

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365896	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Fox Run Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 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** 41528 Based on medical record review, observation, resident interview, and staff interview, the facility failed to clarify and implement a physician order. This affected one (#70) of three residents reviewed for wound care. The facility census was 76. Findings include: Review of the medical record review revealed Resident #70 was admitted on [DATE]. Diagnoses included fracture of unspecified part of neck of right femur, hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease, unspecified osteoarthritis, essential hypertension, and polymyalgia. Review of the Minimum Data Set (MDS) assessment, dated 10/29/24, revealed the resident was cognitively intact and required substantial assistance with toileting, showers, and upper/lower body dressing. Resident #70 was occasionally incontinent of bladder and frequently incontinent with bowel. Resident #70 had a surgical wound. Review of the most recent care plan revealed Resident #70 had a deep tissue injury to the left heel and wound on the right hip. Interventions included to provide wound care treatment per physician order. Review of physician order, dated 11/12/24 and 11/13/24, revealed an order for the right hip wound. The order read: Keep clean and dry. Apply non prescriber adherent dressing daily. Monitor for warmth, redness, increased swelling or pain. Notify medical doctor if signs or symptoms of infection occur. Every 24 hours as needed for drainage. Review of the hand-written physician order, dated 11/12/24, revealed the right hip wound was slow to heal. Non-adherent bandage as needed for drainage, may leave open to air. Review of the Treatment Administration Review (TAR), dated November 2024, revealed the order was categorized as a as needed (PRN) order. Review of the TAR verified Resident #70 had a right hip wound dressing changed one time on 11/24/24. Interview on 11/26/24 at 9:00 A.M. with Resident #70 revealed the wound dressing for the surgical wound on her right hip does not always get changed like it should. (continued on next page)		

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: 365896
		If continuation sheet Page 1 of 3

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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 11/26/24 at 9:07 A.M. of Resident #70's right hip wound dressing revealed the dressing was dated 11/23/24. Interview on 11/26/24 at 9:07 A.M. with Licensed Practical Nurse (LPN) #134 verified the dressing was dated 11/23/24. Interview on 11/26/24 at 9:52 A.M. with the Director of Nursing (DON) verified Resident #70's right hip wound physician order was unclear. The DON reported the order should have allowed the wound to be open to air and to apply non-adherent bandage for drainage. The DON verified if a dressing was applied it should be changed daily. This deficiency represents non-compliance investigated under Complaint Number OH00159369.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41528 Based on medical record review, observation, staff interview, and review of facility policy the facility failed to ensure adequate infection control measures for indwelling catheters. This affected one (#22) of three residents reviewed for infection control. The facility census was 76. Findings include: Review of the medical record for Resident #22 revealed the resident was admitted on [DATE]. Diagnoses included chronic multifocal osteomyelitis right femur, pressure ulcer of right hip stage 4, quadriplegia, chronic kidney disease stage I, essential hypertension, major depressive disorder, and neuromuscular dysfunction of bladder. Review of the Minimum Data Set (MDS) assessment, dated 10/18/24, revealed the resident interview was not successful. Resident #22 required substantial assistance with eating, oral hygiene, and upper and lower body dressing. The resident had an indwelling catheter. Review of the most recent care plan revealed Resident #22 had a suprapubic catheter. The resident insists the catheter bag be placed on the floor without a cover as he wants to see it when lying in bed. Staff to place bag in basin when on the floor and the bag to be on the floor without a cover due to resident insistence. Observation on 11/25/24 at 9:10 A.M. revealed Resident #22's catheter bag was laying on the floor with no basin in place. Interview on 11/25/24 at 9:29 A.M. with Certified Nursing Assistant (CNA) #100 verified Resident #22's catheter bag was laying on the floor with no basin or barrier in place. Observation on 11/25/24 at 1:20 P.M. revealed Resident #22 in the common area and resident hallway in his electric wheelchair. Approximately eight inches of Resident #22's catheter tubing was dragging along the floor. Interview on 11/25/24 at 1:32 P.M. with the Director of Nursing (DON) verified the catheter tubing was dragging on the ground. Review of policy, Indwelling Catheter, dated 11/13/17, verified residents who are incontinent of bowel/bladder receive appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.		