

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366073	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/17/2025
NAME OF PROVIDER OR SUPPLIER Embassy of Swanton		STREET ADDRESS, CITY, STATE, ZIP CODE 214 S Munson Rd Swanton, OH 43558	
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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, and review of facility policy, the facility failed to initiate a baseline care plan. This affected one resident (#19) of one resident reviewed for baseline care plan. The facility census was 63. Findings include: Review of the medical record for Resident #19 revealed an admission date of 09/30/25 with diagnoses of intracranial hemorrhage, respiratory failure, and chronic obstructive pulmonary disease (COPD).Review of the admission Minimum Data Set (MDS) assessment dated [DATE] for Resident #19 revealed she was severely cognitively impaired, dependent for all care, and was at risk for development of pressure ulcers.Review of the medical record for Resident #19 revealed no baseline care plan was developed.Interview on 11/13/25 at 4:24 P.M. with Regional Registered Nurse (RRN) #500 verified Resident #19 did not have a baseline care plan upon admission.Review of the facility policy titled, Baseline Care Plan, revised 06/24 revealed the facility will develop and implement a baseline for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan will be developed within 48 hours of a resident's admission.		

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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