

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365838	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Hennis Care Centre of Dover		STREET ADDRESS, CITY, STATE, ZIP CODE 1720 Cross Street Dover, OH 44622	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>28701</p> <p>Based on observation, record review and interview the facility failed to maintain a permanent operational and functional Heating, Ventilation and Air Conditioning (HVAC) system and failed to ensure necessary repairs to the existing system were addressed/completed timely to prevent potential interruption of heating/cooling services. This had the potential to affect all 79 residents who resided in the facility.</p> <p>Findings include:</p> <p>On 12/13/24 an onsite complaint survey was initiated due to complaints there was no working heating system in the facility/building. Review of the facility survey history revealed since May 2024 the facility HVAC system was not fully operational.</p> <p>Observations on 12/13/24 from 9:20 A.M. to 12:45 P.M. revealed the facility HVAC system was not fully operational and approximately 12 portable heat pump units were observed providing heat throughout the facility. Air temperatures throughout the facility were ranging from 74 degrees Fahrenheit (F) to 78 degrees F.</p> <p>Interview with the Director of Nursing on 12/13/24 at 9:30 A.M. revealed the facility used a water type HVAC system with a water chilling tower on the roof. The facility had two busted water pipes in May of 2024 and had been using the portable heating and cooling units since then to provide heat and cooling.</p> <p>During the onsite investigation, the facility provided a timeline and estimates for repairs for the system. This included the following:</p> <p>In May 2024 there was an initial failure of the circulating pump for the water tower. This caused the several of the fittings on pipes that circulate water to the heat pumps to fail which in turn caused major flooding in one hallway of the building. The day after this occurred the facility brought in temporary HVAC units in order to maintain the appropriate temperature within the building.</p> <p>In June 2024 following the repairs made to the initial area of concern the system was brought back online and tested . It was then discovered that there was a larger issue as a separate part of the building had a previously undiscovered failure. The system had to be taken back offline.</p> <p>(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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In July 2024 the facility received quotes for the necessary repairs needed for the HVAC system. The quote, dated 07/19/24 revealed a total of 26 new multi-head ductless mini split systems units were recommended to be installed.</p> <p>However, the facility did not approve the quote until 10/2024 and repair work did not begin until 11/2024. As of 12/13/24 the HVAC systems repairs had not been completed and the facility remained dependent on temporary portable heating units to maintain heating/cooling in the facility.</p> <p>On 12/13/24 at 12:30 P.M. interview with the Director of Nursing (DON) verified the HVAC system had not been completely installed as of this time with initial issues/concerns first occurring in May 2024. No additional information was provided as to why there was a delay in the necessary repairs or evidence the facility had a fully operational permanent HVAC system at the time of the onsite investigation.</p> <p>On 12/19/2024 at 10:26 A.M., interview with the Director of Maintenance revealed that he was new to the position starting sometime around the first week of November 2024 and had no knowledge pertaining to time lines.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00160647 and Complaint Number OH00159348.</p>		