STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366072	A. Building B. Wing	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows at Osborn Park	3916 Perkins Ave Huron, OH 44839

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, resident and staff interviews, and policy review, the facility failed to provide a resident who was dependent on staff for showers/bathing received routine showers/bathing. This affected one (#64) of three residents reviewed for activities of daily living. The facility census was 119.Findings include:Review of Resident #64's medical record revealed an admission date of 08/28/25. Diagnoses included Parkinson's disease, major depressive disorder, weakness, anxiety, and muscle weakness.Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #64 had moderately impaired cognition and required partial or moderate assistance from staff with tub or shower transfers and for showering or bathing.Review of the care plan dated 05/28/26 revealed Resident #64 had an Activities of Daily Living (ADL) self-care performance deficit related to impaired balance, limited mobility, and Parkinson's disease. Interventions included Resident #64 required moderate assistance from one to two staff members for bathing.Review of Resident #64's showers sheets and electronic medical record (EMR) charting revealed Resident #64 was supposed to receive showers/bathing on Tuesdays and Thursdays. Resident #64 received a shower on 06/04/26 (Thursday), refused a shower on 06/09/26 (Tuesday), and did not receive another shower until 06/18/26 (Thursday). There was no documentation Resident #64 was offered shower/bathing for 06/11/26 (Thursday) and 06/16/26 (Tuesday).Interview on 06/22/26 at 11:21 A.M. with Resident #64 revealed he was lucky to receive one shower a week, and he wanted at least two showers a week. Furthermore, Resident #64 stated if he wanted a shower, he would have to tell the staff he wanted one or they would not offer one to him.Interview on 06/25/26 at 10:31 A.M. with Registered Nurse (RN) #315 verified the standard at the facility was for residents to receive showers twice a week or per the resident's preference.Interview on 06/25/26 at 11:22 A.M. with the Director of Nursing (DON) verified Resident #64 received a shower on 06/04/26, refused a shower on 06/09/26, and did not receive another shower until 06/18/26. The DON was unaware of why Resident #64 did not receive a shower during that time.Review of the facility policy titled Bathing Choice dated January 2021 revealed residents are interviewed to determine the frequency the resident would like to receive a bath or shower.This deficiency represents non-compliance investigated under Complaint Number 3005272.

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