

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365847	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2026
NAME OF PROVIDER OR SUPPLIER Bath Manor Special Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 2330 Smith Road Akron, OH 44333	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on observation, interview, and record review, the facility failed to ensure adequate and timely incontinence care was provided. This affected one resident (#53) of three observed for incontinence care. The facility census was 111. Findings include: Review of Resident #53's medical records revealed an admission date of 08/04/25. Diagnoses included muscle weakness, need for personal care assistance, and morbid obesity. Review of the care plan dated 08/05/25 revealed Resident #53 had self care deficits. Interventions included to utilize two staff members for assistance with toileting and personal hygiene. Resident #53 had requested no male caregivers for personal care. Interventions included only females to provide personal care. Observation of incontinence care on 12/22/25 at 7:52 A.M. for Resident #53 with Certified Nursing Assistant (CNA) #283 revealed Resident #53 was incontinent of a large amount of stale smelling urine that had soaked through two incontinence briefs and her linens and had required an entire bed change. Interview with Resident #53 at time of observation revealed she had not been changed since approximately 6:00 P.M. the previous evening [12/21/25]. Interview with CNA #283 at the time of observation revealed Resident #53 had requested no male care and stated there had been times when no female CNA's were available to change Resident #53. CNA #283 confirmed Resident #53 had been heavily soiled when she had started her shift at 6:00 A.M. and had not been provided with timely incontinence care. This deficiency represents non-compliance investigated under Complaint Number 2691818.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 365847	If continuation sheet Page 1 of 1