

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365738	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Ayden Healthcare of Fairfield		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, interviews, and facility policy review the facility failed to convey funds for a discharged resident in a timely manner. This affected one resident (#124) of six residents reviewed for management of personal funds. The facility census was 69. Findings Include: Review of the medical record revealed Resident #124 was admitted to the facility on [DATE]. Resident #124 was discharged from the facility on 03/16/26. Diagnoses included dementia, hypothyroidism, and hyperlipidemia. Review of the most recent quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE], revealed the resident's cognitive status was unable to be fully assessed, the former resident did not reject care, and did not wander. Resident #124 required moderate to maximal assistance with activities of Daily Living (ADL's). Review of a facility provided document titled Resident Statement Landscape from Resident Fund Management Service revealed Resident #124's financial management account had not been closed or frozen and had a balance of funds in the account. During an interview on 07/29/26 at 2:09 P.M. the Regional Business Office Manager (RBOM) #900 confirmed Resident #124's financial management account with the facility was currently open though the former resident discharged on 03/16/26. During an interview on 07/30/26 at 8:08 A.M. the RBOM #900 reported that resident financial accounts should be closed within 30 days of discharge from the facility. Review of a facility provided policy titled, Management of Personal Funds and dated 08/01/23 revealed Facility will reconcile and close all account within 30 days of discharge. Funds will be sent to an appropriate agency. This deficiency represents non-compliance investigated under Complaint Number 3093404.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 365738	If continuation sheet Page 1 of 4

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview, and facility policy review, the facility failed to provide the supervision, care and services to reasonably prevent resident falls. This affected one resident, (#39) out of three residents reviewed for falls. The facility census was 69. Findings Include: Resident #39 was admitted on [DATE] with the following medical diagnoses: chronic obstructive pulmonary disease, convulsions, alcohol dependence, paranoid schizophrenia, generalized anxiety disorder, major depressive disorder and nicotine dependence. Review of the most recent Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #39 had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 10. Functional abilities per the MDS revealed Resident #39 required set up assistance for eating and oral hygiene, supervision for toileting hygiene, dressing, personal hygiene, bed mobility and transfers and moderate assist with bathing. Review of fall packet documentation for Resident #39 revealed the resident had a witnessed fall 05/17/26 . Resident #39 fell when entering the building from the patio. Resident #39 stated he lost his balance and had complaints of pain to his back and elbow. Vital signs (VS) were obtained and the Resident's mother was called and informed of incident. Resident #39 was treated with methocarbamol (muscle relaxant) and an ice pack. Interdisciplinary Team (IDT) met 05/18/26 and the plan was for the Resident's mom to bring him new shoes, as the current pair were noted to not be in good condition. Resident #39 was documented to have a second fall on 06/08/26. This fall was unwitnessed. Resident #39 was observed outside in the smoking area lying face down. Another unnamed resident stated he lost his balance, fell and hit his head. Resident #39 was assessed by nurse. The Director of Nursing (DON) Nurse Practitioner (NP) and Resident's mother notified. New order received to send resident to the hospital. IDT met and reviewed incident, and Resident #39 was educated on taking a break between each cigarette. Review of Resident #39's care plan dated 04/04/26 revealed Resident #39 was at increased risk for falls related to impaired physical mobility with intervention of fall assessment per facility policy. Care plan dated 07/10/26 continues to address falls with only one additional intervention of to obtain orthostatic blood pressure (BPs) for three days. There were no additional interventions added to the care plan after the falls dated 05/17/26 and 06/08/26. Interview with Resident #39 on 07/29/26 at 9:50 A.M. revealed the resident knew he fell and stated he woke up in the hospital and did not remember anything. Interview with Director of Nursing (DON) on 07/29/26 at 12:05 PM confirmed the procedure for investigating falls was as follows: the IDT team meets next day, gathers statements, looks at medical record, reviews care plan, puts a new intervention into place, and talks to resident if still in the facility. They also make sure notifications were made. The DON confirmed Resident #39 only had two interventions, fall risk assessment and orthostatic blood pressures, on his care plan dated 07/10/26 and she would expect to see the addition of new shoes and resident education on taking a break between cigarettes on the most recent care plan. The DON stated interventions are usually added to the care plan at the IDT meeting. Policy titled Falls and Fall Risk, Managing dated 08/2022 confirmed the staff will identify interventions related to the resident's risks and causes to try to prevent the resident from falling. Resident - centered approaches to managing Falls and Fall Risk:1.The staff will implement a resident-centered fall prevention plan to reduce the specific risk factor(s) of falls for each resident at risk or with a history of falls.2.If a systemic evaluation of a resident's fall risk identifies several possible interventions, the staff may choose to prioritize interventions.3.If falling recurs despite initial interventions, staff may implement (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	additional or different interventions, or indicate why the current approach remains relevant. This deficiency represents non-compliance investigated under Complaint Number 3073896.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview and facility policy review, the facility failed to ensure medications were stored safely. This affected two residents, (# 64 and #66) out of five residents reviewed for medication administration. Facility census was 69. Findings include: Resident #64 was admitted on [DATE] with the following medical diagnoses: Type II Diabetes with complications, cognitive communication deficit, dysphagia, diastolic heart failure, obesity, and osteoarthritis. Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #64 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 13. Review of functional abilities revealed Resident #64 required set up assist for eating and oral hygiene, supervision for toileting hygiene, bathing, dressing, bed mobility, transfers, and personal hygiene. Resident #66 was admitted on [DATE] with the following medical diagnoses. Type II diabetes, cognitive communication deficit, unspecified arthritis, major depressive disorder, hyperlipidemia, and Gastroesophageal Reflux Disease (GERD). Review of MDS assessment dated [DATE] revealed Resident #66 had moderate cognitive impairment as evidenced by a BIMS score of 12. Review of Functional Abilities revealed Resident #66 required set up assistance for eating, supervision for oral hygiene, moderate assistance for personal hygiene, maximal assistance for toileting hygiene, bathing, dressing, bed mobility and transfers. When entering the room to interview Resident # 64 on 07/29/26 at 9:35 A.M. there was observed Toujeo Max llong acting insulin) Solostar injection pen on the over bed table for Resident #64. Observation of the pen revealed it was labeled as the the injector pen for Resident #66. Interview on 07/29/26 at 9:42 A.M. with Registered Nurse (RN) #731 confirmed the medication was sitting on the over bed table unsupervised and should not have been left on the over bed table. RN #731 stated the night shift left it, I haven't been in this room yet. Review of policy titled Storage of Medications dated 09/2018 confirmed Except for those requiring refrigeration or freezing, medications intended for internal use are stored in a medication cart or other designated area. Medications and biologicals are stored safely, securely and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. This deficiency represents non-compliance investigated under Complaint Number 3122227.		