

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

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>365835                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>08/25/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Morrow Manor Nursing Center                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>St Rt 314 North<br>Chesterville, OH 43317 |                                                 |
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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review, facility staff interview, and review of facility investigation reports, the facility failed to provide adequate supervision to one resident (Resident #4) who required substantial/maximal assistance with bathing, resulting in a fall with fracture. Actual harm occurred on 03/19/25 when Resident #4 was left unattended in the shower. Resident #4 fell and sustained a fracture to the right humerus (upper arm bone). This affected one (Resident #4) of one resident reviewed for falls. The facility census was 28. Findings include: Review of Resident #4's medical record revealed an admission date of 02/14/25 with diagnoses including severe protein-calorie malnutrition, nondisplaced fracture of surgical neck of right humerus (03/24/25), chronic obstructive pulmonary disease, hypertension, schizoaffective disorder, schizophrenia, chronic pain syndrome, and personality disorder. Review of Resident #4's fall risk assessment dated [DATE] revealed the resident was at high risk for falls. Review of Resident #4's quarterly Minimum Data Set (MDS) assessment, dated 02/21/25 documented Resident #4 was alert and oriented and required substantial/maximal assistance with bathing. Review of Resident #4's plan of care, dated 03/24/25, revealed she had an activity of daily living self-care performance deficit related to requiring assistance with bathing, hygiene, toileting, and dressing. Interventions included therapy as ordered, teaching and encouraging the resident to request assistance to toilet, and showers twice a week per preference. Review of Resident #4's plan of care, dated 03/24/25, revealed she had an alteration in self-mobility and was at risk for falls related to weakness, medication regimen, and mental health issues. Interventions included assisting with bed mobility, transfers and ambulation, monitoring medications for side effects, ensuring the resident was wearing appropriate footwear and added 03/24/25 nonskid strips to the shower floor and staff to be present in the shower and bath to provide assistance. Review of Resident #4's progress note, dated 03/19/25 at 3:15 P.M., documented the nurse was alerted by the Certified Nursing Assistant (CNA) #161 that she was needed. Resident #4 was found in the shower room laying unclothed on her right side. CNA #112 was with the resident and had placed a blanket over the resident and another blanket under the resident's head. CNA #112 reported she had been with another resident when she heard someone yelling for help, when she went to investigate, she found Resident #4 in the shower by herself. The nurse asked the resident what happened, and she replied she had slid. Resident #4 was assisted to roll onto her back; there were no open areas or discolorations noted and no lengthening (to her legs). The resident reported pain to her right shoulder and had slight right sided weakness. The resident was assisted up to the shower bench to be dressed and then transferred to the wheelchair. Her right shoulder was sitting lower than her left shoulder. The resident reported pain and rated the pain a two on a one to ten scale. The physician was notified and ordered a stat X-ray to the right shoulder. Review of Resident #4's fall investigation, incorrectly dated 03/19/23, documented the nurse arrived to find the resident lying on her right side. CNA #112 reported she heard a yell from the shower room and found the Resident #4 lying on the floor with the shower bench over her. CNA #161, who was caring for Resident #4 that morning, reported she had been told by the morning aide (CNA #135) she could leave the resident in the shower room by (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>                                                   | <p>herself. The resident stated she slid. A related factor was improper use of equipment, the shower room. The immediate intervention was to not leave her alone in the shower room. Review of the witness statement from Licensed Practical Nurse (LPN) #141, dated 03/19/25, revealed CNA #161 told her she was needed in the shower room. She entered the room to find CNA #112 kneeling by Resident #4, who was laying unclothed, wet, and on her right side. CNA #112 said Resident #4 had been in the room alone. Resident #4 stated she slid. LPN #141 assessed the resident and found that her right shoulder was lower than her left shoulder, with decreased range of motion, and pain. The physician was notified with a new order for an X-ray. The physician, Administrator, Director of Nursing (DON), and family were notified. LPN #141 spoke to CNA #161 who said CNA #135 told her it was okay to leave the resident in the shower room by herself. LPN #141 educated CNA #161 not to leave any resident unattended in the shower room. Review of the witness statement from CNA #161, dated 03/19/25, revealed she had brought Resident #4 to the shower room and set her up. She reported CNA #135 had told her the resident was fine showering herself. CNA #161 assisted the resident in getting her undressed and made sure she was comfortable. CNA #161 asked the resident if she needed help and the resident said no. CNA #161 went to help another resident and when she came back to check on Resident #4 she found she had fallen. Review of the witness statement from CNA #112 dated 03/19/25 revealed she had begun lifting another resident in their room when she heard someone yelling for help. She laid the resident she was assisting back down and went to see who yelled. She found Resident #4 lying in the shower room on her right side. The shower was still running, and the shower chair was tipped over her. CNA #112 pulled the emergency cord, removed the shower chair, and turned off the water. She additionally covered the resident with a blanket and put a blanket under her head. CNA #161 arrived and was asked to get the nurse; the nurse took over from there. Review of Resident #4's progress note dated 03/19/25 at 4:00 P.M. revealed the aide was instructed to not leave the resident in the shower room unattended. Review of Resident #4's progress note, dated 03/19/25 at 5:29 P.M., revealed the right shoulder X-ray result was received, the physician stated he wanted to confer with another physician to discuss next options. Review of Resident #4's X-ray, dated 03/19/25, revealed an acute comminuted fracture through the greater tuberosity of the proximal right humerus. An inferior glenohumeral dislocation was suspected. Review of Resident #4's Computed Tomography (CT) scan completed 03/19/25 revealed a fracture was present but there was no dislocation. Review of Resident #4's root cause analysis, dated 03/19/25, revealed the resident had been set up in the shower room and reported she could complete a shower on her own. CNA #135 told CNA #161 the resident could be left in the shower alone. The resident washed, stood up from the shower chair to get a towel and slipped and fell to the floor. Contributing factors included the resident was unattended due to CNA #161 being new, the floor was wet and there were no nonskid strips in place causing the smooth floor to be slippery when wet, the emergency cord was not used as the resident was not instructed to use the cord when done by CNA #161 the resident was not listed as a fall risk, and the shower seat bench was smooth. The steps taken were to update the shower list to indicate residents that require assistance, placing grip strips on the shower room floor, and posting laminated signage to use the emergency cord. Review of Resident #4's progress note dated 03/20/25 revealed the physician called the facility on 03/19/25 at 8:09 P.M. and requested the resident be sent to the hospital to do a CT scan of the right shoulder. On 03/19/25 at 8:35 P.M. the ambulance arrived for the resident, and they left at 8:45 P.M. The emergency room called on 03/20/25 at 12:20 A.M. and reported they were sending the resident back. She was in a sling and needed to follow up with physician. At 12:33 A.M. the resident returned to the facility. During an interview on 08/18/25 at 3:24 P.M., the Assistant Director of Nursing (ADON) #117 verified Resident #4 was left alone in the shower when her medical record indicated she needed assistance. Additionally, the shower floor was slippery without grip strips and the resident had not been instructed to use the emergency cord for assistance. ADON #117 verified she was a high fall risk according to her last fall risk assessment. ADON #117 verified the fall resulted in a fracture.</p> |                                                                                        |                                                 |

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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and review of facility policy the facility failed to ensure food was served in a sanitary manner. This had the potential to affect 27 residents of 27 residents who consumed food from the kitchen. The facility identified one resident (#29) who ate nothing by mouth. Findings include: Observation on 08/20/25 of the lunch meal from 11:15 A.M. to 11:40 A.M. revealed Dietary Staff #137 serving the meal. Multiple times throughout the service she was observed using the same serving spoon for two pans of vegetables, one was peas, and the other was a capri mix (broccoli, cauliflower, and carrots). Additionally, during meal service the tongs used to serve the chicken (that was covered in sauce) fell in the container and were visibly soiled. The cook continued using these tongs soiling her gloves. She was then observed getting bread to make a sandwich for Resident #17 who had a finger food diet. Using her soiled gloves she reached into the bag and touched the bread and then prepared the sandwich. The cook changed gloves without washing her hands. She continued using the soiled tongs and was then observed using the microwave. Without washing her hands or changing her gloves, she returned to the serving line and was observed getting bread to make a sandwich for Resident #16 who had a finger food diet. Reaching into the bag and touching the bread. Interview on 08/20/25 at 11:40 A.M. with Dietary Staff #137 verified the above observation. Review of the policy 'handwashing' undated, revealed employees should wash their hands after handling soiled equipment or utensils, following contact with any unsanitary surface, and before putting on disposable gloves. Disposable gloves should not be substituted for proper handwashing.</p> |                                                                                        |                                                 |

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| F 0569<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review and facility policy review the facility failed to ensure resident funds were timely dispersed to the resident's representative in a timely manner. This affected one resident (#34) of one reviewed for dispersed funds. The facility census was 28. Findings include: Review of Resident #34's closed medical records revealed an admission date of [DATE] and a deceased date of [DATE]. Interview on [DATE] at 2:12 P.M. with Business Office Manager (BOM) #145 revealed she had received information a check had been issued in the amount of \$6523.67 on [DATE] for Resident #34. BOM #145 stated she was unaware of the date when Resident #34's funds had been issued to her power of attorney (POA) and stated she had only been aware the funds had been dispersed. BOM #145 stated she was unaware of when funds were to be dispersed following a residents passing. Telephone interview on [DATE] at 2:36 P.M. with Corporate Accounts Receivable (CAR) #160 revealed she had created the paperwork for a refund of Resident #34's funds on [DATE] and had given the paperwork to the owner of the company. CAR #160 stated she had not received the paperwork back from the owner and stated she had turned it in again on [DATE] and stated she was then given authorization to disperse the funds on [DATE] in the amount of \$6253.67. CAR #160 stated she was unaware of a timeframe as to when funds were supposed to be dispersed following a residents death. Review of facility policy titled Resident Rights-Medicaid/Medicare Coverage/Liability Notice undated, revealed the facility must refund a residents representative any and all funds within thirty days from the residents' date of discharge. This deficiency represents non-compliance investigated under complaint 1395310. |                                                                                        |                                                 |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, medical record review, review of Depakote (antiepileptic) prescribing information, and review of facility provided articles, the facility failed to ensure Resident #7 had the appropriate diagnoses for prescribed psychotropics. This affected one resident (#7) of five residents reviewed for unnecessary medications. The facility census was 28. Findings include: Review of Resident #7's medical record revealed an admission date of 06/26/25 with diagnoses including Alzheimer's disease, dementia, hereditary and idiopathic neuropathy, and gastro-esophageal reflux disease without esophagitis. Review of Resident #7's comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident had severely impaired cognition. She received an antipsychotic, antidepressant, antibiotic and anticonvulsant medication. Review of Resident #7's plan of care dated 07/14/25 revealed the resident was on anticonvulsant therapy related to mood. Interventions included monitoring for side effects and obtaining laboratory test (labs) as ordered. Review of Resident #7's physician order dated 07/10/25 revealed an order for Sertraline (antidepressant) 50 milligrams (mg) one tablet by mouth one time a day for mood. Review of Resident #7's physician order dated 07/23/25 revealed an order for Depakote 125 mg twice a day for Alzheimer's disease. Review of Resident #7's medical record revealed no documentation indicating the physician was aware that Depakote was not indicated for dementia and why it was appropriate for the resident. Review of the article provided on 08/21/25 at 9:14 A.M. by the Director of Nursing (DON) revealed it was from Very Well Health a website created by health experts. The article was titled "Depakote and the Treatment of Agitation in Alzheimer's" dated 04/12/24 revealed Depakote was a drug that was classified as an antiseizure medication. It was also used to prevent migraine headaches and to decrease manic episodes in bipolar disorder. Some physicians had begun to use the medication to treat behaviors in Alzheimer's disease and dementia. However, this use was considered off-label and was not approved by the US Food and Drug Administration (FDA). However, research showed that it was not an effective treatment of behaviors in dementia. Review of Depakote prescribing information at <a href="http://depakotehcp.com/prescribing-information">depakotehcp.com/prescribing-information</a> revealed Depakote delayed release was an anti-epileptic drug indicated for the treatment of seizures, prophylaxis of migraine headaches, and treatment of manic episodes associated with bipolar disorder. Interview on 08/21/25 at 9:14 A.M. with the Director of Nursing (DON) revealed the pharmacist reviewed the VeryWell Health article with the physician when he prescribed the Depakote. She verified this was not documented anywhere and the article indicated it was not an approved or effective treatment. There was no documentation indicating why Depakote was necessary for Resident #7. Additionally, she verified Sertraline was prescribed for mood, which was not a diagnosis. Review of Resident #7's physician order provided by Assistant Director of Nursing (ADON) #117 on 08/21/25 at 9:33 A.M. revealed Sertraline 50 mg one time a day was now prescribed for major depressive disorder. Interview on 08/21/25 at 9:33 A.M. with ADON #117 revealed the diagnosis for Sertraline had been updated. However, she verified this had not been a diagnosis for Resident #7 prior to 08/21/25 and there was no documentation indicating this was an appropriate diagnosis for the resident.</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>365835                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>08/25/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Morrow Manor Nursing Center                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>St Rt 314 North<br>Chesterville, OH 43317 |                                                 |
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| F 0645<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | PASARR screening for Mental disorders or Intellectual Disabilities<br><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and facility staff interview the facility failed to ensure a Preadmission Screening and Resident Review (PASRR) was completed timely. This affected one residents (#11) of four residents reviewed for PASRR. The facility census was 28. Findings include:<br><br>Review of Resident #11's medical record revealed an admission date of 02/01/23 with diagnoses including unspecified dementia with agitation (07/30/25), bipolar disorder, generalized anxiety disorder, delusional disorders, and hallucinations.<br><br>Review of Resident #11's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed severely impaired cognition.<br><br>Review of Resident #11's medical record on 08/18/25 revealed the only Preadmission Screening and Resident Review (PASRR) was completed 04/04/22, prior to the residents admission to the facility.<br><br>Interview on 08/18/25 at 2:15 P.M. with Clerical Worker #145 revealed she completed PASRR's when she was told a resident had a significant change in condition. She was unaware a PASRR was to be completed upon admission. |                                                                                        |                                                 |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review and staff interview the facility failed to ensure care plans reflected specific activity of daily living (ADL) needs. This affected two residents (#4 and #6) out of two residents reviewed for care planning. The census was 28. Findings include:</p> <p>1. Review of the medical record for Resident #6, revealed an admission date of 7/29/25. Diagnoses included but were not limited to tachycardia, chronic obstructive pulmonary disease, unspecified fracture of right femur, emphysema, unspecified atrial fibrillation, type two diabetes mellitus with hyperglycemia, and hypertension.</p> <p>Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a moderate cognitive impairment. The resident was assessed to require assistance with bathing, hygiene, dressing, toileting and to use incontinent products.</p> <p>Review of Resident #6's care plan revealed there was no focus for ADLs or for oxygen administration.</p> <p>Interview on 08/19/25 at 2:16 P.M. with Assistant Director of Nursing #117 confirmed there was no care plan focus for ADLs or oxygen administration for Resident #6.</p> <p>2. Review of Resident #4's medical record revealed an admission date of 02/14/25 with diagnoses including severe protein-calorie malnutrition, nondisplaced fracture of surgical neck of right humerus (03/24/25), schizoaffective disorder, schizophrenia, chronic pain syndrome, and personality disorder.</p> <p>Review of Resident #4's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed she had intact cognition. She required substantial/maximal assistance with bathing.</p> <p>Review of Resident #4's plan of care dated 03/24/25 revealed she had an activity of daily living (ADL) self-care performance deficit related to requiring assistance with bathing, hygiene, toileting, and dressing. Interventions included therapy as ordered, teaching and encouraging the resident to request assistance to toilet and showers twice a week per preference. The plan of care did not address the specific level of assistance the resident required with her ADL's.</p> <p>Interview on 08/20/25 at 10:56 A.M. with Assistant Director of Nursing (ADON) #117 verified the care plan did not specify the level of assistance Resident #4 needed.</p> |                                                                                        |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Morrow Manor Nursing Center                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>St Rt 314 North<br>Chesterville, OH 43317 |                                                 |
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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, interview, and review of the facilities policy the facility failed to educate Resident #3 related to his medication refusals and notify the physician of the refusals. This affected one resident (#3) of one resident reviewed for mood and behavior. The facility failed to have hospice orders and detailed care plans in place for Residents #1 and Resident #29. This affected two residents (#1 and #29) of two residents reviewed for hospice. Finally, the facility failed to have a diet order and to have documentation of skilled assessments for Resident #29. This affected one resident (#29) of 18 resident records reviewed. The facility census was 28. Findings include:</p> <p>1. Review of Resident #3's medical record revealed an admission date of 07/10/25 with diagnoses including diabetes mellitus, other obstructive and reflux uropathy, venous insufficiency, major depressive disorder, unspecified psychosis, chronic pain syndrome, chronic systolic heart failure, and chronic respiratory failure with hypoxia.</p> <p>Review of Resident #3's comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed he had intact cognition. He was receiving an anticoagulant, hypoglycemic, and diuretic medication.</p> <p>Review of Resident #3's plan of care dated 07/23/25 revealed he was taking antiplatelet medication. Interventions included administering medications as ordered, handling gently when moving, monitoring and reporting any abnormal findings and monitoring for excessive bleeding or bruising.</p> <p>Review of Resident #3's plan of care dated 07/23/25 revealed the resident was on diuretic therapy related to chronic heart failure. Interventions included administering medications as ordered, monitoring for medication interactions, reporting pertinent labs, and observing for side effects.</p> <p>Review of Resident #3's plan of care revised 07/23/25 revealed the resident was at risk for prolonged bleeding related to anticoagulant due to clots. Interventions included administering medication as ordered and monitoring for signs of anticoagulant complications.</p> <p>Review of Resident #3' plan of care revised 08/07/25 revealed the resident was at nutrition risk, at risk for significant weight loss, and at risk for altered fluid maintenance related to diagnoses, consuming less than 75% of diet at times, use of therapeutic diet, use of diuretic, and significant weight gain on 08/07/25. Interventions included providing diet as ordered, monitoring weights, assisting with meals as needed, obtaining and monitoring laboratory testing as ordered, monitor and report to the physician signs of dysphagia, and weighing as ordered and report to physician if not in within range.</p> <p>Review of Resident #3's physician's orders revealed the following orders aspirin one tablet at bedtime, Ezetimibe (a cholesterol medication) 10 milligrams (mg) one tablet by mouth one time a day, Entresto (a heart failure medication) 24 mg 26 mg half a tablet by mouth two times a day, Eliquis (an anticoagulant) five mg twice a day, dated 07/10/25. Folic Acid (vitamin) 1 mg one tablet by mouth one time a day, Lasix (diuretic) 20 mg one time a day, dated 07/11/25. Wegovy (a weight loss medication) Subcutaneous Solution 0.25 milligrams per 0.50 milliliters (ml) 0.5 ml to be injected every Wednesday, Vitamin D 2000 units at bedtime, and Metoprolol (a medication for hypertension) 50 mg one tablet by mouth twice a day, dated 07/16/25<br/>(continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Review of Resident #3's Medication Administration Record (MAR) for July 2025 and from 08/01/25 to 08/18/25 revealed several medication refusals. Aspirin was refused from 07/16/25 to 07/19/25, on 07/21/25, from 07/23/25 to 07/31/25, from 08/02/25 to 08/07/25, from 08/10/25 to 08/16/25, and on 08/18/25. Ezetimibe was refused from 07/16/25 through 07/19/25, from 07/21/25 through 07/25/25, from 07/27/25 through 07/31/25, on 08/01/25, from 08/03/25 through 08/05/25, from 08/10/25 through 08/12/25, and on 08/18/25. Folic Acid was refused 07/17/25 through 07/22/25, from 07/24/25 through 07/27/25, on 07/30/25, on 07/31/25, on 08/01/25, on 08/02/25, from 08/04/25 through 08/15/25, and on 08/18/25. Lasix was refused on 07/18/25 and 08/02/25. Vitamin D was refused from 07/16/25 through 07/19/25, from 07/21/25 through 07/31/25, on 08/01/25 through 08/07/25, from 08/10/25 through 08/16/25, and on 08/18/25. The Wegovy injection was refused on 07/16/25, 07/23/25, 07/30/25, 08/06/25, and 08/13/25. Eliquis was refused for one dose on 07/16/25, 07/19/25, and 07/21/25. [NAME] was refused for one dose on 07/16/25, from 07/18/25 through 07/20/25, 07/24/25, 07/25/25, 07/30/25, 07/31/25, 08/02/25, from 08/04/25 through 08/15/25 and on 08/18/25. [NAME] was refused twice 7/17/25, 07/21/25, 07/22/25, and on 07/26/25. Metoprolol was refused once on 07/16/25, 07/17/25, 07/18/25, and on 07/21/25.</p> <p>Review of Resident #3's progress notes from 07/01/25 through 08/18/25 revealed no evidence Resident #3 was educated on the potential risk of refusing medications. Additionally, there was no evidence anyone asked Resident #3 why he was refusing medications. Finally, there was no documentation the physician was notified of Resident #3's medication refusals.</p> <p>Interview on 08/18/25 at 9:21 A.M. with Resident #3 revealed he is only supposed to be receiving three medications, however, the facility continued to provide him with more medications and he did not know why.</p> <p>Interview on 08/19/25 at 11:35 A.M. with Registered Nurse (RN) #103 revealed Resident #3 was consistent in refusing the same medications but she was not sure why he did so.</p> <p>Interview on 08/19/25 at 12:06 P.M. and 2:01 P.M. with Assistant Director of Nursing (ADON) #117 revealed when a resident refuses medications they should be making a second attempt and documenting education for refusals. She verified there was no documentation about why the resident refused his medication.</p> <p>Interview on 08/20/25 at 9:55 A.M. with Physician #163 revealed he had been unaware until that morning that Resident #3 was refusing medications. He was concerned about the refusal of his heart failure medication and planned to discuss it with the resident. Physician #163 indicated he would expect the nurses to notify him of medication refusals.</p> <p>2. Review of Resident #1's medical record revealed an admission date of 08/08/24 with diagnoses including Alzheimer's disease, dementia, gastro-esophageal reflux disease, dysphagia, depression, and anxiety.</p> <p>Review of Resident #1's comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed she had severely impaired cognition.</p> <p>Review of Resident #1's progress note dated 07/23/25 revealed the resident had a hospice consult.</p> <p>Review of Resident #1's hospice comprehensive assessment revealed services began on 07/24/25. Her diagnoses were Alzheimer's disease, dementia, and hypertension.</p> <p>(continued on next page)</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>365835                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY<br>COMPLETED<br><br>08/25/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Morrow Manor Nursing Center                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>St Rt 314 North<br>Chesterville, OH 43317 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        |                                                 |
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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Review of Resident #1's plan of care revised 08/01/25 revealed she had a terminal prognosis and was enrolled in hospice related to a chronic condition with less than six months to live, she received hospice services through on a non facility owned Hospice. Interventions included adjusting provision of ADLs to compensate for residents changing ability, encouraging support system, working cooperatively with hospice team, notifying hospice of any changes. The care plan did not address how to contact hospice or what her admitting diagnosis was.</p> <p>Interview on 08/20/25 at 10:56 A.M. with Assistant Director of Nursing (ADON) #117 verified there were no orders for hospice care. Additionally, the care plan did not address how to contact hospice or what her admitting diagnosis to hospice services was.</p> <p>Review of Resident #1's physician orders revealed it did not address hospice.</p> <p>3. Review of the medical record for Resident #29, revealed an admission date of 08/15/25. Diagnoses included but were not limited to malignant neoplasm of overlapping sites of oropharynx, post laminectomy syndrome, not elsewhere classified, essential hypertension, and chronic fatigue.</p> <p>Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed an admission MDS assessment was in progress. Resident #29 required assistance with bathing, hygiene and dressing.</p> <p>Review of Resident #29's current physician orders for August 2025 revealed no order for nothing by mouth (NPO) or hospice. Resident #29 was admitted to the facility on [DATE] from an outside hospital.</p> <p>Review of Resident #29's hospital discharge paperwork dated 08/15/25 revealed Resident #29 was to be admitted on hospice services and to have nothing by mouth (NPO) upon admission to the facility. Resident additionally had an order to had nothing by mouth (NPO).</p> <p>Further review of Resident #29's medical records revealed skilled assessment from 08/15/25-08/18/25 had not contained daily vital signs.</p> <p>Interview on 08/19/25 at 2:26 P.M. with Assistant Director of Nursing (LPN) #117 verified residents should have a skilled assessment completed twice a day for the first three days after admission to the facility. LPN #117 stated vitals signs were to be documented on the weights and vitals page or in a skilled assessment. Review of Resident #29's vital signs with LPN #117 at time of interview confirmed Resident #29's vitals were only taken once on 08/15/25 and on 08/18/25.</p> <p>Interview on 08/19/25 at 2:41 P.M. with Director of Nursing (DON) verified residents should have had vital signs completed twice a day for the first three days of admission to the facility. Review of Resident #29's medical records with DON at time of interview confirmed Resident #29 did not have vital signs completed twice a day for the first three days of his admission. Additionally, DON confirmed Resident #29 did not have an active nothing by mouth (NPO) or hospice order.</p> <p>Review of the admission Process and Assessments policy dated as revised August 2025 under admission day protocol stated follow suggested guidelines to admission/readmission completion checklist.</p> <p>Review of the Guidelines to admission policy undated stated medications/treatments transcribed and (continued on next page)</p> |                                                                                        |                                                 |

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

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>365835                                                                                                                   | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>08/25/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Morrow Manor Nursing Center                                                                    |                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>St Rt 314 North<br>Chesterville, OH 43317 |                                                 |
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| F 0684<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | clarified on the medication administration record (MAR) (all medications/orders need signed by two<br>nurses) and nurses admission assessment completed in electronic medical record. |                                                                                        |                                                 |

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| <p>F 0686</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, medical record review, and review of facility policy the facility failed to ensure Resident #11's pressure ulcer was timely assessed and appropriately documented. Additionally, they failed to ensure the physician and family were notified of a new pressure ulcer and failed to ensure the appropriate treatment was completed as ordered. This affected one resident (#11) of one resident reviewed for pressure ulcers. The facility census was 28. Findings include: Observation on 08/19/25 at 10:08 A.M. of wound care for Resident #11 with Assistant Director of Nursing (ADON) #117 revealed a dressing that had been completed on 08/19/25. ADON #117 removed the dressing and revealed a small area to her buttocks, ADON #117 reported she was unsure of what the area was and it may have been moisture associated skin damage. ADON #117 verified upon removal of the dressing there was no dressing or calmospetine lotion to the area. Review of Resident #11's medical record revealed an admission date of 02/01/23 with diagnoses including unspecified dementia with agitation, type two diabetes mellitus, bipolar disorder, generalized anxiety disorder, delusional disorders, and hallucinations. Review of Resident #11's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed severely impaired cognition. She had no pressure ulcers but was at risk. Review of Resident #11's medical record revealed her sister-in-law was listed as her power of attorney for care. Review of Resident #11's plan of care dated 02/02/23 revealed she was at risk for alteration in skin integrity related to self-mobility problems, incontinence, and high risk on the Braden scale. Interventions included monitoring skin every day for redness and signs of breakdown, use of house lotion and ointments for skin protection as ordered, pericare after each incontinence, keeping skin clean and dry, pressure reduction mattress on bed, turning and repositioning every two hours, and referring to physician orders for current treatment. Review of the medical record and observations made during the survey confirmed the interventions to reduce the risk for skin alteration were in place as directed by the plan of care. Review of Resident #11's progress notes on 08/18/25 from 08/05/25 to 08/13/25 revealed no mention of a skin impairment, no measurements of a skin impairment, and no family or physician notification of a skin impairment. Review of Resident #11's skin observation documented on 08/14/25 revealed the resident had no wounds or skin concerns. Review of Resident #11's wound nurse practitioner note dated 08/11/25 revealed the resident had a pressure ulcer to her right buttock labeled as an unstageable or deep tissue injury. The area measured four centimeters (cm) by six centimeters. The measurement included deep purple non-blanchable tissue surrounding the open wound. A portion of the deep purple skin flap was trimmed with scissors. Treatment included cleansing the area with normal saline, patting dry, applying a thin layer of calmospetine (moisture barrier cream) or chamosyn cream, applying a slightly moistened collagen sheet and securing with a dry cover dressing daily, and as needed. Additionally, the nurse practitioner recommended a low air loss mattress. The assessment indicated the wound onset date may be different then the date of the assessment. Review of Resident #11's physician order dated 08/11/25 revealed an order related to the residents right buttock wound. Nursing was to cleanse the area with normal saline, pat dry, apply moistened collagen to the open area, apply a thin layer of calmoseptine or chamosyn cream, and cover with a dry dressing daily and as needed if soiled or dislodged. Interview on 08/19/25 at 12:06 P.M. and 3:53 P.M. with the Assistant Director of Nursing (ADON) #117 verified there was no documentation about when the wound started or if the family and physician were notified. It was determined the wound was discovered on 08/10/25. ADON #117 additionally revealed that all current skin conditions should be documented on the skin observations form. ADON #117 verified the 08/14/25 skin observation form incorrectly indicated the residents skin was intact. Review of the policy 'Skin Care and Pressure Ulcer' revised August 2025, revealed skin conditions were to be measured weekly by nursing. The residents responsible party was to be notified of skin treatment changes. All residents with adverse skin conditions that occur after admission will be placed on an episodic care plan. The wound nurse, provider, and the family will be contacted.</p> |                                                                                        |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Morrow Manor Nursing Center                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>St Rt 314 North<br>Chesterville, OH 43317 |                                                 |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, observation, and interviews, the facility failed to ensure oxygen signage was used for residents who had oxygen used in their care. This affected one Residents #6, of three reviewed for respiratory care. The facility census was 28. Findings include:1.Review of the medical record for Resident #6, revealed an admission date of 07/29/25. Diagnoses included but were not limited to tachycardia, chronic obstructive pulmonary disease, unspecified fracture of right femur, personal history of pulmonary embolism, hypertensive heart disease without heart failure, emphysema, type two diabetes mellitus with hyperglycemia, and hypertension. Review of the Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed moderate cognitive impairment. Resident #6 was assessed to require assistance with bathing, hygiene and dressing.Review of the current physician orders for August 2025 for Resident #6 revealed an order for oxygen via nasal cannula (NC) at one to four liters per minute (LPM). Observations on 08/18/2025 at 9:24 AM, 11:43 A.M., and 2:55 P.M. revealed no oxygen warning sign noted to Resident #6's door.Interview on 08/18/25 at 2:57 P.M. with Registered Nurse (RN) #103 confirmed there is no oxygen warning sign on Resident #6's door. Observation on 08/19/25 at 2:57 P.M. revealed Resident #6 was resting in bed and was wearing a nasal cannula. Continued observation revealed no oxygen signage posted outside of Resident #6's room to indicate oxygen was in use. Review of the (facility policy titled) Oxygen Administration, dated April 2008 revealed the facility was to place an oxygen in use sign per facility policy and to place oxygen in use sign on outside of resident's doorway.</p> |                                                                                        |                                                 |

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| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                 |
| <p>F 0759</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure medication error rates are not 5 percent or greater.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, staff interview, and policy review, the facility failed to ensure the medication error rate did not exceed five percent (%). The facility had three medication errors of 28 opportunities for an error rate of 10.71%. This affected one Resident (#29) of three residents observed for medication administration. The facility census was 28 residents. Findings include: Review of the medical record for Resident #29, revealed an admission date of 08/15/25. Diagnoses included but were not limited to cancer of the oropharynx (the head and neck area), hypertension. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed cognition assessment was still in progress. Resident #29 was assessed to require assistance with bathing, hygiene and dressing. Review of the medication administration record (MAR) revealed Resident #29 was ordered metoprolol (blood pressure medication) 50 milligrams (mg) via gastrointestinal tube (G-tube feeding tube) two times a day, omeprazole (reduces acid in the stomach) capsule delayed release 20 mg via G-tube one time a day, and gabapentin (nerve pain and restless legs syndrome medication) capsule 300 mg via the g-tube three times a day. Review of Resident #29's physician orders for August 2025 revealed no active orders to combine crushed medications and administer them together via Resident #29's G-tube. Observation of medication administration on 08/19/25 at 8:07 A.M. revealed Registered Nurse (RN) #103 crushed the metoprolol tablet and placed it in a medication cup, RN #103 had then opened the omeprazole capsule and placed it in the same medication cup, RN #103 opened the gabapentin capsule and placed it in the medication cup with the other two medications. RN #103 took the medication cup into Resident #29's room, checked for placement of the G-tube by listening for air, then put water into the medication cup and put all the medications combined into Resident #29's G-tube. Interview on 08/19/25 at 10:41 A.M. with RN #103 revealed an active order must be in place to combine crushed medications together and administer via a g-tube and if no active orders medications were to be given separately. Review of Resident #29's medical records with the Director of Nursing (DON) on 08/19/25 at 10:57 A.M. revealed no active orders to combine Resident #29's medications. DON further stated an order to combine medications was required. Review of facility policy titled Administration of Medications through a Gastric Tube dated July 2007, stated to administer one medication at a time or as ordered, flush the tube between medications if appropriate, and rinse the tube with 30 milliliters (mL) of water after the final medication.</p> |                                                                                        |                                                 |