STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366041	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Addison Heights Health and Rehabilitation Center	3600 Butz Rd Maumee, OH 43537

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, resident interview, staff interview, and review of facility policy, the facility failed to ensure the facility maintained comfortable and safe temperature levels. This affected all residents with the exception of 15 (#10, #12, #14, #15, #22, #26, #28, #35, #37, #43, #45, #48, #49, #50, and #51) residents whose room and common area were maintained at an appropriate temperature. The facility census was 74.Findings include: Observation on 07/01/26 at 3:50 P.M. revealed residents in the front lobby wearing weather appropriate clothing with white wash clothes around their neck or on top of their head. Observation on 07/01/26 beginning at 4:17 P.M. revealed the following resident common areas tempted above 82.0 degrees Fahrenheit: 100 hall way (82.7 degrees Fahrenheit), locked memory care unit dining room (88 degrees Fahrenheit), and 400 hall (90 degrees Fahrenheit). The following resident rooms tempted above 82.0 degrees Fahrenheit: Resident #21 and #42 room (82.1 degrees Fahrenheit), Resident #18 and #38 room (84.8 degrees Fahrenheit), Resident #31 and #39 (90.0 degrees Fahrenheit), Resident #23 and #52 (83.0 degrees Fahrenheit), Resident #27 and #36 (85.0 degrees Fahrenheit), Resident #46 and #84 (86 degrees Fahrenheit), Resident #47 (83.3 degrees Fahrenheit), Resident #41 (86.2 degrees Fahrenheit), Resident #20 and #33 (87.2 degrees Fahrenheit), Resident #19 and #34 (86.2 degrees Fahrenheit), Resident #16 and #24 (87.5 degrees Fahrenheit), Resident #30 and #40 (87.9 degrees Fahrenheit), Resident #25 (86.1 degrees Fahrenheit), Resident #54 (89.1 degrees Fahrenheit), Resident #66 (90.9 degrees Fahrenheit), Resident #62 and #65 (90.1 degrees Fahrenheit), Resident #71 and #80 (91.1 degrees Fahrenheit), Resident #69 and #85 (91.9 degrees Fahrenheit), Resident #75 (91 degrees Fahrenheit), Resident #70 (90 degrees Fahrenheit), and Resident #61 and #76 (90.2 degrees Fahrenheit). Interview on 07/01/26 from 4:17 P.M. to 4:47 P.M. with Maintenance Director #243 verified the temperature readings as they occurred. Interview on 07/01/26 at 4:35 P.M. with Resident #64 verified the resident felt the resident room was hot. Review of facility policy, Room Temperatures, no date, verified room temperatures are to be between 71 and 81 degrees Fahrenheit. This deficiency represents non-compliance investigated under Complaint Number 3066788.

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