

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365864	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2026
NAME OF PROVIDER OR SUPPLIER The Gables of Marysville Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 390 Gables Drive Marysville, OH 43040	
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview, observations, and policy review, the facility failed to ensure one resident (#33) had applied oxygen appropriately and stored nebulizer mask and tubing appropriately. This affected one (Resident #33) of one resident reviewed for oxygen. The facility census was 85. Findings include: Review of the medical record for Resident #33 revealed an admission date of 02/13/23. Diagnoses included chronic obstructive pulmonary disease (COPD), chronic respiratory failure (CFR) with hypoxia, chronic diastolic heart failure, and hypertension. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #33 had moderate cognitive impairment and was dependent on staff for all personal care. Review of the care plan revealed a focus area of Resident #33 having respiratory deficiencies or abnormalities of pulmonary function related to COPD-shortness of breath (SOB) with exertion, lying flat in bed and sitting at rest, CFR with hypoxia, chronic diastolic heart failure, and history of respiratory syncytial virus (RSV). Interventions included to administer oxygen as ordered, monitor for signs/symptoms of impaired respiratory function i.e. cough, SOB. Review of the physician's order dated 02/12/26 for Resident #33 revealed an order oxygen at two liters per minute (LPM) via nasal cannula (NC) continuous to maintain oxygen saturation above 90% every shift related to COPD, hypoxia, and CFR with hypercapnia. On 05/11/26, an order for Ipratropium-Albuterol Inhalation Solution 0.25 (three) milligrams (mg) per three milliliters (ml) inhale orally three times a day for COPD. Observation on 06/03/26 at 8:28 A.M. revealed the oxygen nasal cannula tubing was in Resident #33's nose. Registered Nurse (RN) #10 took Resident #33's oxygen (O2) saturation and it was 50 percent (%). RN #10 walked around to the oxygen concentrator and said It would help if it was plugged in. The oxygen tubing was not connected to the oxygen concentrator. RN #10 obtained Resident #33's O2 saturation once the O2 tubing was connected to the concentrator which was at 78%. RN #10 told Resident #33 she would come back in about five minutes to try again. On 06/03/26 at 8:46 A.M., Resident #33's O2 saturation was at 98%. Resident #33's nebulizer mask and tubing was hanging on the light fixture above Resident #33's bed. Resident #33's nebulizer tubing was not dated/ timed or in a plastic bag. RN #10 placed the Ipratropium-Albuterol Inhalation Solution zero 0.25 (three) mg/three ml in the nebulizer and placed the nebulizer mask on Resident #33. Interview on 06/03/26 at 8:50 A.M. with RN #10 verified the O2 for Resident #33 was not connected to the concentrator and the nebulizer mask and tubing were hanging on the light fixture above Resident #33's bed with date/time or in a plastic bag. Review of the facility policy titled Respiratory Equipment Cleaning/Disinfecting dated 07/30/24 revealed Nebulizers: clean external surfaces as needed, tubing and medication cup is changed weekly or as needed and is stored clean and dry. The following deficiency is based on incidental findings discovered during the course of this complaint investigation.		

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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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations, policy review, and staff interviews, the facility failed to ensure a resident received the appropriate mechanical soft diet and thickened liquids per physician orders. This affected one (#67) of four residents reviewed for diets. The facility census was 85. Findings include: Review of the medical record for Resident #67 revealed an admission date of 02/20/25. Diagnoses included dementia, severe protein-calories malnutrition, and dysphagia. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #67 had moderate cognitive impairment. Resident #67 required a mechanically altered diet which required change in texture of foods or liquids (e.g., pureed food, thickened liquids). Review of the care plan for Resident #67 revealed a focus of potential to alteration in nutrition and hydration related to body mass index (BMI) eighteen point five, underweight status, diagnosis of malnutrition, history of percutaneous endoscopic gastrostomy (PEG) tube and alternative nutrition, mechanically soft diet, and weight loss. interventions included to monitor consistency of diet offer meal substitutes when foods are refused, and thickened liquids as ordered. Review of the meal ticket for Resident #67 on 06/03/26 revealed a diet of mechanical soft, honey thickened liquids, and no bread. Observation and interview on 06/03/26 at 8:41 A.M. revealed Resident #67 was drinking orange electrolyte drink which was not thickened. Registered Nurse (RN) #10 verified the electrolyte drink was not thickened and RN #10 placed three packets of thickener in the electrolyte drink before returning it to Resident #67. RN #10 stated somebody must not have put a whole lot of thickener in the electrolyte drink. Interview on 06/03/26 at 8:44 A.M. with Certified Nursing Assistant (CNA) #55 verified she did not put thickener in the electrolyte before giving it to Resident #67. Observation on 06/03/26 at 12:00 P.M. revealed Resident #67 received his lunch which included cooked broccoli. Resident #67 did not eat his broccoli. Interview on 06/03/26 at 12:39 P.M. with CNA #25 verified the broccoli served to Resident #67 was too hard and the broccoli could not be cut with a fork. Review of the facility's Mechanical Soft Guidelines dated spring/summer 2026 revealed these regular food items are omitted on mechanical soft diet but can be changed per Speech Language Pathologist (SLP) guidance: regular broccoli cuts, broccoli florets (not in blends); mechanical soft food items should be provided instead were carrots, spinach, greens, stewed tomatoes. This deficiency represents non-compliance investigated under Complaint Number 3030730.		