

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365947	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/18/2026
NAME OF PROVIDER OR SUPPLIER  Ohman Family Living at Holly		STREET ADDRESS, CITY, STATE, ZIP CODE  10190 Fairmount Rd Newbury, OH 44065	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure timely incontinence care was provided to Resident #2. This affected one resident (#2) of three residents observed and reviewed for incontinence care. The facility census was 80. Findings include: Review of Resident #2's medical record revealed an admission date of 09/15/25. Diagnoses included spondylosis (an age-related degenerative condition) of the lumbar spine, diabetes, and high blood pressure. Review of the care plan dated 09/16/25 revealed Resident #2 had self care deficits related to weakness and limited mobility. Interventions included one staff participation with toileting. Resident #2 had bladder incontinence and required assistance with hygiene and transfers. Interventions included check resident as required for incontinence. Review of Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #2 had intact cognition and was dependent with toileting. Resident #2 was identified to be frequently incontinent of both bowel and bladder. Observation on 01/28/26 at 10:50 A.M. revealed an electronic call light system at the nurses station that indicated Resident #2's call light had been active and unanswered for 35 minutes. Observation further revealed two staff members seated at the nursing station while the call light system was alarming. Observation and interview on 01/28/26 at 10:52 A.M. with Resident #2 revealed she had turned her call light on for assistance with toileting. During the interview at 11:02 A.M., Certified Nursing Assistant (CNA) #175 had entered the resident's room and stated she was on her way to lunch, but she had observed Resident #2's call light on for 45 minutes and wanted to check to see what Resident #2 needed. Resident #2 informed CNA #175 she needed toileting assistance and she had already been incontinent in her bed because she had waited so long. CNA #175 proceeded to assist Resident #2 into her wheelchair and assisted Resident #2 into the bathroom. CNA #175 had then proceeded to assist Resident #2 with personal hygiene and had changed Resident #2's bedding because it was soiled with urine. Interview on 01/28/26 at 11:25 A.M. with CNA #194 revealed she worked for agency and was not assigned to Resident #2, however she was present at the nurse's station and had heard the call system alarming, however had not answered the call light. At time of interview, Licensed Practical Nurse (LPN) #195 revealed she was the assigned nurse for Resident #2, however she was not aware of who the aide was for that assignment. LPN #195 further stated she was present at the nurses station and had heard the call light system, however she had assumed the aides would answer the light and if she was needed the aides would inform her. This deficiency represents non-compliance investigated under Complaint Number 2708882.</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: 365947	If continuation sheet Page 1 of 1