STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365896	A. Building B. Wing	10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fox Run Manor	11745 Township Road 145 Findlay, OH 45840

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45751 Based on observation and staff interview, the facility failed to ensure a resident was provided dignity during meal service. This affected one resident (#12) of one resident reviewed for meal assistance. The facility census was 78. Findings include: Review of medical record for Resident #12 revealed an admitted [DATE] with diagnoses including but not limited to Alzheimer' disease, abnormal posture, depression, anxiety, dysphagia, and pseudobulbar affect. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #12 had severe cognitive impairment. Resident #12 was dependent on staff for eating. Observation on 10/15/24 at 12:10 P.M. of meal time revealed State tested Nursing Assistant (STNA) #302 placed Resident #12 at the table to feed the resident lunch. STNA #12 stood on the residents left side and began to feed Resident #12 applesauce. STNA #302 stopped feeding the resident to take another resident from the dining room. STNA #302 returned to the resident and resumed feeding the resident after taking the other resident from the dining room. STNA #302 continued to stand while feeding. STNA #302 stopped feeding the resident to get a cup of ice for another resident then returned to Resident #12 to continue feeding. STNA #302 was observed talking to other residents across the dining room while assisting Resident #12. Interview on 10/15/24 at 12:24 P.M. with Licensed Practical Nurse (LPN) #164 verified STNA #302 stood while feeding Resident #12 and stopped feeding the resident twice to assist two other residents. Interview on 10/15/24 at 12:26 P.M. with STNA #302 verified she stood while feeding Resident #12. STNA #302 verified she stopped feeding Resident #12 twice to assist other residents. STNA #302 verified she talked to other residents across the dining room while feeding Resident #12.

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