

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365972	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2025
NAME OF PROVIDER OR SUPPLIER  Canfield Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2958 Canfield Rd Youngstown, OH 44511	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>(continued on next page)</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

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, review of a facility self-reported incident (SRI), observation of recorded video, review of a police report, interviews and review of the facility abuse policy, the facility failed to protect Resident #66's right to be free from physical abuse by Housekeeper #582. This resulted in Immediate Jeopardy and Actual Harm on 09/16/25 at approximately 11:15 A.M. when Housekeeper #582 physically abused Resident #66. Housekeeper #582 pushed Resident #66 in his wheelchair causing the resident to fall out of the wheelchair and hit his head on the nurse's medication cart. Housekeeper #582 was then observed by (staff) witnesses and per the resident to put his hand around Resident #66's neck and punch the resident with a closed fist. Resident #66 was subsequently transferred to the emergency room (ER) for an evaluation. This affected one resident (#66) of three residents reviewed for abuse. The facility census was 67. On 09/23/25 at 5:27 P.M. the Administrator and Regional Director of Clinical Operations (RDCO) #578 were notified Immediate Jeopardy began on 09/16/25 at approximately 11:15 A.M. when Housekeeper #582 physical abused Resident #66. The Immediate Jeopardy was removed on 09/17/25 when the facility implemented the following corrective actions: On 09/16/25 at 11:15 A.M., Social Service Designee (SSD) #524 separated Housekeeper #582 and Resident #66 and provided for resident safety. On 09/16/25 at 11:15 A.M., Housekeeper #582 was suspended pending investigation by the Administrator. On 09/16/25 at 11:15 A.M., the Director of Nursing (DON) notified Medical Director #585 and Resident #66's emergency contact/brother of the incident. On 09/16/25 at 11:18 A.M., the Administrator notified the local police department. The police arrived and documented incident number 254043477. On 09/16/25 at 11:35 A.M., the Administrator collected witness statements from facility staff that observed the incident. On 09/16/25 at 11:40 A.M., the Administrator changed all of the door codes in the facility (to prevent unauthorized access to the building). On 09/16/25 at 11:41 A.M., the Administrator reviewed the facility abuse policy with no changes to the policy deemed necessary. On 09/16/25 at 11:45 A.M., the Administrator initiated training on the facility Abuse Policy, Aggressive and Combative Behavior Management Policy, and Resident Rights with all staff, including initiation of a posttest with a theme of Just Walk Away! The training was completed by 09/17/25 at 10:00 A.M. On 09/16/25 at 12:27 P.M., Resident #66 was transferred to the local ER for evaluation per his brother's request. The resident returned to the facility on [DATE] at 7:09 A.M. On 09/16/25 at 11:50 A.M., SSD #524 interviewed all interviewable residents in facility related to abuse. On 09/16/25 at 11:51 A.M., Registered Nurse (RN) #538 completed skin checks on residents unable to be interviewed related to abuse. On 09/16/25 at 1:56 P.M., RDCO #578 completed training on Abuse Policy with all staff via OnShift. On 09/16/25 at 2:00 P.M., RDCO #578 completed training on policy on Management of Combative and Aggressive Behavior with all staff via OnShift. On 09/16/25 at 2:04 P.M., RDCO #578 completed training related to Identifying, Preventing and Managing Aggressive Behaviors with all staff via OnShift. On 09/16/25 at 3:38 P.M., RDCO #578 completed training on resident rights policy with all staff via OnShift. On 09/17/25 at 10:49 A.M., SSD #524 assessed Resident #66's psychosocial status. at baseline psychosocial status. On 09/17/25 at 10:55 A.M., the Administrator in collaboration with Healthcare Services Group terminated Housekeeper #582's employment. On 09/17/25 at 10:56 A.M., the Administrator reiterated to Human Resources #587 to continue to ensure newly hired employees were educated on the abuse policy upon hire during orientation. Beginning on 09/22/25, the facility implemented a plan for SSD #524 to conduct interviews with five employees weekly related to abuse and five residents weekly related to abuse for four weeks, then monthly for two months. Compliance with the interviews would be overseen by the Administrator. Results of the interviews would be reviewed with the Quality Assurance and Performance improvement (QAPI) committee for additional recommendations as warranted. Although the Immediate Jeopardy was removed on 09/17/25, the deficiency remained at a Severity Level 2 (no actual harm with potential for more than minimal harm that is not Immediate Jeopardy) as the facility was in the process of implementing their corrective action plan and were monitoring to ensure on-going compliance. Findings include: Review of the medical record of Resident #66 revealed an admission date of 08/11/23 with diagnoses including displaced fracture of the base of the neck of the left femur, subsequent encounter for closed fracture with routine healing, diabetes mellitus type II, fracture of one rib, subsequent encounter for fracture with routine healing, repeated falls, alcohol dependence, cannabis dependence, bipolar disorder, nicotine dependence, cocaine dependence, major depressive disorder, insomnia and anxiety. Review of the Minimum Data Set (MDS) 3.0 assessment dated</p>		