STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365976	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Providence Care Center	2025 Hayes Avenue Sandusky, OH 44870

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on review of the medical record, staff interview, review of a Self-Reported Incident (SRI) investigation, review of staff schedules and timekeeping records, and policy review, the facility failed to complete a thorough investigation into a resident's allegation of verbal and physical abuse. This affected one (Resident #53) of three residents reviewed for abuse. The facility census was 93. Findings include:Review of the medical record for Resident #53 revealed an admission date of 11/15/24 with diagnoses including cerebral infarction, restless leg syndrome, and major depressive disorder. Review of the quarterly Minimum Data Set (MDS) assessment, dated 02/20/26, revealed Resident #53's cognition was moderately impaired.Review of SRI 271580, submitted on 03/02/26, revealed Resident #53 revealed an allegation of a staff member speaking unkindly to him to an Ohio Department of Health (ODH) surveyor, who subsequently reported it to Licensed Social Worker (LSW) #231. Resident #53 would not share the staff member's name to the ODH surveyor. LSW #231 spoke to Resident #53 immediately.The facility's investigation of SRI #271580 revealed they had only one statement in their investigation from LSW # 231. LSW #231 revealed an ODH surveyor stopped by her office on 03/02/26 and reported Resident #53 had shared with her that a staff member spoke to him abusively Saturday (02/28/26). LSW #231 spoke to Resident #53 who stated Certified Nursing Assistant (CNA) #240 was very rough with cleaning him and she was very strong. Resident #53 stated that he feels that CNA #240 does not like her job or him. There was no statement from CNA #240 and Resident #53. The facility did not complete a physical assessment after Resident #53 alleged CNA #240 was very rough with cleaning him. The facility did not interview like residents. The facility did not suspend CNA #240 while completing their investigating. The facilicy concluded on 03/06/26 the allegation was unsubstantiated and CNA #240 received education on patient handling.Review of the staff schedules and timekeeping records revealed CNA #240 did not work on 03/02/26, and worked the following night shifts on 03/03/26 from 6:48 P.M. to 8:20 A.M., 03/04/26 from 6:52 P.M. to 9:08 A.M., and on 03/05/26 from 6:50 P.M. to 12:53 A.M. CNA #240 worked all of these shifts where Resident #53 resided on.Interview on 05/28/26 at 3:10 P.M. with LSW #231 revealed she interviewed Resident #53 and submitted her signed statement of the conversation to the Director of Nursing (DON) and the Administrator. LSW #231 stated it was not facility practice for her to investigate SRIs.Interviews on 05/28/26 beginning at 3:12 P.M. with the DON and Administrator verified they only obtained one statement from LSW #231 and did not complete any further investigation into Resident #53's allegation of abuse. The DON and Administrator verified CNA #240 was not suspended during the investigation and continued to work with Resident #53. The DON and Administrator verified they never obtained CNA #240 nor Resident #53's statements. here was no further documentation of an investigation regarding this alleged incident. The DON and Administrator verified there was no investigatory documentation for this allegation of abuse by Resident #53 regarding CNA #240. Review of the facility policy titled Abuse, Neglect, and Exploitation, dated 05/22/25, revealed the facility will develop and implement written policies and procedures that investigate allegations of abuse, neglect, and exploitation. The facility will provide ongoing oversight and supervision of staff in order to assure that its policies are implemented as written. An immediate investigation is warranted when suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect, or exploitation occur. Written (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365976	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Providence Care Center	2025 Hayes Avenue Sandusky, OH 44870

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	procedures for investigations include: identifying staff responsible for the investigation, identifying and interviewing all involved persons, including the alleged victim, perpetrator, witnesses, and others who might have knowledge of the allegations, focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause and providing complete and thorough documentation of the investigation. The facility will make efforts to ensure all residents are protected from physical and psychosocial harm during and after the investigation. Including: responding immediately to protect the alleged victim and the integrity of the investigation, examining the alleged victim for any sign of injury, including a physical examination or psychosocial assessment if needed, increased supervision of the alleged victim and residents, room or staffing changes to protect the residents from the alleged perpetrator, protection from retaliation, and providing emotional support and counseling to the resident during and after the investigation as needed.This was an incidental finding discovered during the complaint investigation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365976	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Providence Care Center	2025 Hayes Avenue Sandusky, OH 44870

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on staff interview and medical record review, the facility failed to ensure the resident's medical record was accurate when documenting incontinence care being provided to the residents. This affected three (#33, #52, and #90) of three residents reviewed for medical record accuracy. The facility census was 93.Findings include:1. Review of the medical record for Resident #33 revealed an admission date of 07/20/22. Diagnoses included stage three chronic kidney disease, morbid obesity, neuromuscular dysfunction of the bladder, polyneuropathy, and adult failure to thrive. The annual Minimum Data Set (MDS) assessment, dated 04/20/26, revealed Resident #33's cognition was intact. Resident #33 was dependent on staff for toileting, and was frequently incontinent of both bowel and bladder.Review of incontinence care documentation for Resident #33 for March 2026 revealed there was no documentation of incontinence care was provided on 03/03/26, 03/07/26, 03/13/26, 03/14/26, 03/21/26, 03/26/26, and 03/31/26.The incontinence care documentation for Resident #33 for April 2026 revealed there was no documentation of incontinence care was provided on 04/04/26, 04/06/26, 04/09/26, 04/12/26, 04/14/26, 04/16/26, 04/17/26, 04/18/26, 04/19/26, 04/20/26, 04/21/26, 04/22/26, 04/23/26, and 04/25/26.The incontinence care documentation for Resident #33 for 05/01/26 through 05/27/26 revealed there was no documentation of incontinence care was provided on 05/01/26, 05/04/26, 05/05/26, 05/08/26, 05/10/26, 05/12/26, and 05/16/26.Interview on 05/28/26 at 3:30 P.M. with the Administrator verified there was no documentation of incontinence care being performed for Resident #33 on 03/03/26, 03/07/26, 03/13/26, 03/14/26, 03/21/26, 03/26/26, 03/31/26, 04/04/26, 04/06/26, 04/09/26, 04/12/26, 04/14/26, 04/16/26, 04/17/26, 04/18/26, 04/19/26, 04/20/26, 04/21/26, 04/22/26, 04/23/26, 04/25/26, 05/01/26, 05/04/26, 05/05/26, 05/08/26, 05/10/26, 05/12/26, and 05/16/26. The Administrator revealed that if a care task is not documented as being completed, it cannot be verified as being complete.2. Review of the medical record for Resident #52 revealed an admission date of 06/01/24. Diagnoses included benign prostatic hyperplasia with lower urinary tract symptoms and dementia. The quarterly Minimum Data Set (MDS) assessment, dated 03/31/26, revealed Resident #52's cognition was moderately impaired. Resident #52 required moderate assistance from staff with toileting, and was always incontinent of both bowel and bladder.Review of the incontinence care documentation for Resident #52 for March 2026 revealed there was no documentation of incontinence care was provided on 03/01/26, 03/13/26, 03/15/26, 03/17/26, 03/18/26, and 03/19/26. The incontinence care documentation for Resident #52 for April 2026 revealed there was no documentation of incontinence care provided on 04/04/26, 04/06/26, 04/07/26, 04/11/26, 04/12/26, 04/14/26, 04/16/26, 04/22/26, 04/23/26, 04/27/26, and 04/28/26.The incontinence care documentation for Resident #52 for 05/01/26 through 05/28/26 revealed there was no documentation of incontinence care provided on 05/06/26, 05/10/26, 05/16/26, 05/18/26, 05/25/26, 05/27/26, and 05/28/26.Interview on 05/28/26 at 3:30 P.M. with the Administrator verified there was no documentation of incontinence care being performed for Resident #52 on 03/01/26, 03/13/26, 03/15/26, 03/17/26, 03/18/26, 03/19/26, 04/04/26, 04/06/26, 04/07/26, 04/11/26, 04/12/26, 04/14/26, 04/16/26, 04/22/26, 04/23/26, 04/27/26, 04/28/26, 05/06/26, 05/10/26, 05/16/26, 05/18/26, 05/25/26, 05/27/26, and 05/28/26. The Administrator revealed that if a care task is not documented as being completed, it cannot be verified as being complete.3. Review of the medical record for Resident #90 revealed an admission date of 01/13/23. Diagnoses included hemiplegia and hemiparesis following cerebral infarction affection right dominant side and memory deficit following cerebral infarction, frontal lobe and executive deficit following cerebral infarction. The quarterly Minimum Data Set (MDS) assessment, dated 04/20/26, revealed Resident #90's cognition was severely impaired. Resident #90 required assistance from staff with toileting, and was occasionally incontinent of bladder and always incontinent of bowel. Review of incontinence care documentation for Resident #90 for March 2026 revealed there was no (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365976	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Providence Care Center	2025 Hayes Avenue Sandusky, OH 44870

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	documentation of incontinence care was provided on 03/01/23, 03/02/26, 03/06/26, 03/07/26, 03/08/26, 03/09/26, 03/13/26, 03/15/26, 03/17/26, 03/20/26, 03/23/26, 03/25/26, 03/26/26, 03/27/26, and 03/28/26. The incontinence care documentation for Resident #90 for April 2026 revealed there was no documentation of incontinence care was provided on 04/02/25, 04/03/26, 04/04/26, 04/06/26, 04/07/26, 04/09/26, 04/10/26, 04/12/26, 04/14/26, 04/17/26, 04/19/26, 04/20/26, 04/22/26, 04/23/26, 04/24/26, and 04/26/26.The incontinence care documentation for Resident #90 for 05/12/26 through 05/28/26 revealed there was no documentation of incontinence care was provided on 05/03/26, 05/04/26, 05/08/26, 05/16/26, 05/20/26, and 05/22/26.Interview on 05/28/26 at 3:30 P.M. with the Administrator verified there was no documentation of incontinence care being performed for Resident #90 on 03/01/23, 03/02/26, 03/06/26, 03/07/26, 03/08/26, 03/09/26, 03/13/26, 03/15/26, 03/17/26, 03/20/26, 03/23/26, 03/25/26, 03/26/26, 03/27/26, 03/28/26, 04/02/25, 04/03/26, 04/04/26, 04/06/26, 04/07/26, 04/09/26, 04/10/26, 04/12/26, 04/14/26, 04/17/26, 04/19/26, 04/20/26, 04/22/26, 04/23/26, 04/24/26, 04/26/26, 05/03/26, 05/04/26, 05/08/26, 05/16/26, 05/20/26, and 05/22/26. The Administrator revealed that if a care task is not documented as being completed, it cannot be verified as being complete.This was an incidental finding discovered during the complaint investigation.