

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER Vancrest Health Care Center of Eaton		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 Park Avenue Eaton, OH 45320	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on medical record review, observation, staff interview, and review of the facility policy, the facility failed to ensure medications were secure. This affected one (Resident #40) and had the potential to affect three residents identified by the facility as being cognitively impaired and independently mobile. The facility census was 69 residents. Findings include: Review of the medical record of Resident #40 revealed an admission date of 01/06/26 with diagnoses including type two diabetes mellitus, spinal stenosis, anxiety disorder, and overactive bladder.</p> <p>Observation on 02/23/26 at 3:20 P.M. revealed Registered Nurse (RN) #262 entered Resident #40's room with a medication cup with various medications and a small tub of vanilla pudding. RN #262 placed the items on the overbed table and walked out of the room, closing the door behind her. Resident #40 began to take the medications, using pudding. RN #262 then returned to the room with a glass of water.</p> <p>Interview on 02/23/26 at 3:21 P.M. with RN #262 confirmed she had left the medications unattended on Resident #40's overbed table.</p> <p>Review of the facility policy titled Storage of Medications undated revealed drugs should be stored in a safe, secure, and orderly manner.</p> <p>This deficiency represents noncompliance investigated under Complaint Number 2668753.</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