

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2026
NAME OF PROVIDER OR SUPPLIER Gables Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 351 Lahm Drive Hopedale, OH 43976	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, activity calendars review, review of facility policy and interview, the facility failed to ensure activities were available to meet the needs of the residents and included adequate activity staff members to assist the residents with activities as needed. This affected three residents (Residents #39, #50 and #70) of five residents reviewed for activities and three residents (Resident #3, #44 and #67) observed during a group activity of 20 residents involved in the activity. The facility census was 75. Findings include: 1. Review of Resident Council meeting minutes from November of 2025 revealed residents reporting that activities are getting cut short because not enough staff, and residents wanted to know why the facility was no longer having live entertainers for music. The Administrator's response was that the facility was not cutting any activity short due to staffing and that the facility policy was to require all entertainers to have a tax identification number to be issued a 1099 when paid by the facility. The Administrator further reported no entertainers were willing to do this now. Review of the monthly activity calendars revealed only one calendar of activities for the entire facility each month with no separation for activities for residents with cognitive impairments. The activities scheduled lacked variety and included daily coffee and discussion and passing out of the Daily Chronicle, at 10:00 A.M. There was a bible study every Tuesday at 2:00 P.M. and Church services every Sunday at 2:00 P.M. Bingo was held every Monday, Wednesday, and Friday at 2:00 P.M. Review of the monthly activities' calendars for December 2025, January 2026, and February 2026 revealed limited one on one activities. December 2025 revealed only three scheduled independent activities/room visits with activity cart on 12/05/25, 12/12/25 and 12/26/25. January 2026 revealed only three scheduled independent activities/room visits with activity cart on 01/17/26, 01/23/26, 1/30/26. February 2026 revealed only two scheduled independent activities/room visits with activity cart on 02/20/26 and 02/27/26. a. Interview on 02/10/26 at 10:05 A.M. Activities #90 stated the facility use to have pastors come in on Sundays for church services but now they watch a television service. Interview on 02/10/26 at 10:10 A.M. with Resident #50 revealed Resident #50 would like to have more religious services offered especially catholic related services. Resident #50 reported that watching services on television is not interactive. b. Observations on 02/10/26 at 9:47 A.M. revealed an activities assistant going room to room dropping off the Daily Chronicle newsletter to each resident. Observation further revealed the activities assistant appear rushed and only spoke good morning to each resident and offering the newsletter then moving onto the next resident. c. Observations on 02/10/26 between 1:55 P.M. and 3:57 P.M. revealed an activities assistant going room to room filling out menu selections with each resident for tomorrow's meals. d. Interview on 02/11/26 at 8:50 A.M. with an Anonymous Resident revealed the activities department lacked sufficient staff and were required to obtain menu selections for all residents after lunch, taking away an activity assistant to help residents participate in activities. Interview on 02/11/26 at 9:30 A.M. with Activities #127 revealed staff were told by the Administrator not to bring</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 366052	If continuation sheet Page 1 of 8

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, review of the administrator job description, review of the resident rights policy and interviews, the facility failed to be administered in a manner that enabled all residents to attain/maintain their highest practicable physical, mental and psychosocial well-being. This had the potential to affect all 75 residents residing in the facility. Findings include: Review of the Resident Council Minutes dated 02/11/26 revealed residents want administration to be more present with the residents. Review of the administrator job description revealed the purpose of the administrator was to lead, guide, and direct the operations of the healthcare facility in accordance with local, state and federal regulations, standards and establish facility policies and procedures to provide appropriate care and services to residents period. Duties and responsibilities of the administrator include ensuring delivery of compassionate quality care and services across an interdisciplinary team approach as evidenced by adequate, and competent facility staff, employee turnover, general cleanliness, physical plant condition, and optimal residence functioning physically and psychosocially. Duties of the administrator include performing rounds to observe residents and ensure overall needs were being met (expectations were for the administrator to know the residents by name and site) with practices by walking around and making themselves available to employees at all levels by participating in an open door policy. Duties of the administrator include managing and minimizing facility risk through team approach to achieve desired outcomes in customer service, key performance indicators, and employee retention and other areas as identified. Additional tasks of the administrator were to treat all residents with dignity and respect. Promote and protect all resident rights; And establish a culture of compliance by adhering to all facility policies and procedures and complies with standards of business conduct, and state and federal regulations and guidelines. Expectations for the administrator included having the ability to deal tactfully with personnel, residents, family members, visitors, government agencies/personnel and the general public. The administrator must have patience, tact, and willingness to deal with difficult residents, family, and staff. Review of the facility policy titled Resident Rights reviewed and revised on 07/30/25 revealed all residents would be treated equally regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression. The facility would ensure all direct care staff and indirect care staff members, including contractors and volunteers were educated on the rights of residents and the responsibility of the facility to properly care for its residents. Information provided to the State agency revealed the current administrator had a start date of 02/20/2025. Interview on 02/10/26 at 2:20 P.M. with the Administrator revealed the facility did have a corporate compliance hotline if the staff wanted to report anything anonymously. Interview on 02/11/26 at 10:50 A.M. with Corporate Human Resources (HR) #1199 revealed the facility had multiple complaints called in about the administrator in the past year. Corporate HR #1199 revealed the complaints would have been given to the prior Regional Director, RD #2099 [the building was sold and the change went into effect on 01/01/26]. Corporate HR #1199 was unable to confirm if there was ever any official disciplinary action taken on the administrator but believed there was verbal coaching but the verbal coaching would probably not be in the personnel file [personnel file of the administrator]. Corporate HR #1199 also revealed resident complaints would go to the administrator of the facility. When staff reported concerns related to the administrator, they would mention residents were affected by the complaint. Observation of the Corporate Compliance Poster on 02/11/26 at 1:54 PM listed the facility administrator as the corporate compliance officer. Upon dialing the listed number</p> <p>(continued on next page)</p>		

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