of the breakfast meal service revealed the [NAME] #104 served torn pieces of bacon to the residents on mechanical soft diets and no sausage was provided to the residents receiving the puree diet. Review of the spreadsheet at the same time, revealed the mechanical soft diets were ordered to receive sausage and the puree diets were to receive puree sausage. During an interview on 04/29/26 at 8:15 A.M., [NAME] #104 verified he did not serve sausage for the mechanical and puree consistency diets because there was no sausage available.During an interview on 04/29/26 at 9:15 A.M., Diet Manager (DM) #131 verified mechanical soft diets were ordered to receive sausage and the puree diets were ordered to receive puree sausage. DM #131 verified the residents on the puree diet did not receive any puree meat. Review of facility policy titled, Portion Control Guidelines , dated 2005, revealed food portions are written on the menus and recipes. Policy Menu Substitutions dated 2005 revealed all change of the menu must provide equal nutritive value. This deficiency represents non-compliance investigated under Complaint Number 2986547.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365738	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ayden Healthcare of Fairfield	3801 Woodridge Boulevard Fairfield, OH 45014

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews and record review, the facility failed to serve foods at a palatable temperature. This affected three residents (#15, #52 and #66) of three residents reviewed. The facility total census was 68. Findings include:Record review of Resident #15 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #15 include diabetes, malnutrition, muscle weakness, unsteady on feet, repeated falls, heart failure, reflux uropathy, glaucoma and epilepsy. Review of the Minimum Data Set (MDS) comprehensive assessment dated [DATE], revealed Resident #15 had intact cognition and required supervision with Activities of Daily Living (ADL). The resident received a carbohydrate-controlled diet. Record review of Resident #52 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #52 include muscle weakness, anxiety, post traumatic stress disorder, polyneuropathy, iron deficiency anemia. Review of the MDS comprehensive assessment dated [DATE] revealed Resident #52 had intact cognition and required supervision for ADL. The resident received a regular diet. Record review of Resident #66 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #66 include hemiplegia affecting left side, dysphagia, muscle weakness, and malnutrition. Review of the MDS comprehensive assessment dated [DATE], revealed Resident #66 had intact cognition and required partial assistance ADL. The resident used a motorized scooter for mobility. The resident received a regular diet. Review of the meal spreadsheet on 04/30/26 at 8:13 A.M., revealed the meal consisted of biscuit and gravy, scrambled eggs and hot cereal. Observation of breakfast prior to meal service on 04/30/26 at 8:15 A.M., revealed the biscuit and gravy was 190 degrees Fahrenheit (F), hot cereal at 161 degrees and the eggs at 175 degrees Fahrenheit. Observation of the test tray on 04/30/26 at 9:15 A.M. and after 30 minutes of start to finish, revealed the biscuit and gravy was 101 degrees F, hot cereal at 103 degrees F and the eggs at 93 degrees F. The taste testing revealed the food temperature was cold and unpalatable.During an interview on 04/30/26 at 9:15 A.M., Diet Manager (DM) #131 verified the foods temperatures prior to meal service and the test tray results. DM #131 stated hot foods should be around 135 degrees F to be palatable. DM #131 stated the facility had only insulted tops to cover the plates. DM #131 stated the facility did not have the insulated bottoms of the meal delivery system to maintain the food temperatures. Interviews on 04/30/26 from 9:17 A.M through 9:30 A.M. Residents #15, #52 and #66 stated the breakfast food was cold and unpalatable. Residents #15, #52 and #66 stated the breakfast is always cold and the other meals are often cold and unpalatable. Review of facility policy titled, Food Temperate Guidelines , dated 2005, revealed a heat support system is used to maintain temperatures of foods until they reach the resident. At point of service, hot foods should be between 120 and 140 degrees Fahrenheit. This deficiency represents non-compliance investigated under Complaint Number 2788567, and 2788683.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365738	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ayden Healthcare of Fairfield	3801 Woodridge Boulevard Fairfield, OH 45014

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, interview, and policy review, the facility failed to follow precaution procedures for residents with orders for Enhanced Barrier Precautions (EBP). This affected four Residents (#02. #05, #07, and #19) of the five residents reviewed for infection control. The facility also failed to ensure hand hygiene was completed while passing food trays. This affected eight Residents (#38, #33, #57, #44, #16, #35, #61, and #14) The facility census was 68.Findings include:1.Review of the medical record revealed Resident #07 was admitted to the facility on [DATE]. Diagnoses included acute kidney failure, Hodgkin's lymphoma and retention of urine. Review of the physician orders dated 04/09/26 for Resident #07, revealed the resident was ordered to be in EBP due to multiple wounds and having an indwelling (foley) catheter Review of the Minimum Data Set (MDS) dated [DATE], revealed Resident #07 was cognitively intact. Observation of Resident #07's room on 04/28/26 at 10:52 A.M. revealed when surveyor knocked on the resident's door, Certified Nursing Assistant (CNA) #200 opened door and stated he was providing personal care for Resident #07. CNA #200 was observed to be wearing gloves and no gown. Observation of Resident #07's doorway revealed no signs indicating the resident was in EBP and there was no cart containing personal protective equipment (PPE) near the room. During an interview on 04/28/26 at 10:54 A.M., CNA #200 verified he was not wearing a gown while providing care for Resident #07 and stated he did not know the resident was in EBP. During an interview on 04/28/2026 at 10:59 A.M., Resident #07 stated the staff only wore gloves when providing care and had never worn a gown. During an interview on 04/28/2026 at 11:04 A.M., MDS Coordinator (MDSC) #190 verified Resident #07 was in EBP and there was no sign or posting indicating the resident was in EBP. MDSC #190 verified there was no cart available with PPE to use near Resident #07's room. Review of the medical record for Resident #19 revealed an admissions date of 10/31/24. Diagnoses included chronic obstructive pulmonary disease (COPD), type two diabetes, and morbid obesity. Review of the MDS assessment dated [DATE], revealed Resident #19 was cognitively intact. Review of the physician orders dated 04/19/26 for Resident #19, revealed the resident was ordered to be in EBP due to extended-spectrum beta-lactamase (ESBL) infection in urine. Observation of Resident #19's room on 04/28/2026 at 9:28 A.M., revealed CNA #200 was in Resident #19's room with gloves on and no gown. There was a sign posted on the resident's door indicating Resident #19 was in EBP. During an interview on 04/28/2026 at 9:32 A.M., CNA #200 verified Resident #19 was ordered to be in EBP, and he was providing care to the resident and not wearing a gown. During an interview on 04/2826 at 9:34 A.M., Licensed Practical Nurse (LPN) #161 verified Resident #19 had an active order for EBP. LPN #162 stated the order for EBP should have been discontinued because it was ordered for a wound that had healed. Observations revealed LPN #161 instructed CNA #200 to remove the EBP sign from the resident's door and stated it was no longer needed. During an interview on 04/28/2026 at 10:14 A.M., Resident #19 stated the staff haven't been using gowns while providing care. During an interview on 04/28/2026 at 11:38 A.M., the Director of Nursing (DON) verified Resident #19 still had an active order for EBP related to infection in his urine and the EBP sign should not have been removed from his door. Observation of Resident #19's room on 04/28/2026 at 1:02 P.M., revealed MDSC #190 prepared and placed a cart with PPE for Resident #19's room. MDSC #190 verified Resident #19 was he was on EBP and did not have the needed PPE at his room. Record review of Resident #05 revealed the resident was admitted to the facility on [DATE]. Diagnoses included esophageal obstruction, malnutrition, dysphagia, anxiety, and chronic obstructive pulmonary disease. Review of physician orders dated 08/01/25 for Resident #05, revealed the resident was ordered to be (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365738	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ayden Healthcare of Fairfield	3801 Woodridge Boulevard Fairfield, OH 45014

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	in EBP related to an indwelling gastric tube (g-tube) placement. Review of the MDS comprehensive assessment dated [DATE], revealed Resident #05 had intact cognition and required partial assistance with Activities of Daily Living (ADL). The resident received nutrition through a g-tube. Observation of Resident #05's room on 04/27/26 at 9:50 A.M., revealed no signs posted indicating the resident was ordered to be in EBP. During an interview on 04/29/26 at 11:05 A.M., the DON verified Resident #05 was ordered to be in EBP related to a physician order dated 08/01/25 and there was no sign posted indicated the resident was to be in EBP until after the surveyor discovered it on 04/27/26. The DON stated the signage was placed on the resident's door on 04/28/26 when the corporate nurse directed the staff to put signage on the resident's door. Review of the medical record for Resident #02 revealed the resident was admitted to the facility on [DATE]. Diagnoses included nontraumatic subarachnoid hemorrhage, type two diabetes mellitus, and major depressive disorder. Review of the most recent MDS 3.0 assessment dated [DATE], revealed Resident #02 was cognitively intact. Review of the physician order dated 02/09/26 for Resident #02, revealed the resident was ordered to have the foley catheter changed every thirty days. Observation on 04/29/26 at 10:28 A.M., revealed CNA #174 and CNA #400 were assisting with a dressing change then utilized a Hoyer (mechanical) lift to get Resident #02 out of the bed and into wheelchair. CNA #174 and CNA #400 stated the resident was in EBP and verified they wore gloves and no gown. CNA #174 stated they only used a gown when emptying the catheter bag. CNA #400 stated they do not wear gowns when doing any personal care for the resident. Observation of incontinence care on 04/30/26 at 8:14 A.M., revealed CNA #154 provided catheter care and incontinence care for Resident #02 with no gown in place. CNA #154 verified Resident #02 was in EBP, and no gown was worn during the care. CNA #154 stated no gowns were worn for catheter care unless the resident had an infection. CNA #154 verified an EBP sign was posted on the resident's door indicated for staff to wear gloves and gown for high contact activities including providing hygiene, changing briefs, and device care for urinary catheter. 5. Observation on 04/28/26 at 12:48 P.M., revealed Certified Nursing Assistant (CAN) #192 delivered lunch trays to Residents #38, #33, #57, #44, #16, #35, #61, and #14 in their rooms. CNA #192 did not complete any hand hygiene between delivery of each lunch tray. During an interview on 04/28/26 at 12:58 P.M., CNA #192 confirmed she did not sanitize or wash her hands between delivering lunch trays to the rooms of Residents #38, #33, #57, #44, #16, #35, #61, and #14. Review of the policy titled, Enhanced Barrier Precautions, dated 04/01/24, revealed a gown and gloves were to be utilized for high contact resident care activities including dressing, bathing, transferring, providing hygiene, changing briefs and device care. EBP was indicated for residents with indwelling medical devices. Review of the policy titled, Infection Prevention and Control Program, dated 04/28/25, revealed a resident with an infection or communicable disease shall be placed on transmission-based precautions (TBP). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365738	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ayden Healthcare of Fairfield	3801 Woodridge Boulevard Fairfield, OH 45014

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	This deficiency represents non-compliance investigated under Complaint Number 2588878.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365738	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ayden Healthcare of Fairfield	3801 Woodridge Boulevard Fairfield, OH 45014

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on observations and staff interviews, the facility failed to ensure the essential kitchen equipment was in working condition. This affected all 67 residents who received food from the kitchen. Resident #5 did not receive food from the kitchen. The facility total census was 68.Findings include:1.Review of a bid to replace the kitchen stove dated 03/20/25, provided by Administrator, revealed the most current bid for the stove replacement.Observations on 04/27/26 through 05/05/26 from 8:00 A.M through 4:00 P.M. revealed the kitchen stove was not fully functional. Of the six top burners, one burner was able to heat food. The grill top was nonoperational. During an interview on 04/29/26 at 9:05 A.M., [NAME] #104 verified his breakfast meal was to start at 8:30 A.M. but he could not get the meal completed on time with the stove not working fully. During an interview on 04/29/26 at 9:15 A.M. Diet Manager, (DM) #131 verified the stove burners did not fully function and the grill was not operational. DM #131 verified some foods had to be altered to a less fresh form, such as grilled cheese because the grill was not working. There was no known plan or active bid to replace the stove.During an interview on 05/04/26 at 10:00A.M., the Administrator verified the stove was not working properly and the most current bid for the replacement of the stove expired on 03/20/25. There were no current stove bids or approval for a new stove. 2. Review of the dishwasher temperature and sanitizing chemical testing logs for each meal of March and April 2026 listed the wash temperatures of 150 degrees Fahrenheit (F) or 160 degrees F and rinse temperatures of 150 degrees F, 155 degrees F or 160 degrees F, and sanitizer chemical reading at 50 parts per million (PPM). The May 2026 water temperature log listed the wash temperatures of 150 degrees F and 150 degrees F and rinse temperature of 155 degrees F and 160 degrees F. There were no dinner water temperatures and no sanitizer testing recorded for 05/01/26 through 05/03/26. Observation of the dishwasher on 05/04/26 at 9:50 A.M. with DM #31, revealed the water temperature gauges for the rinse and wash cycle were not operational and were stuck at 130 degrees F for the wash temperature and 150 degrees F for the rinse cycle. The dishwasher plate listed the dishwater as a low temperature machine requiring a wash cycle at 140 degrees F and rinse cycle at 120 degrees F. The dishwasher required a sanitizing chemical to reach sanitation levels.During an interview on 05/04/26 at 9:50 A.M., DM #131 verified the dish machine gauges were not operational and the dishwasher required a sanitizer, which should be completed and recorded. The DM #131 verified the water temperatures were not obtained with any other temperature device, the temperature logs of March, April and May of 2026 were not accurate, and sanitizing testing was not completed for May 2026. Review of facility policy titled, Food Safety and Sanitation , dated 2021, revealed all regulations will be followed in order to assure a safe ad sanity food service department. This deficiency represents non-compliance investigated under Master Complaint Number 2992266 and Complaint Number 2788567.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365738	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ayden Healthcare of Fairfield	3801 Woodridge Boulevard Fairfield, OH 45014

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews and policy review, the facility failed to maintain a clean, comfortable and homelike environment. This affected all 22 residents (#01, #02, #03, #05, #09, #11 #12, #13 #14 #28, #35 #48, #51 #52, #53, #57, #58 #66, #69 #90, #94 and #95) residing on the 200 B hall. The facility total census was 68.Findings include:Based on observations, and interviews, the facility failed to maintain a clean comfortable homelike environment. This affected all 23 residents residing on the 200 B hall, (rooms numbers 201,202, 203, 204,205,206,207,208,209,210,211,212,213 and 214). The facility total census was 68 .Review of the facility census revealed there were 23 residing on the 200 unit B hallway. Observation on 04/027/26 through 05/04/26 at random times revealed all the residents residing on 200-unit B hallway had room entry doors and door trim with removed and peeling paint on surfaces. There was an approximate 12 foot length by 12 inch section of flooring near the nursing station with dark ,blackened built up. The entry corners and floor transition strips of each resident room had heavy blackened buildup of debris. In the hallway, near room [ROOM NUMBER], the wall guard near the floor splintered and had jagged edges of approximately six by three inches. The area was at walking and wheelchair height from the floor. The elevator had three sections of approximately eight foot in length of splintered and missing railing covers. entryway of the facility had carpeting with a heavy debris built up. The area had wallpaper removed and cove basing removed. The two ceiling lights had no covering. Interview on 05/04/26 at 9:36 A.M. the Administrator and Maintenance Director, (MD) , #109 verified the elevator, entry area, hallway and room entry areas of residents residing on the 200 unit B hallway was in of repair. The MD #109 verified the entry area and door conditions had been in disrepair for nearly two years. Review of facility policy titled, Quality of Life Homelike Environment , undated, revealed residents are provided a safe, clean, comfortable and homelike environment. This deficiency represents non-compliance investigated under Master Complaint Number 2992266 and Complaint Numbers 2796154, and 2788683.