

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>366095                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>11/20/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Pavilion at Edgefield for Nursing and Rehabili                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>836 West 34th Street NW<br>Canton, OH 44709 |                                                 |
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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, staff interviews, review of kitchen staff education, review the owner's manual for the facility dishwasher, and policy review the facility failed to ensure the kitchen was maintained in a sanitary manner. This had the potential to affect all residents residing in the facility. The facility census was 63. Findings include: Observation on 09/15/25 at 9:55 A.M. of the dishwasher machine revealed the dishwasher was a low temperature dishwasher. When asked if they check the sanitizer of the dishwasher, the surveyor was told no by Dietary Aide #990. Dietary Aide #990 stated she has never checked the sanitizer for the dishwasher since she started. Dietary Aide #990 stated she had worked at the facility for a few months. Interview on 09/15/25 at 10:00 A.M. with Dietary Aide #200 revealed periodically he will check the sanitizer solution, but not every day. He stated when the dishwasher machine gets built up with calcium then he knows the sanitizer solution is out and needs to be changed. Observation on 09/15/25 at 10:05 A.M. of the three-sink sanitizer water revealed Dietary Aide #990 did not know which test strips were to be used to test the sanitizer water and did not know how to test the sanitizer water for correct sanitizer levels. Dietary Aide #990 had to ask Dietary Aide #200 how to check the sanitizer water and which test strips to use. When asked how often the sanitizer water is changed, Dietary Aide #200 stated at each meal. Observation of a sign on the wall by the three-sink that stated change water every two hours. Dishwasher #200 stated there is no record on when the dishwasher sanitizer or the three-sink sanitizer are checked. Dishwasher #200 verified the dishwasher and sanitizer water are not being checked every two hours or every day. Observation on 09/15/25 at 10:15 A.M. of the kitchen also revealed dishes are being put away wet. There was 20 plus plate lids, 20 plus plates, 20 plus bowls, 20 plus cups and all of the serving trays were staked and put away wet. Interview on 09/15/25 at 10:19 A.M. with [NAME] #100 verified all wet dishes that were stacked and put away wet and instructed staff to rewash the dishes. [NAME] #100 verified that dishes and cookware are not to be put away wet due to sanitation concerns. Review of the facility policy Sanitization, dated 2001 revealed the chemical solution is maintained at the correct concentration, based on periodic testing, at least once per shift, effective contact time according to manufacturer's guidelines. Facilities must have appropriate and adequate testing equipment, such as test strips and thermometers, to ensure adequate washing and sufficient concentration of sanitizing solution is present to effectively clean and sanitize dishware and kitchen equipment. Review of the owner's manual for the low temperature dishwasher model 1.05C 07-2022 revealed staff should test the bottom of the glasses with litmus paper (test strips). The concentration should be 50 parts per million (p.p.m.) minimum to 100 p.p.m. maximum and if concentration is incorrect contact your chemical supplier. Review of the staff education sheet (undated) for proper use of sanitizer test strips revealed the purpose was for all dietary staff to properly test and document sanitizer concentrations to maintain compliance with infection control and food safety standards.</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

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| <p>F 0578</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, policy review, and interview the facility failed to ensure accuracy of code status and educate staff on the location of the resident current code status. This affected six (#01, #10, #12, #15, #27 and #32) of 24 residents reviewed. The census was 63. Findings include: 1. Review of Resident #15's medical record revealed a 05/01/25 admission date with diagnoses including dementia, fracture of left femur, emphysema, severe protein calorie malnutrition, disorders of psychological development, Alzheimer's disease, ataxia, muscle weakness, varus deformity left hip, bradycardia, joint implants, vitamin D deficiency, abnormal findings of lung fields, major depressive disorder, osteoarthritis, cataract, elevated white blood cell count, anxiety, cataracts, constipation, gastroesophageal reflux disease, tremor, insomnia, scoliosis, kyphosis, tremor, history of falling, and hypothyroidism.</p> <p>Review of a 06/26/25 Quarterly Minimum Data Set Assessment included the resident was severely impaired for daily decision making.</p> <p>Physician orders included a 05/02/25 order for Do Not Resuscitate Comfort Care (DNRCC) (a medical directive where a patient chooses to receive only measures that promote comfort and relieve pain and suffering, rather than emergency treatments like cardiopulmonary resuscitation (CPR) to restart their heart or breathing if they stop).</p> <p>The miscellaneous section of the electronic medical record included DNRCC's signed on 04/29/24 and 05/11/25.</p> <p>Interview on 09/16/25 at 11:34 A.M. with Licensed Practical Nurse (LPN) #360 included they did not have a paper code record on the unit for guidance. Certified Nurse Aide (CNA) #560 stated they did have a code binder and pulled it off the nurse station desk. CNA #560 said the binder is what they would look at for a code status. Resident #15's code status was not in the binder. LPN #360 verified she was not aware the facility kept code status binders on the units. LPN #360 verified at the time of the observation Resident #15 did not have a code status located in the binder.</p> <p>2. Review of Resident #12's medical record revealed a 05/17/25 admission with diagnoses including dementia, cerebral infarction, attention and concentration deficit, chronic kidney disease stage 2, abscess of breast and nipple, leiomyoma of uterus, restlessness and agitation, hypothyroidism, anemia, hypercholesterolemia, cognitive communication deficit, Vitamin D deficiency, anxiety disorder, difficulty in walking, essential hypertension, major depressive disorder, insomnia, muscle weakness, and chronic pain.</p> <p>Review of the 05/23/25 admission Minimum Data Set Assessment (MDS) revealed the resident was severely impaired for daily decision making, inattention continuously, behaviors continuously present for disorganized thinking and altered level of consciousness.</p> <p>Review of the physician orders revealed a 05/18/25 order that identified the resident's code status as Full Code and admit to the secured unit.</p> <p>Review of the secured unit code binder revealed there was not a code status in the binder for Resident #12.</p> <p>(continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0578</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Interview on 09/16/25 at 12:01 P.M. with Registered Nurse (RN) #500 verified the code binder did not contain a code status for Resident #12.</p> <p>Review of the plans of care revealed there was not a code plan of care developed until 09/16/25 when it was determined the code binder was not up to date and did not contain the resident's code status.</p> <p>Interview on 09/17/25 at 5:41 P.M. with the Director of Nursing (DON) included they should not be using the code binder. She doesn't know who taught the staff to look in them for the code status. She verified there were code binders on the units. She agreed everyone needed to be on the same page as to where to find resident code status. She stated the staff is to look in the electronic documentation to find the resident code status.</p> <p>Review of the facility's Advance Directive policy (revised September 2022) included if the resident or the residents representative has executed one or more advanced directives, or executes one upon admission, copies of these documents are obtained and maintained in the same section of the residents medical record and are readily retrievable by any facility staff. The resident's wishes are communicated to the resident's direct care staff and physician by placing the advanced directive documents in a prominent, accessible location in the medical record and discussing the resident's wishes in care planning meetings.</p> <p>3. Review of Resident #32's medical record revealed a readmission [DATE] with diagnoses including Alzheimer's disease, dementia, epilepsy, severe protein malnutrition, chronic kidney disease stage 3, and malignant prostate.</p> <p>Physician orders included a 02/18/25 order for a full code.</p> <p>Review of the Annual MDS dated [DATE] revealed the resident was severely impaired for cognition, the resident was dependent on staff for all care.</p> <p>Review of the second floor code status binder revealed there was no code status in the binder for Resident #32.</p> <p>Interview on 09/16/25 at 12:01 P.M. with RN #500 verified the code binder did not contain a code status for Resident #32.</p> <p>4. Review of the medical record revealed Resident #10 was admitted to the facility on [DATE] with diagnoses including cerebrovascular disease, dementia, diabetes mellitus, congestive heart failure, chronic kidney disease, and adult failure to thrive.</p> <p>Review of Resident #10's electronic medical record (EMR) indicated his code status was (Advanced Directives) Do Not Resuscitate &amp;ndash; Comfort Care Arrest (DNR-CCA). Further review revealed a DNR Order Form, signed by the physician, which indicated the code status of DNR-CCA.</p> <p>Observation on 09/16/25 at 11:30 A.M. of Resident #10's code status sheet located in the [NAME] titled Do Not Resuscitate (DNR) Code Status, revealed Resident #10 was a Full Code.</p> <p>Interview on 09/16/25 at 11:35 A.M. with LPN #780 stated Resident #10's code status sheet located in the binder titled Do Not Resuscitate (DNR) Code Status, revealed Resident #10 was a Full Code, (continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0578</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>however, his EMR indicated he was a DNR-CCA. LPN #780 further stated staff could access either the EMR or the binder located at nurse's station to verify a resident's code status.</p> <p>Interview on 09/16/25 at 11:57 A.M. with the Assistant Director of Nursing (ADON) confirmed Resident #10's code status sheet indicated he was a Full Code; however, the EMR revealed the resident was a DNR-CCA, which was correct. The ADON confirmed the resident's code status should be the same in both locations.</p> <p>5. Review of the medical record revealed Resident #27 was admitted to the facility on [DATE] with diagnoses including cellulitis of right lower limb, chronic ulcer of right lower limb, chronic heart failure, multiple sclerosis, and anxiety.</p> <p>Review of Resident #27's electronic medical record (EMR) indicated his code status was (Advanced Directives) Do Not Resuscitate &amp;ndash; Comfort Care Arrest (DNR-CCA). Further review revealed a DNR Order Form, signed by the physician, which indicated the code status of DNR-CCA.</p> <p>Observation on 09/16/25 at 11:31 A.M. of the binder titled Do Not Resuscitate (DNR) Code Status, revealed the binder was absent of any advanced directive documents for Resident #27.</p> <p>Interview on 09/16/25 at 11:37 A.M. with LPN #780 revealed the DNR Code Status binder did not contain any advanced directive documents for Resident #27, however, the EMR indicated the resident was a DNR-CCA. LPN #780 further revealed staff could access either the EMR or the binder located at nurse's station to verify a resident's code status.</p> <p>Interview on 09/16/25 at 11:57 A.M. with the Assistant Director of Nursing (ADON) confirmed Resident #27's EMR revealed the resident was a DNR-CCA, which was correct; however, the DNR Code Status binder did not contain any advanced directive documents. The ADON confirmed the resident's code status should be the same in both locations.</p> <p>Review of the facility's policy titled, Advance Directives, (undated), revealed the resident has the right to formulate an advance directive, including the right to accept or refuse medical or surgical treatment. Advance directives are honored in accordance with state law and facility policy. If the resident has an advance directive, copies of these documents are obtained and maintained in the same section of the residents medical record and are readily retrievable by any facility staff.</p> <p>6. Review of medical record for Resident #01 revealed admission to the facility on [DATE] with diagnoses including pneumonia related to inhalation of food and vomit, diabetes, vascular disease, heart disease, kidney disease, fatty liver, high blood pressure, attention deficit hyperactivity disorder, overactive bladder, anxiety, fibromyalgia (chronic pain to nerve endings), and anemia (low blood count).</p> <p>Review of medical record for Resident #01 revealed on 09/16/25 the code status listed in the electronic medical record (EMR) list as Do Not Resuscitate &amp;ndash; Comfort Care Arrest (DNR-CCA). Further review of the EMR revealed a signed copy by the medical provider for an ordered code status of DNR-CCA.</p> <p>Interview on 09/16/25 at 11:10 A.M. with Licensed Practical Nurse, (LPN) #780, revealed there was no code status sheet or order in the book titled Do Not Resuscitate (DNR) Code Status, located at the nurse's station, for Resident #1. Interview further revealed staff could access either EMR or the book at nurse's station to verify Residents code status.</p> |                                                                                          |                                                 |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, policy review, and interview, the facility failed to ensure the facility maintained a clean environment free of cigarette butts, trash, damaged drywall, molding, wallpaper and dirty floors. This affected five residents (#5, #12, #13, #27 and #67) of 63 residents residing in the facility. The census was 63. Findings include:</p> <p>1. Observation on 09/15/25 at 11:20 A.M. of Resident #5's room revealed the molding in the bathroom was coming off the wall by the shower and door. The wall was marred.</p> <p>Observation on 09/18/25 at 9:24 A.M. of Resident #5's room revealed the molding was coming off the wall in the bathroom to the left of the shower and the right wall walking in. There was a plastic surface on the wall that was coming off and taped with thick silver duck tape. The wall was plastered white and not painted to the left of the medicine cabinet. The lower wall sink side was scraped up. The wall was also damaged and scraped up with the paint off.</p> <p>Interview on 09/18/25 at 9:44 A.M. with Licensed Practical Nurse (LPN) #770 verified the molding, plastic wall surface and drywall damage affecting Resident #5 who resided in the room.</p> <p>2. Observation on 09/16/25 at 12:40 P.M. of the bathroom between rooms [ROOM NUMBERS] revealed there were holes in the wall behind the commode, molding off wall and wallpaper coming off the wall.</p> <p>Observation and interview on 09/16/25 at 4:50 P.M. with the Administrator verified the hole in the wall behind the toilet, the molding off the wall to the right of the sink and wallpaper peeling off the wall in front of the toilet. The Administrator verified Resident's #12 and #13 resided in the adjoining rooms.</p> <p>3. Observation on 09/17/25 at 3:33 P.M. of the administration of an intravenous medication for Resident #67 in room [ROOM NUMBER] revealed his bathroom floor was sticky. When in the bathroom to wash hands with Licensed Practical Nurse (LPN) #780 shoes could be heard sticking to the floor when walking. There was a sticky sound. The bathroom floor was smeary soiled with blackened streaks.</p> <p>Interview 09/17/25 at 3:44 P.M. with LPN #780 verified the bathroom floor in room [ROOM NUMBER] was sticky sounding with a dirty appearance affecting Resident #67. LPN #780 thought maybe it was because the resident was in isolation and the cleaning time was altered.</p> <p>4. On 09/16/25 at 9:55 A.M., an observation of outdoor smoking area revealed cigarette butts were in the cracks of the sidewalk. There were cigarette butts in and under the bushes, as well as right beside the Smoker's Outpost (a closed cigarette butt disposal). This was confirmed at the time of observation by Activities Aide (AA) #400.</p> <p>At the time of the observation, an interview with AA #400 revealed the outdoor area surrounding the smoking structure was littered with cigarette butts. She reported the area behind the structure usually had cigarette butts and debris from employees who would smoke outside behind the smoking structure.</p> <p>(continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>5. Review of the medical record revealed Resident #27 was admitted to the facility on [DATE] with diagnoses including cellulitis of right lower limb, chronic ulcer of right lower limb, chronic heart failure, multiple sclerosis, and anxiety.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment for Resident #27, dated 08/21/25, revealed the Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact. The assessment revealed the resident required staff assistance with activities of daily living (ADLs).</p> <p>Observation on 09/15/25 at 3:14 P.M. of Resident #27's bathroom, revealed the trash can was full and overflowing onto the floor. Further observation revealed the floor was sticky and black shoes imprints were visible.</p> <p>Interview on 09/15/2025 at 3:32 P.M. with Certified Nurse Aide (CNA) #840 confirmed the trash was overflowing and the floor appeared soiled.</p> <p>Interview on 09/15/2025 at 3:51 P.M. with Administrator revealed he would notify housekeeping immediately to remove the trash and clean the floor.</p> <p>Review of the Resident Council Minutes, dated 05/21/25, revealed resident concerns related to trash being picked up every two to three days.</p> <p>Review of the facility's policy titled, Safe and Homelike Environment, undated, revealed in accordance with residents' rights, the facility will provide a safe, clean, comfortable, and home-like environment. Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment.</p> |                                                                                          |                                                 |

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| <p>F 0628</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and staff interviews, the facility failed to provide required and complete bed hold and Ombudsman notifications for transferred and/or discharged residents. The affected four (#04, #56, #79, and #81) of four residents reviewed for bed hold and ombudsman notifications. The facility census was 63. Findings include: 1. Review of medical record of Resident #04 revealed admission to facility on 11/07/23 with diagnoses including heart failure, lung disease, contracture (deformity) of right hand, heart disease, anemia (low blood count), chronic back pain, high blood pressure, degenerative joint disorder of cervical (neck) and lumbar (mid back) regions.</p> <p>Review of the medical record for Resident #04 revealed transfer and admission to the hospital on [DATE], 07/26/25, and 08/24/25. Further record review revealed notification of bed hold status provided to the resident's representative and Resident #04 via certified mail for the hospitalization on 05/24/25 and 08/24/25.</p> <p>Review of the Bed Hold Days document provided on 05/27/25 to Resident #04 revealed Resident's name, date of discharge: [DATE], days used: 01, days remaining: 29, date delivered: 05/27/25 and signed by the Business Office Manager, (BOM) #370.</p> <p>Review of the Bed Hold Days document provided on 08/24/25 to Resident #04 revealed Resident's name, date of discharge: [DATE], days used: 09, days remaining: 21, date delivered: 08/25/25 and signed by the BOM #370.</p> <p>Review of medical record for Resident #04 revealed there was no transfer form completed or sent with the resident to the hospital at time of transfer for the 05/24/25 hospital admission.</p> <p>Interview on 09/22/25 10:22 A.M. with BOM #370, revealed she was on vacation during the week of 7/26/25 - 08/02/25 and the bed hold notice was not sent to Resident #04 Representative or Resident #04. Further interview revealed it was the responsibility of the Social Worker, who no longer works for facility, to complete the notification during the time the business office manager was on vacation. The BOM #370 verified she only sends the bed hold notice of current days available to residents and does not provide the bed hold policy or cost of bed hold to residents at time of transfer.</p> <p>Interview on 09/22/25 at 1:24 P.M. with the Director of Nursing, (DON), revealed the transfer form was not completed for Resident #04 for the 5/24/25 hospitalization. Further interview with the DON revealed the transfer process as follows: The facility completes the transfer form and sends with the transport team and resident to the hospital. The nurse providing care calls reports to the hospital for a one-on-one nurse report. The medical provider and family are notified via phone calls of transfer to hospital if not done so already and this is documented in the progress notes. The Business Office Manager completes the bed hold notice of available days and sends via certified letter to the resident and their representative. The Social Worker is responsible for completing the ombudsman notification for all transferred and discharged residents usually via an email notification.</p> <p>Interview on 09/22/25 at 1:56 P.M. with the Administrator revealed the facility had not been notifying the Ombudsman office of transfer and discharges of residents. Further interview revealed this was the responsibility of the prior Social Worker who was terminated. The Administrator verified that there was no notification to the ombudsman for the three hospitalizations for Resident #04 on 5/24/25, (continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0628</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>07/26/25, and 08/24/25.</p> <p>Review of the facility policy Transfer or Discharge, Facility -Initiated dated October 2022 revealed the following statements 4. Notice of Transfer is provided to the residents and representative as soon as practicable before the transfer and to the long-term care (LTC) ombudsman when practicable (e.g., in a monthly list of residents that includes all notice content requirements). 5. Notice of Facility Bed-Hold and Return policies are provided to the resident and representative within 24 hours of emergency transfer. 6. Notices are provided in a form and manner that the resident can understand, taking into account the resident's educational level, language, communication barriers, and physical or mental impairments.</p> <p>Review of the facility policy Bed-Holds and Returns undated revealed the following statement, The written bed-hold notices provided to the residents/representatives explain in detail: the duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the facility; the reserve bed payment policy as indicated by the state plan (for Medicaid residents); the facility policy regarding bed-hold periods; the facility per-diem rate required to hold a bed (for non-Medicaid residents), or to hold a bed beyond the state bed-hold period (for Medicaid residents); and the facility return policy.</p> <p>2. Review of Resident #79's medical record revealed a 04/24/25 admission and a 07/13/25 discharge to the hospital. Diagnoses included malignant neoplasm of tongue, acute respiratory failure, type 2 diabetes, severe protein malnutrition, congestive heart failure and hemiplegia.</p> <p>On 07/13/25 at 6:53 A.M. nurse notes included the resident appeared to be having a seizure. Upon assessment resident was not responding but breathing. Resident assisted into bed, oxygen applied. Resident then stopped breathing and cardiopulmonary resuscitation started. The resident was transported to the hospital.</p> <p>Review revealed a certified letter was sent with the bed hold days available. It did not contain the cost of the room or reason for transfer/discharge.</p> <p>The facility did not provide ombudsman notification.</p> <p>Interview on 09/22/25 at 10:22 A.M. with the Business Office Manager, (BOM), #370 revealed she was on vacation during the week of 7/26/25 - 08/02/25 and the bed hold notice was not sent to Resident Representative or Resident #79. Further interview revealed it was the responsibility of the social worker, who no longer works for facility, to complete the notification during the time the business office manager was on vacation. The BOM verified she only sends the bed hold notice of current days available to residents and does not provide the bed hold policy or cost of bed hold to residents at the time of transfer.</p> <p>Interview on 09/23/25 at 1:06 P.M. with the Administrator verified the facility did not send the ombudsman notification of the transfer/discharge. Further, verified they did not include the cost of the room on their bed hold letters and the transfer/discharge reason. He indicated the former social worker was to be completing these duties and had not been.</p> <p>On 09/25/25 at 3:48 P.M. the Administrator emailed the facility sent February through July bed holds to notify the Ombudsman on 08/07/25 The August notification was 09/02/25. However, the paperwork sent did not indicate which residents the Ombudsman was notified about and the reason (continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0628</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>for the transfer/discharge, Interview with the Administrator at the time of the email verified the ombudsman notification was not timely and did not indicate which residents were included.</p> <p>Review of the Transfer or Discharge, Facility Initiated policy (revised 10/2022) included notice of transfer is provided to the resident and representative as soon as practicable before the transfer and to the long term care (LTC) ombudsman when practicable (e.g. in a monthly list of residents that includes all notice content requirements. Notice of Facility Bed Hold and Return policies are provided to the resident and resident representative within 24 hours of emergent transfer. The facility will send a copy of the discharge notice to a representative of the Office of the State LTC ombudsman</p> <p>Review of the facility's Bed-Holds and Returns policy revised October 2022 included the facility per-diem rate required to hold a bed and facility return policy.</p> <p>3.Review of the medical record for Resident #81 revealed she was admitted to the facility on [DATE]. She was admitted from home with diagnoses that included, but were not limited to, malignant neoplasm of unspecified bronchus, secondary malignant neoplasm of liver and intrahepatic bile duct, secondary malignant neoplasm of bone, diabetes, peripheral vascular disease, left hip arthritis, history of pulmonary embolism, acquired absence of lung, and anxiety disorder. At the time of admission, Resident #81 was a hospice patient.</p> <p>Review of the medical record for Resident #81 revealed a form titled PHC-Recapitulation of Stay, dated 06/23/25. The form contained only information from social services and a weight was included in the dietary information. The Recapitulation failed to provide course of illness, treatment, therapy, pertinent labs, and radiology reports for Resident #81. This was confirmed by the Director of Nursing (DON) on 09/23/25 at 3:15 P.M.</p> <p>Review of the medical record for Resident #81 revealed a form titled PHC-Interdisciplinary Discharge summary dated [DATE]. The form failed to provide a discharge summary which included: Identification and demographic information; customary routine; cognitive patterns; communication; vision; mood and behavior patterns; physical functioning and structural problems; continence; disease diagnoses and health conditions; dental and nutritional status; skin condition; activity pursuit; medications; special treatments and procedures; discharge planning (as evidenced by most recent discharge care plan); documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the MDS; and Documentation of participation in assessment. This was confirmed by the DON on 09/23/25 at 3:15 P.M.</p> <p>Review of the medical record for Resident #81 failed to reveal any information had been communicated to the receiving nursing facility. The record also failed to reveal any communication of discharge information being sent within 30 days of discharge to the Ombudsman. This was confirmed by the DON on 09/23/25 at 3:15 P.M.</p> <p>An Interview with the Administrator (AD), on 09/22/25 at 1:56 P.M., revealed the facility had not been notifying the ombudsman of transfer and discharges. This was the responsibility of the prior social worker and reason he was terminated.</p> <p>An interview with the AD on 09/23/25 at 4:00 P.M., confirmed the record for Resident #81 contained incomplete discharge information. After review of the record, he confirmed it did not contain a complete discharge summary, recapitulation, or notice to the Ombudsman.<br/>(continued on next page)</p> |                                                                                          |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| F 0628<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>4. Review of the medical record for Resident #56 revealed an admission date of 07/11/25. Diagnoses included anemia, cellulitis of right upper limb, lymphedema and abnormal gait. Review of the progress note dated 09/15/25 revealed Resident #56 had critical labs and was sent to the hospital. Review of the bed hold days notification sent to Resident #56 representative dated 09/16/25 revealed Resident #56 used one day and still had 29 days left.</p> <p>Interview on 09/22/25 at 1:58 P.M. with the Business of Manager (BOM) #370 stated Resident #56's bed hold days was sent to POA on 09/16/25 stating how many days have been used and how many days are left. The BOM verified she only sends the bed hold notice of current days available to residents and does not provide the bed hold policy or cost of bed hold to residents at time of transfer.</p> |                                                                                          |                                                 |

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| F 0558<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Reasonably accommodate the needs and preferences of each resident.<br><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure a call light was within reach for a dependent resident. This affected one (#10) of five residents reviewed for activities of daily living (ADLs). The facility census was 63. Findings include: Review of the medical record revealed Resident #10 was admitted to the facility on [DATE] with diagnoses including cerebrovascular disease, dementia, diabetes mellitus, congestive heart failure, chronic kidney disease, and adult failure to thrive. Review of the quarterly Minimum Data Set (MDS) assessment, dated 06/24/25, revealed the Resident #10 was moderately cognitively impaired and required staff assistance with activities of daily living (ADLs). The resident's mobility device was a wheelchair. Observation on 09/18/25 at 1:26 P.M. revealed Resident #10 was lying in bed. The resident's call light was observed draped over his recliner and not within reach of the resident. Observation on 09/18/25 at 3:28 P.M. revealed Resident #10 was lying in bed, tearful and requesting to be pulled up in his bed. Further observation revealed his call light draped over his recliner and not within reach of the resident. Interview on 09/18/25 at 3:30 P.M. with the Assistant Director of Nursing (ADON) confirmed Resident #10's call light was not within reach of the resident. |                                                                                          |                                                 |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on medical record review and staff interview, the facility failed to provide education on psychotropic drug use, risk, benefits, and side effects to residents. This affected one (#01) of the five residents reviewed for psychotropic drug use. The facility census was 63. Findings include: 1. Review of the medical record of Resident #01 revealed admission to facility on 06/25/25 with diagnoses including pneumonia related to inhalation of food and vomit, diabetes, vascular disease, heart disease, kidney disease, fatty liver, high blood pressure, attention deficit hyperactivity disorder, overactive bladder, anxiety, fibromyalgia (chronic pain to nerve endings), and anemia (low blood count). Review of the medical record for Resident #01 revealed a general psychotherapies consent signed on admission to facility on 06/25/25 by Resident #01. The consent stated medication management may involve the risk of physical side effects, which may increase over time and/or persist after the conclusion of my treatment. I understand that I am encouraged to talk to my treating clinician(s) about any side effects or other adverse effects I am experiencing. There was no documentation related to the specific medications prescribed for Resident #01 including risk, benefits, and side effects. The prescribed psychotropic medications for Resident #01 included: Bupropion (anti-depressant) prescribed on 06/25/25, Duloxetine (anti-depressant) prescribed on 06/25/25, and Nortriptyline (antidepressant) prescribed on 06/25/25, Adderall (stimulant) prescribed on 06/27/25, Ativan (anti-anxiety) prescribed on 06/26/25. Review of medication side effect resource Medscape <a href="http://www.medscape.com">www.medscape.com</a> revealed side effects for these medications included: Bupropion (dry mouth, sore throat, dizziness, nausea, vomiting, ringing in the ears, headache, decreased appetite, weight loss, constipation, trouble sleeping, increased sweating, or shaking). Duloxetine (Nausea, dry mouth, constipation, loss of appetite, tiredness, drowsiness, or increased sweating, light headedness, increased blood pressure, confusion, easy bleeding/bruising, decreased interest in sex, changes in sexual ability, muscle cramps/weakness, shaking (tremor), difficulty urinating, signs of liver problems, black stool, bloody vomit, seizure, eye pain swelling and redness, vision changes, blurred vision, fast heartbeat, hallucinations, loss of coordination, fever, agitation, restlessness). Nortriptyline (fatigue, sleepiness, sedation, weakness, dry mouth, constipation, blurred vision, agitation, anxiety, headache, inability to sleep, nausea, vomiting, sweating, low blood pressure, heart rhythm changes, dizziness, high heart rate, confusion, ringing in ears, rash, sexual dysfunction, seizure, increased liver function, low white blood cell counts, excessive urination). Adderall (loss of appetite, headache, inability to sleep, abdominal pain, weight loss, anxiety, vomiting, nervousness, high heart rate, fever, nausea, infection, emotional changes, dizziness, diarrhea, fatigue, dry mouth, indigestion). Ativan (drowsiness, depression, headache, constipation, diarrhea, dry mouth, impaired coordination, increased appetite, fatigue, memory impairment, irritability, cognitive disorders, lightheadedness, difficulty speaking, decreased appetite, weight changes, difficulty urinating, menstrual disorder, decreased sexual libido, tremors, leaking urine). Review of the medical record for Resident #01 revealed signed physician progress notes dated 06/26/25, 06/30/25, and 07/21/25 had no documentation of education of benefits, risk, or side effects of medications prescribed for Adderall, Bupropion, Nortriptyline, or Ativan. Review of the medical record for Resident #01 revealed nursing progress notes dates 06/25/25 through 09/16/25 did not indicate education was provided to Resident #01 regarding psychotropic medication use, risk, benefits, or side effects. Interview on 09/18/25 at 8:45 A.M. revealed Regional Clinical Consultant, #1000 reported the statement on the psychotherapy consent form was used for education, as it stated if the resident had any questions they were answered by the provider or facility staff. Regional Clinical Consultant #1000 stated prescribers educated residents on medications as part of their standard practice.</p> |                                                                                          |                                                 |

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| F 0627<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to ensure the transfer and discharge of a resident was documented in the medical record. The facility also failed to communicate appropriate information to the receiving facility. This affected one (#81) of four residents reviewed for inappropriate discharge. The facility census was 63. Findings include: Review of the medical record for Resident #81 revealed she was admitted to the facility on [DATE]. She was admitted from home with diagnoses that included, but were not limited to, malignant neoplasm of unspecified bronchus, secondary malignant neoplasm of liver and intrahepatic bile duct, secondary malignant neoplasm of bone, diabetes, peripheral vascular disease, left hip arthritis, history of pulmonary embolism, acquired absence of lung, and anxiety disorder. At the time of admission, Resident #81 was a hospice patient. Review of the medical record for Resident #81 revealed a care plan dated 06/09/25. The care plan did not address discharge planning for the resident. This was confirmed by the Director of Nursing (DON) on 09/23/25 at 3:15 P.M. Review of the progress notes in the medical record for Resident #81 failed to reveal any communication or planning with the resident or the resident's representative for a discharge to another nursing facility. This was confirmed by the DON on 09/23/25 at 3:15 P.M. An interview with the Administrator on 09/23/25 at 4:00 P.M., confirmed the medical record for Resident #81 did not contain the necessary care planning and discharge planning. He reviewed the medical record and confirmed there was no care planning for discharge, and no communications with the resident or the resident's representative which would indicate the facility assisted with arrangements for the resident to go to another nursing facility.</p> |                                                                                          |                                                 |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on record review, policy review, resident and staff interviews, the facility failed to develop comprehensive resident specific care plans and include resident and resident representative involvement in the care planning process. for Residents #04 and #15. The affected two (#04, #15) of 27 residents reviewed for comprehensive care planning. The facility census was 63. Findings include: 1. Review of medical record of Resident #04 revealed admission to facility on 11/07/23 with diagnoses including heart failure, lung disease, contracture (deformity) of right hand, heart disease, anemia (low blood count), chronic back pain, high blood pressure, degenerative joint disorder of cervical (neck) and lumbar (mid back) regions.</p> <p>Review of the Minimum Data Sets 3.0 (MDS) assessment tool revealed completion of MDS 3.0 quarterly assessment on 12/24/24, quarterly assessment 03/24/25, annual assessment on 06/04/25, and quarterly assessment on 08/12/25. Review of Resident #04 Care Conference Summary Sheet 2.0 dated 01/07/25 revealed Resident #04's family and Resident #04 were not in attendance; they were invited and declined. Further record review revealed no other care conference summaries completed to coincide with the MDS assessments and care plan revisions.</p> <p>Interview 09/16/25 at 12:10 P.M. with Resident #04's son revealed he has participated in care conference in past but has not been invited to one in a long time.</p> <p>Interview on 09/23/25 at 11:35 A.M. with the Director of Nursing, (DON), revealed verification that there were no care conferences conducted, or care conference notes completed in the medical record in 2025 for Resident #04. Interview further revealed that it was the responsibility of the prior social worker, who was terminated, to conduct and document care conferences.</p> <p>Review of facility policies Care Planning and Interdisciplinary Team and Care Plans, Comprehensive Person-Centered policies both dated March 2022; revealed care conference would occur quarterly for each resident and the facility will attempt to have family and resident present and document reason if not in attendance.</p> <p>2. Review of Resident #15's medical record revealed a 05/01/25 admission date with diagnoses including dementia, fracture of left femur, emphysema, severe protein calorie malnutrition, disorders of psychological development, Alzheimer's disease, ataxia, muscle weakness, varus deformity left hip, bradycardia, joint implants, vitamin D deficiency, abnormal findings of lung fields, major depressive disorder, osteoarthritis, cataract, elevated white blood cell count, anxiety, cataracts, constipation, gastroesophageal reflux disease, tremor, insomnia, scoliosis, kyphosis, tremor, history of falling, and hypothyroidism.</p> <p>Review of a 02/09/21 Fall Risk plan of care revealed the resident was at risk related to generalized weakness, history of falls, impaired cognition with decreased safety awareness, poor balance, poor communication/comprehension, psychoactive drug use, unsteady gait and a history of falls.</p> <p>Review of a 6/26/25 Quarterly Minimum Data Set Assessment included the resident was severely impaired for daily decision making, dependent on staff to put footwear on, dependent for chair transfer and did not walk. The resident had no falls since last assessment.</p> <p>Review of a 07/14/25 fall in the dayroom included the resident was rising unassisted and landed on (continued on next page)</p> |                                                                                          |                                                 |

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| F 0657<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | her butt in front of her wheelchair. The immediate intervention was to offer her the recliner.<br><br>Review of physician orders included a 07/14/25 order to offer recliner chair when in lounge.<br><br>Review of the comprehensive fall plan of care revealed to offer the resident the recliner chair when is<br>the lounge was not added to the plan of care.<br><br>Interview 09/23/25 at 4:44 P.M. with the Director of Nursing verified the care plan was not updated<br>for the use of the recliner.<br><br>Review of the facility's Fall and Fall Risk Managing policy revised March 2018 did not include adding<br>interventions to the comprehensive plan of care. |                                                                                          |                                                 |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on record review, observation, and interview the facility failed to provide personal hygiene care to a resident dependent on staff for provision of care. This affected one (#13) of six residents reviewed for personal hygiene care. The facility census was 63. Findings include: Review of Resident #13's medical record revealed a 11/25/23 admission with diagnoses including Alzheimer's disease, dementia, hypertension and anxiety. The resident had a 11/25/23 activity of daily living self care performance deficit plan of care related to Alzheimer's, anxiety, dementia, and psychoactive drug use. Interventions included the resident will accept assistance during bathing and/or showering. The resident had an 11/21/24 order for placement on secured memory care unit for therapeutic environment. Review of the 07/16/25 Quarterly minimum data set (MDS) assessment revealed the resident was severely impaired for daily decision making. Review of nurse notes May 2025 through September 2025 revealed no bathing or nail care refusals. Review of showers revealed no documented refusals of showers. Observation on 09/16/25 at 8:20 A.M. revealed the resident was ambulating in the hall. Her nails were long. Observation at 1:37 P.M. revealed her finger nails had debris under the nailbeds and her nails were long and jagged. Observation 09/16/25 at 4:38 P.M. with the Administrator of the resident's fingernails revealed the resident's nails were long with dirt under the nail beds bilaterally. The Administrator asked her if she wanted a spa day tomorrow. The resident did not respond. Interview 09/16/25 at 4:45 P.M. with Certified Nurse Aide (CNA) #490 verified they are to trim and clean resident nails with showers if needed. Observation 09/17/25 at 11:44 A.M. of Resident #13 revealed her fingernails remained dirty and jagged bilaterally. Interview 09/17/25 at 12:06 P.M. with Licensed Practical Nurse (LPN) #270 included it was not passed on to her that Resident #13 needed nail care completed.</p> |                                                                                          |                                                 |

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| F 0684<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>Based on observation, record review, and interviews, the facility failed to ensure Resident #44's bilateral lower leg (BLL) wraps were applied as ordered by the physician. This affected one (#44) of two residents reviewed for edema and non-pressure skin conditions. The facility census was 63. Findings include: Review of the medical record for Resident #44 revealed an admission date of 02/13/25 with diagnoses including Alzheimer's disease, dementia, left bundle branch block, lymphedema, edema, anxiety, and muscle weakness. Review of the quarterly Minimum Data Set (MDS) assessment, dated 08/08/25, revealed Resident #44's Brief Interview for Mental Status (BIMS) score was 08, which indicated moderately impaired cognition. The resident required staff assistance with activities of daily living. Review of the Care Plan, dated 3/11/25, revealed Resident #44 was at risk for impaired skin integrity related to edema and fragile skin with the intervention to apply ACE wraps to bilateral lower extremities in the morning and to be removed in the evening. Review of physician order, dated 3/12/25, revealed the order for ACE wraps to be applied to bilateral lower extremities, to be on in the morning and off in the evening. Observation on 09/17/25 at 9:12 A.M. revealed Resident #44 did not have ACE wraps applied to bilateral lower extremities as ordered by the physician. Subsequent observation on 09/17/25 at 11:19 A.M. again revealed the resident did not have ACE wraps applied to her bilateral lower extremities. Interview on 09/17/24 at 11:25 A.M., Licensed Practical Nurse (LPN) #780 confirmed Resident #44 was not wearing ACE wraps on her bilateral lower extremities as ordered by the physician. |                                                                                          |                                                 |

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| <p>F 0685</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Assist a resident in gaining access to vision and hearing services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, observation, and interview, the facility failed to ensure residents received proper assistive devices to maintain hearing abilities. This affected on (#22) of two residents reviewed for communication and sensory issues. The facility census was 63. Findings include: Review of the medical record for Resident #22 revealed an admission date of [DATE]. Diagnoses included but were not limited to atherosclerotic heart disease of native coronary artery without angina pectoris, multiple fractures of ribs, left side, seizures, mild cognitive impairment, chronic lymphocytic leukemia of B-Cell type in remission, small cell B-Cell lymphoma, need for assistance with personal care, muscle weakness, essential tremor, major depressive disorder, vascular dementia unspecified without behavior disturbance, personal history of healed traumatic fracture, and generalized anxiety disorder. Review of care plan for Resident #22 revealed he had impaired communication related to anxiety, cognitive impairment, depression and hard of hearing. A care plan update on [DATE] indicated the resident had received replacement hearing aides. There had been no additional changes to this focus area. Interventions included audiology referral as needed. Review of a progress note from 360Ohio, dated [DATE], revealed resident had possible hearing loss noted with normal conversational tones. The resident had hearing aides that were broken. Warranty expired in 2022. Recommended audiology referral to see if eligible for a new set. There was no follow up with audiology noted after that note. Review of a progress note by Registered Nurse (RN) #670 on [DATE] revealed Resident #21 was minimally hearing impaired. He did not have hearing aides. This assessment was completed during review of Minimum Data Set (MDS) information for the resident. Review of a progress note by RN #670 on 08/19//25 revealed Resident #21 was minimally hearing impaired. He did not have hearing aides. This assessment was completed during review of Minimum Data Set (MDS) information for the resident. On [DATE] at 12:10 P.M., an observation and interview with Resident #22 revealed he was supposed to wear hearing aides in both ears. He had not had them for some time because they broke. He did not know for sure if he had an appointment recently to get them repaired and he was not sure what had happened to them. Observation revealed the resident's television was turned up very loud, and he did not have in any hearing aides in place in either ear. On [DATE] at 10:00 A.M., an interview with RN # 670 revealed during review for MDS she had discussed hearing with resident. She confirmed on [DATE] and [DATE] during MDS review, resident was identified as having minimal hearing loss and he did not have hearing aides. On [DATE] at 4:00 P.M., an interview with Administrator revealed it was the responsibility of social services to arrange hearing or vision exams for residents. The previous social service representative was terminated. A new social service representative had been with the facility for just one week.</p> |                                                                                          |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, observation and interview, the facility failed to ensure residents were safe from accidents, hazards and adequate supervision was provided as needed to residents. The facility failed to properly secure Resident #22 in his wheelchair during transportation and failed to provide safety measures and neurological checks for Resident #15 following a fall. This affected two (#15, #22) of five residents reviewed for accidents. The facility census was 63. Findings include:</p> <p>1. Review of the medical record for Resident #22 revealed an admission date of 02/20/17. Diagnoses included but were not limited to atherosclerotic heart disease of native coronary artery without angina pectoris, multiple fractures of ribs, left side, seizures, mild cognitive impairment, chronic lymphocytic leukemia of B-Cell type in remission, small cell B-Cell lymphoma, need for assistance with personal care, muscle weakness, essential tremor, major depressive disorder, vascular dementia unspecified without behavior disturbance, personal history of healed traumatic fracture, and generalized anxiety disorder.</p> <p>Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 14. A BIMS score 13 to 15 points indicated cognitive intactness. Section E of the MDS did not reveal any behavioral concerns. Functionally, he was identified to need set up assistance for eating, oral hygiene, showering, and personal hygiene. He was identified as independent with all other tasks and able to ambulate up to 150 feet independently.</p> <p>Review of a care plan for Resident #22, dated 01/15/25, revealed a focus area which indicated the resident was at risk for falls, related to a history of falls, decreased safety awareness, medications, poor balance, psychoactive drug use, non-compliance with safety interventions at times, and leukemia. The goal was to minimize risk for falls/minimize injuries related to falls. Another focus for fall risk was noted to include decreased safety awareness, medications, poor balance, psychoactive drug use, non-compliance with safety interventions and leukemia. Interventions for these focus items included education, therapy evaluations and safety equipment.</p> <p>Review of a progress note dated 12/02/24 at 2:56 P.M., revealed Resident #22 was out of the facility for a physician appointment at Tri-county hematology and was being transported by the facility driver.</p> <p>Review of a progress note, marked as a late entry, dated 12/02/24 at 3:20 P.M., revealed a call was received from Bus driver, who reported Resident #22 had a fall on the bus. Physician (MD) #2000 wanted the resident sent to the Emergency Department (ED) for eval and treatment d/t resident is on Plavix.</p> <p>Review of an ED note, dated 12/02/24, revealed Resident #22 arrived at the hospital at 4:35 P.M., with a History of Present Illness (HPI) indicating the resident had returned to the ED for a recurrent injury. The note indicated the resident reported he was in the transportation van and was in his wheelchair when the driver pressed on the brakes too fast and caused him to fall from his wheelchair. He does state that the wheelchair was secured, he was belted, however for an unclear reason, this did not hold and he subsequently fell forward striking the desk part of the van. He did fall completely out of his chair; he has symptoms of a mild and generalized frontal headache as well as upper mid substernal chest discomfort.<br/>(continued on next page)</p> |                                                                                          |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>The Pavilion at Edgefield for Nursing and Rehabili                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>836 West 34th Street NW<br>Canton, OH 44709 |                                                 |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>The ED note further indicated on physical exam, Resident #22 was alert, oriented, and interactive. He was diagnosed by computed tomography (CT) as having mildly displaced rib fractures of the left fifth through seventh ribs.</p> <p>Review of a document titled Fall Investigation Timeline revealed the resident experienced falls two days in a row. According to the report, the resident called for help, was found lying and was not using an assistive device. If further indicated the device being used was according to manufacturer's specifications and resident's needs. The form failed to reveal how many falls the resident had in the past 30 days or the last 31-180 days. The report indicated the resident had not been injured, the physician was notified on 12/02/24 at 3:45 P.M., and the family was notified at 12/02/24 at 4:00 P.M.</p> <p>Review of a form titled Witness Statement, dated 12/02/24, completed by Certified Nurse Aide (CNA) #660 revealed the resident was on the bus, strapped down in the wheelchair. The witness statement read: I was driving down the road an(d) I heard [Resident #22] yell out help I pulled over at [NAME] ('s), parked the bus and got out of the bus to help him up a(nd) he got up and got up and got in his chair. I called the nurse to let them know that he had fell and he said that he was ok. I unstrapped the wheelchair and put him back in the chair an(d) strapped him back down and took him to his appointment.</p> <p>Review of a form titled Demonstration Checklist Securing Wheelchairs in Transport Van, dated 12/03/24, revealed the DON trained CNA #660 on Pre-loading, Loading and Positioning, Securing the Wheelchair, Securing the passenger, Final Safety check, and Unloading. The form was signed and dated by the DON and CNA #660.</p> <p>Review of a pamphlet titled QRT-360 4-Point Wheelchair Securement System (a system of four-point securement device with retractors or manual belts along with occupant securements [passenger lap and shoulder belts] and four separate anchor points on the floor of the vehicle), revealed how to properly secure a passenger in a wheelchair without a permanent lap belt. The user should pull the shoulder belt over the occupant's chest and buckle shoulder belt pelvic connector to the removable pelvic belt. The shoulder belt height should then be adjusted so that it would rest on the passenger shoulder. The removable pelvic belt pin connector should be connected to the rear retractor closest to the aisle. On 09/18/25, the Regional Director of Operations (RDO) confirmed this was not how he instructed CNA #660 to secure a wheelchair when he trained him on 09/17/25.</p> <p>On 09/17/25 at 2:42 P.M., CNA #660 revealed he had been doing transportation of residents for the past two years. He was trained at that time by a former activity director for two days. There was no manual or workbook provided to him for the operation and safety of the wheelchair securement system, only what he was shown in the two days of bus orientation he had. CNA #660 reported on 12/02/24, he was taking Resident #22 to a scheduled appointment in [NAME], OH. He strapped Resident #22 into the van in a wheelchair. CNA #660 explained Resident #22 usually walked with a walker, however that day he was in a wheelchair. Resident #22 was the only one on the bus that day. CNA #660 hooked two straps to the small front wheels and two straps to the back wheels (metal framing). There was a shoulder strap and a lap belt that was then connected. As CNA #660 was driving down the street he heard Resident #22 call out hey, hey and looked in the rearview mirror and the resident was on the floor. All of the straps were still connected. He was unsure how the resident came out of the seat.</p> <p>On 09/18/25 at 10:48 A.M., an interview with the DON revealed on 12/02/24, CNA #660 called her from the [NAME]'s parking lot and advised her that Resident #22 had fallen out of the wheelchair (continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>while being transported to a physician appointment. She indicated CNA #660 told her the resident appeared to be fine, she could hear [Resident #22] in the background and he (Resident #22) told her he was fine. She felt a CNA was able to make a decision of whether or not a resident had an injury, and since nothing was broke it had been acceptable to move the resident and continue to transport him to his physician appointment.</p> <p>On 09/18/25 at 11:00 A.M., an interview and observation of CNA #660 revealed how he would secure wheelchair bound residents into facility van prior to education completed by the Regional Director of Operations (RDO) on 09/17/25. At that time, he demonstrated attaching J-Hooks of floor anchors near each of four wheels of the wheelchair. He would then place the shoulder belt over the resident's chest and attach to another belt coming from the floor to the front right side of the resident. He reported he now knew that to be incorrect. He reported on 09/17/25, he was educated the correct way, which he demonstrated to connect the J-Hooks to the frame of the wheelchair, instead of near the wheels. RDO confirmed this was the instruction given to CNA #660.</p> <p>On 09/18/25 at 12:48 P.M., an interview with the facility Administrator revealed he had just obtained the Q'straint QRT-360 user instructions via the website that day. He confirmed no one in the facility had training using these guidelines. He was uncertain which employees were trained to complete resident transports using the facility transport van.</p> <p>On 09/18/25 at 1:00 P.M., an observation of RDO securing a resident into the transportation vehicle revealed the securement floor anchoring system had been improperly installed. He had to remove the floor anchors and reposition them in the correct position for transporting a single wheelchair. With the anchoring system in the incorrect position, the pelvic strap, which kept wheelchair passengers from sliding out of a wheelchair during transportation, could not be properly fastened/secured. During interview he confirmed he had incorrectly educated CNA #660 on 09/17/25.</p> <p>The facility failed to provide any evidence of transportation logs, staff in-service or training logs regarding the wheelchair securement system, or maintenance logs for the wheelchair securement system.</p> <p>Review of an undated facility policy, titled Transporting a Resident (Facility Van), revealed the purpose of the policy was to provide residents safe, non-emergency transportation to doctor's appointments, activity outings, and any other trips the facility deemed necessary. The policy guidelines required attendance to be taken prior to departing the facility and the destination. The van would be well-maintained and equipped with safety features. Each resident would be secured in a seat with a seatbelt or in their wheelchair secured with wheelchair tie-downs. The policy further indicated staff authorized to drive the van would have necessary training and licensure to operate the vehicle as well as knowledge on van safety features.</p> <p>2. Review of Resident #15's medical record revealed a 05/01/25 admission date with diagnoses including dementia, fracture of left femur, emphysema, severe protein calorie malnutrition, disorders of psychological development, Alzheimer's disease, ataxia, muscle weakness, varus deformity left hip, bradycardia, joint implants, vitamin D deficiency, abnormal findings of lung fields, major depressive disorder, osteoarthritis, cataract, elevated white blood cell count, anxiety, cataracts, constipation, gastroesophageal reflux disease, tremor, insomnia, scoliosis, kyphosis, tremor, history of falling, and hypothyroidism.</p> <p>Review of a 02/09/21 Fall Risk plan of care revealed the resident was at risk related to generalized (continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>weakness, history of falls, impaired cognition with decreased safety awareness, poor balance, poor communication/comprehension, psychoactive drug use, unsteady gait and a history of falls. A 07/31/24 intervention was to encourage resident to wear non skid footwear at all times.</p> <p>a. Review of a fall on 02/13/25 at 10:10 P.M. included the resident was found in her room beside the bed transferring unassisted. Neurological checks were initiated for the unwitnessed fall. Review of the neurological checks revealed there were three consecutive sets of neurological checks not completed between 02/14/25 at 1:00 P.M. and 02/15/25 at 10:00 A.M.</p> <p>Interview 09/23/25 at 5:46 P.M. Registered Nurse (RN) #1000 verified the neurological checks were not completed as ordered.</p> <p>b. Review of a fall on 03/29/25 at 12:45 A.M. fall investigation revealed the resident fell in her room transferring unassisted. The resident had a raised hematoma to head. The immediate intervention was to apply gripper socks. Review of witness statements included the resident was last seen about 7:00 P.M. using the bathroom bare foot. A second witness statement included the resident was last seen at medication pass lying in bed with nothing on her feet. A third witness statement included the resident was last seen at 11:00 P.M. lying in bed with nothing on her feet. A sock was placed on the right foot.</p> <p>Review of a 6/26/25 Quarterly Minimum Data Set Assessment included the resident was severely impaired for daily decision making, dependent on staff to put footwear on, dependent for chair transfer and did not walk. The resident required substantial maximum assist for putting on/taking off footwear. The resident had no falls since last assessment.</p> <p>Observation on 09/16/25 at 11:38 A.M. revealed the resident was lying in bed with a patient gown on and bare feet.</p> <p>Interview on 09/23/25 at 4:44 P.M. with the Director of Nursing verified witness statements revealed the resident did not have non skid footwear on when last observed. Two of the statements revealed no mention of footwear applied. One statement included a sock was placed on the right foot only. The Director of Nursing verified there was a previous intervention for non skid footwear at all times that were not applied. The Director of Nursing verified non skid footwear was not applied at all times.</p> |                                                                                          |                                                 |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, interview and record review the facility failed to provide residents who required supplemental oxygen with the needed support. This affected one (#34) of one resident who was reviewed for respiratory care. The facility census 63. Findings include: Review of the open medical records for Resident #34 revealed a readmission date 10/26/25. Diagnoses included acute and chronic respiratory failure with hypoxia, pleural effusion and shortness of breath. Review of the physician orders for September 2025 revealed continuous oxygen at four liters via nasal cannula every shift. Review of the plan of care dated 04/15/24 revealed Resident #34 had an impaired respiratory status related to hypoxia, respiratory failure, shortness of breath and sleep apnea. Interventions included oxygen via nasal cannula at four liters continuously and treatments as ordered by the physician. Observation on 09/15/25 at 3:04 P.M. of Resident #34 revealed she was lying in bed with her oxygen nasal cannula tubing on. Observation of the oxygen concentrator revealed the oxygen concentrator was not on but set at two liters per minute. Interview on 09/15/25 at 3:05 P.M. with Resident #34 stated she did not realize her oxygen was off. The aide came in around 6:00 A.M. and took the resident's C-pap off and put her oxygen nasal cannula on. Resident #34 stated I guess she did not turn the concentrator on. Interview on 09/15/25 at 3:07 P.M. with Licensed Practical Nurse (LPN) #970 verified Resident #34's oxygen concentrator was not on and was to have her oxygen on at four liters via nasal cannula. LPN #970 checked Resident #34's oxygen saturation with a pulse ox. The pulse ox was 80 percent (%) on room air. LPN #970 told Resident #34 to take some deep breaths and turned the oxygen concentrator on. Resident #34's pulse ox went up to 93%. LPN #970 stated Resident #34 is to be on continuous oxygen for hypoxia. Review of the facility policy Oxygen Administration, dated 2001 revealed review the physician's orders or facility protocol for oxygen administration.</p> |                                                                                          |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>366095                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>11/20/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Pavilion at Edgefield for Nursing and Rehabili                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <p>F 0697</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, interview and observation, the facility failed to recognize and address pain promptly when there was a change in condition. This affected one (#73) of one resident reviewed for pain management. The facility census was 63. Findings include: Review of the medical record for Resident #73 revealed an admission date of 04/24/25. Diagnoses included but were not limited to acute diastolic heart failure, acute respiratory failure with hypoxia, chronic obstructive pulmonary disease, acute pulmonary edema, ulcerative pancolitis without complications, Alzheimer's Disease with late onset, atrial fibrillation, osteoarthritis right shoulder, mood disorder, and dementia in other diseases. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 15. A score of 13-15 would indicate cognitive intactness. The resident was assessed to have no behavioral issues or wandering behaviors. The MDS revealed him to be occasionally incontinent. The resident was assessed to have frequent, severe pain. Review of a progress note dated 09/18/25 at 9:54 P.M. revealed the resident received Hydrocodone-Acetaminophen (a narcotic pain medication) 5-325 milligrams (mg) one tablet by mouth as ordered every eight hours as needed for pain. The note did not indicate a pain level or interventions provided to resident prior to medication administration. This was confirmed by the Director of Nursing on 09/23/25 at 3:45 P.M. A progress note dated 09/18/25 at 11:12 P.M. revealed a progress note which indicated the administration of Hydrocodone-Acetaminophen had been effective and the resident's pain was zero. A document titled PHC-Pain Tool, dated 09/19/25 at 12:05 A.M., revealed a comprehensive pain assessment for Resident #73. This assessment did not include location, type, duration or frequency of pain. It did not indicate whether pain was continuous or intermittent. The assessment further indicated Resident #73 had no pain. Pain did not affect the resident's activities of daily living. It reported the only medication, treatment or modality effective in managing pain was rest. This assessment was completed three hours after pain medication had been administered to the resident. Review of a care plan dated 04/04/25 and updated 05/02/25, revealed a focus for risk of pain related to depression, cardiac disease, ulcerative colitis, heterogenous liver, degenerative changes in spine, and osteoarthritis with a target date of 07/29/25. The interventions for pain were to monitor for pain and notify the physician of any complaint of pain. The record failed to reveal any orders for non-narcotic pain medications or interventions. On 09/23/25 at 2:20 P.M., interview with Resident #73 revealed he did not believe his pain was being managed. He had pain in the base of his right great toe and at the base of his right thumb, which began about three weeks ago. The right great toe appeared red and swollen. The resident reported it was painful to touch and shooting in nature. He indicated he had been given a medicated gel for this pain and it did not work. He also reported chronic back pain. He moved to Ohio from Texas and prior to the move he had been going to pain management and had his pain mostly controlled. He reported he talked to the nurses about it. He reported the as needed narcotic medication he was taking was not effective to manage his current pain. On 09/23/25 at 2:35 P.M. an interview with Licensed Practical Nurse (LPN) #930 revealed the resident frequently gets pain medications. She indicated the intervention provided for pain prior to medication administration was he is able to reposition himself and if that doesn't work we give him the medication. She reported the physician had assessed the resident on 09/18/25, and would see residents when there was a change in their condition. She reported the resident had been complaining of pain in his right great toe and right thumb for at least two weeks. Prior to that time, all of his pain was in his knee and his back. She did not think any medications had been change with the new complaints of pain. An interview with the Director of Nursing (DON) on 09/23/25 at 3:45 P.M. revealed nurses document pain on the medication administration record. This information was requested from the facility at the time of this interview, however the facility did not provide this information. During this interview, physician notes were also requested for Resident #73. The DON indicated physician (continued on next page)</p> |                                                                                          |                                                 |

Department of Health & Human Services  
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| F 0697<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>documentation was downloaded to the system, and recent notes were not in the system. The facility failed to provide the requested physician notes to determine if pain assessment by physician had been completed. Review of a policy titled Pain-Clinical Protocol, revised October 2022 required the physician and staff to identify individuals who had pain or were at risk for having pain. This should have also included a review for any treatments the resident was receiving for pain, including complementary and non-pharmacologic treatments. The policy indicated the nursing staff would assess each individual for pain on admission, at the quarterly review, and whenever there was a significant change in condition, and when there was an onset of new or worsening of existing pain. The staff and physician would evaluate how pain was affecting mood, activities of daily living, sleep and the resident's quality of life. The physician would help identify causes of pain by examining the resident directly, reviewing the resident's history and by discussion with the resident and staff.</p> |                                                                                          |                                                 |

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| <p>F 0756</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>Based on record review and staff interviews, the facility failed to ensure medical provider follow-up to monthly pharmacist recommendation for gradual dose reduction (GDR). This affected three (#01, #03, and #04) of five residents reviewed for GDR. The facility census was 63. Findings include: Review of the medical record of Resident #01 revealed admission to facility on 06/25/25 with diagnoses including pneumonia related to inhalation of food and vomit, diabetes, vascular disease, heart disease, kidney disease, fatty liver, high blood pressure, attention deficit hyperactivity disorder, overactive bladder, anxiety, fibromyalgia (chronic pain to nerve endings), and anemia (low blood count). Review of the electronic medical record (EMR) of Resident #01 revealed monthly pharmacy reviews completed on 06/26/25, 07/09/25, 08/05/25, and 09/02/25 with recommendations made by pharmacist on 06/26/25, 07/09/25, and 09/02/25. Further review revealed detailed recommendations made by the pharmacist to the medical provider on 06/26/25 for Resident #01. There was no documentation of the specific recommendations by the pharmacist for 07/09/25 or 09/02/25. There was no documentation provided that the medical provider was notified of recommendations by pharmacist for 07/09/25 or 09/02/25 for Resident #01. Interview on 09/23/25 at 2:00 P.M. with the Director of Nursing (DON), revealed she had provided all documentation related to the monthly pharmacy reviews that required medical provider review for Resident #01. That included medical provider follow up on 06/27/25 to pharmacist recommendations made on 06/26/25. The DON further confirmed there was no documentation for what was specifically recommended for Resident #01 by the pharmacist 07/09/25 and 09/02/25 and no documentation of medical provider review and follow up for 07/09/25 and 09/02/25. Review of the medical record of Resident #03 revealed admission to facility on 03/13/25 with diagnoses including intestinal fistula, aftercare for joint replacement, urinary tract infection, diabetes with neuropathy (loss of sensation of hands and feet), history of right breast cancer, low back pain, nicotine dependence, depression, high blood pressure, blood clots in legs, and anemia (low blood count). Review of the medical record of Resident #03 revealed monthly pharmacy medications reviews completed on 03/14/25, 04/07/25, 04/27/25, 05/06/25, 06/02/25, 07/09/25, 08/05/25, and 09/02/25. Review of the EMR further revealed pharmacist recommendations made on 03/14/25, 04/07/25, 04/27/25, 06/02/25, 07/09/25, and 09/2/25. The recommendations were addressed by a medical provider acknowledging review, changes made, or no changes made with rationale on 04/24/25 for recommendations made on 04/07/25, on 04/27/25 for recommendations made on 04/27/25, on 06/02/25 for recommendations made on 06/02/25, on 07/28/25 for recommendations made on 07/09/25, and on 09/15/25 for recommendations made on 09/02/25. There was no documentation of the specific medication recommendations made on 03/14/25. There was no documentation of medical provider acknowledgement or changes made or rationale if not changed for the recommendation made on 03/14/25. Interview on 09/23/25 at 2:00 P.M. with the Director of Nursing (DON) revealed she had checked with the pharmacy team and had provided all documentation related to the monthly pharmacy reviews that required medical provider review for Resident #03. The DON further confirmed there was no documentation of the medical provider review and follow-up for the pharmacist recommendations made on 03/14/25 for Resident #03. Review of the medical record of Resident #04 revealed admission to facility on 11/07/23 for diagnosis including heart failure, lung disease, contracture (deformity) of right hand, heart disease, anemia (low blood count), chronic back pain, high blood pressure, degenerative joint disorder of cervical (neck) and lumbar (mid back) regions. Review of the medical record for Resident #04 revealed monthly pharmacy medication reviews completed monthly as required for the last twelve months. Further review of the electronic medical record (EMR) revealed pharmacist recommendations for drug regimen review by the medical provider occurred on 01/12/25, 03/13/25, 05/06/25, 05/28/25, 06/26/25, 08/04/25, and 08/29/25. The recommendations were addressed by a medical provider acknowledging review, changes made, or (continued on next page)</p> |                                                                                          |                                                 |

Department of Health & Human Services  
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| F 0756<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | no changes made with rationale on 02/13/25 for recommendations made 01/12/25, on 04/02/25 for recommendations made on 03/13/25, on 05/19/25 for recommendations made on 05/06/25, on 08/05/25 for recommendations made on 08/04/25, on 09/09/25 for recommendations made on 08/29/25. There was no documentation provided for the review by the medical provider for recommendations made on 05/28/25. Interview on 09/23/25 at 2:00 P.M. with the Director of Nursing (DON) revealed she had checked with the pharmacy team and had provided all documentation related to the monthly pharmacy reviews that required medical provider review for Resident #04. The DON further confirmed there was no documentation of the medical provider review and follow-up for the pharmacist recommendations made on 05/28/25 for Resident #04. |                                                                                          |                                                 |

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| <p>F 0791</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide or obtain dental services for each resident.</p> <p>Based on record review, observation and interview, the facility failed to refer residents with lost or damaged dentures for dental services, or provide documentation of why a referral did not take place within three days. The facility also failed to provide a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility. This affected one (#22) of two residents reviewed for dental concerns. The facility census was 63. Findings include: Review of the medical record for Resident #22 revealed an admission date of 02/20/2017. Diagnoses included but were not limited to atherosclerotic heart disease of native coronary artery without angina pectoris, multiple fractures of ribs, left side, seizures, mild cognitive impairment, chronic lymphocytic leukemia of B-Cell type in remission, small cell B-Cell lymphoma, need for assistance with personal care, muscle weakness, essential tremor, major depressive disorder, vascular dementia unspecified without behavior disturbance, personal history of healed traumatic fracture, and generalized anxiety disorder. Review of a care plan for Resident #22 revealed a focus of dental problem related to upper and lower dentures. He would be referred for dental services as needed. The care plan history indicated the resident had received bottom dentures 2/22/21, on 11/08/24 the bottom dentures did not fit well, and on 12/06/24 the update indicated the bottom dentures were not present. That was the last care plan update noted. Review of a document titled Summary Report for [Resident #22], dated from 01/06/21-09/23/25, revealed multiple visits from 06/30/22 through 07/09/24 where resident complained of lower dentures not fitting correctly (too loose). On 07/09/24, the resident presented to dentist with broken dentures. The note from that visit indicated the dentures were sent to dental lab for repair and would be back in two weeks. There was no note following that indicated the dentures were ever returned and fit for resident. The Summary Report also revealed a visit on 12/17/24 where Resident #22 was identified as edentulous (no teeth). It indicated dentures were n/a (not applicable). That was the last note for dental treatment. Review of a nursing progress note, dated 12/05/24 revealed Resident #22 only had upper dentures. Review of a Minimum Data Set (MDS) progress note, entered 05/27/25, revealed Resident #22 was edentulous. He had upper dentures and lower dentures that did not fit. This was done as part of the MDS assessment. Review of a Minimum Data Set (MDS) progress note, entered 08/19/25, revealed Resident #22 was edentulous. He had upper dentures and lower dentures that did not fit. This was done as part of the MDS assessment. On 09/16/2025 at 12:10 P.M., an interview with Resident #22 revealed he had uppers but not downers. He thought maybe he went to the dentist to have new bottom dentures made, but he was not sure. Feels like it had been a really long time since that happened. Observed resident with upper dentures only. He reported he did not believe he even had bottom dentures anymore. On 09/23/25 at 10:00 A.M., an interview with Registered Nurse (RN) #670 revealed she had assessed Resident #22 to complete his MDS assessments on both 05/27/25 and 08/19/25. At that time, the resident had expressed concerns over ill fitting bottom dentures. On 09/23/25 at 4:00 P.M., an interview with Administrator revealed it was the responsibility of social services to arrange dental services for residents. The previous social service representative was terminated. A new social service representative had been with the facility for just one week. Review of an undated facility policy titled Dental Services revealed routine and emergency dental services were available to meet the resident's oral health services in accordance with the resident's assessment and plan of care. The policy interpretation and implementation indicated the select dentists must be available to provide follow up care. Social services were to assist resident's with appointments. Dentures would be protected from loss or damage to the extent practicable, and lost or damaged dentures would be replaced at the resident's expense. The policy did not provide for how the facility would handle dentures that were lost or damaged at the facility's responsibility.</p> |                                                                                          |                                                 |

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| <p>F 0803</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure residents' food choices related to needs and preferences were honored. This affected two (#27, #1) of two residents reviewed for food. The facility census was 63. Findings include: Review of the medical record revealed Resident #27 was admitted to the facility on [DATE] with diagnoses including cellulitis of right lower limb, chronic ulcer of right lower limb, chronic heart failure, multiple sclerosis, and anxiety.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment for Resident #27, dated 08/21/25, revealed the Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact. The assessment revealed the resident required staff assistance with activities of daily living (ADLs).</p> <p>Interview on 09/22/25 at 12:55 P.M. with Resident #27 revealed she did not have a good lunch because she orders omelets every day for lunch and hasn't had one for two days. The resident stated she complained and the Certified Nurse Aide (CNA) brought her an extra sausage patty.</p> <p>Observation on 09/22/25 at 12:56 P.M. of Resident #27's lunch ticket revealed the resident was ordered a regular diet with a 2000 cc fluid restriction. For lunch daily: 4 ounces of water, one cheese omelet, one sausage patty, and chocolate milk. Special instructions: every day for lunch the resident wants omelet and sausage.</p> <p>Interview on 09/22/2025 at 1:02 P.M. with Dietary Supervisor #120 confirmed the facility has been out of omelets for the last couple of days and the next shipment was scheduled to arrive on the following Thursday. Dietary Supervisor #120 stated she was unable to order enough omelets due to budget concerns.</p> <p>2. Review of the medical record of Resident #01 revealed admission to the facility on [DATE] with diagnoses including pneumonia related to inhalation of food and vomit, diabetes, vascular disease, heart disease, kidney disease, fatty liver, high blood pressure, attention deficit hyperactivity disorder, overactive bladder, anxiety, fibromyalgia (chronic pain to nerve endings), and anemia (low blood count).</p> <p>Review of dietary orders written on 06/30/25 for Resident #01 revealed the resident to follow a consistent carbohydrate diet, regular texture, thin liquids consistency diet. Review of the breakfast dietary meal ticket dated for 09/16/25 further revealed dietary notes that Resident #01 also is to receive with breakfast daily hot tea with two sweet and lows, lactose free milk, and apple juice. There is a notation on the meal ticket in top corner for low calorie sweeteners for meals.</p> <p>Observation on 09/16/25 at 9:15 A.M. of Resident #01's meal tray in room revealed a cup of hot water with no tea bags, no milk and no apple juice.</p> <p>Interviews and observations on 09/16/25 from 9:15 A.M. t 10:15 A.M. with Resident #01 revealed concerns about the kitchen. Resident #01 reported the kitchen is always out of lactose free milk, always forgets tea bags, and brings me sugary items I'm not supposed to have, like this regular syrup for this French toast. I am diabetic and should be getting sugar free syrup. Resident #01 further reported she had ordered oatmeal but was given waffles instead. CNA #810 entered the room and (continued on next page)</p> |                                                                                          |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| F 0803<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>asked Resident #01 if she wanted something else to eat. Resident #01 requested oatmeal. CNA #810 left room and returned shortly to report that the kitchen stated they were done with breakfast service and they could offer her cold cereal at 9:38 A.M. Resident declined cold cereal since the facility was out of lactose free milk, she had nothing to put on the cereal. CNA #810 verified that the facility does not always have lactose free milk. Further interview revealed Resident #01 reported that last week she requested hard boiled eggs for two days and did not get them because the facility was out of them and offered cheese omelets instead.</p> <p>Interview on 09/18/25 at 1:29 P.M. with [NAME] #208 revealed the facility has been out of lactose free milk for approximately 2 weeks. [NAME] #208 verified Resident #01 has notation on meal ticket that she required lactose free milk and low-calorie sweetener with meals.</p> |                                                                                          |                                                 |

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| F 0807<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure ice water was provided to residents between meals. This affected one (#10) of two residents reviewed for hydration/nutrition. The facility census was 63. Findings include: Review of the medical record revealed Resident #10 was admitted to the facility on [DATE] with diagnoses including cerebrovascular disease, dementia, diabetes mellitus, congestive heart failure, chronic kidney disease, and adult failure to thrive. Review of the quarterly Minimum Data Set (MDS) assessment, dated 06/24/25, revealed the Resident #10 was moderately cognitively impaired and required staff assistance with activities of daily living (ADLs). Observation on 09/18/25 at 1:26 P.M. revealed Resident #10 was lying in bed with no ice water or other drink located on his bedside table. Observation on 09/18/25 at 3:28 P.M. revealed Resident #10 was lying in bed, tearful and requesting to be pulled up in his bed. Further observation revealed there was no ice water or other drink located on the bedside table. The resident's lips appeared dry. Interview on 09/18/25 at 3:25 P.M. with Certified Nursing Assistance (CNA) #860 confirmed the resident should be checked every two hours and did not have ice water or a drink available. Interview on 09/18/25 at 3:30 P.M. with the Assistant Director of Nursing (ADON) confirmed Resident #10 did not have ice water or any other drink available and that she would make sure to get him ice water.</p> |                                                                                          |                                                 |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on observation, record review, and interview, the facility failed to ensure an accurate medical record in the area of behaviors. This affected one (#12) resident of 27 resident records reviewed. The census was 63. Findings include: Review of Resident #12's medical record revealed a 05/17/25 admission with diagnoses including dementia, cerebral infarction, attention and concentration deficit, chronic kidney disease stage 2, abscess of breast and nipple, leiomyoma of uterus, restlessness and agitation, hypothyroidism, anemia, hypercholesterolemia, cognitive communication deficit, Vitamin D deficiency, anxiety disorder, difficulty in walking, essential hypertension, major depressive disorder, insomnia, muscle weakness, and chronic pain. Review of the 08/08/25 Quarterly Minimum Data Set Assessment (MDS) revealed the resident was severely impaired for daily decision making, inattention continuously, behaviors continuously present for disorganized thinking and altered level of consciousness. Wandering behavior occurs daily. The resident resided on the secure locked unit. On 09/16/25 at 1:26 P.M. interview with Resident #12's son stated Resident #12 has always walked a lot and does wander into other residents' rooms. Resident #12 had a 09/20/25 plan of care that identified the resident was an elopement risk/wanderer related to disoriented to place, impaired safety awareness, resident wanders aimlessly, and significantly intrudes on the privacy or activities of others. Interventions included to document wandering behavior and attempted diversional interventions in behavior log. A 09/20/25 plan of care included the resident was at risk for decline in psychosocial wellbeing related to neurological symptoms, dementia, unclear speech at times, rarely/never understood/understands, and other symptoms of dementia. She likes to walk throughout the halls and visit other peers/rooms. Review of the Certified Nurse Aide (CNA) TASK documentation for behaviors revealed the staff was not documenting behaviors. For the last 30 day period the staff documented no behaviors. There were areas to mark including wandering and entering others rooms on the task which were not marked. Observation on 09/23/25 at 3:19 P.M. revealed Resident #12 was in another resident's room sitting in the recliner. Interview on 09/23/25 at 3:22 P.M. with CNA #430 revealed they give Resident #12 a snack to keep her out of resident rooms. They have pudding, Jello, and graham crackers as the resident likes sweets. Wandering into other resident rooms happens everyday with Resident #12. Interview on 09/23/25 at 12:25 P.M. with CNA #555 revealed she was told not to document behaviors. She was to tell the nurse. CNA #555 indicated they do not have the intervention plan to document and the intervention piece so they were told not to document the behaviors (for residents, including Resident #12). Interview on 09/23/25 at 1:16 P.M. with the Director of Nursing (DON) revealed the aides are to be documenting the behaviors in the electronic documentation in TASK. She said she did not tell them not to document on the behaviors in TASK. The Director of Nursing verified to document the resident had no behaviors was not accurate.</p> |                                                                                          |                                                 |

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| F 0849<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, record review, and policy review, the facility failed to ensure coordination of care communication between Resident #10's hospice provider and the facility. This affected one (#10) of one resident reviewed for hospice care. The facility census was 63. Findings include: Review of the medical record revealed Resident #10 was admitted to the facility on [DATE] with diagnoses including cerebrovascular disease, dementia, diabetes mellitus, congestive heart failure, chronic kidney disease, and adult failure to thrive. Review of the quarterly Minimum Data Set (MDS) assessment, dated 06/24/25, revealed the Resident #10 was moderately cognitively impaired and required staff assistance with activities of daily living (ADLs). Review of physician order, dated 09/16/25, revealed Resident #10 was admitted to hospice services. Interview on 09/18/25 at 2:48 P.M. with the Director of Nursing (DON) confirmed Resident #10's electronic medical record (EMR) did not contain any hospice communication documentation and that documentation/progress notes are maintained in an individual hospice binder located in the nursing station. Observation on 09/18/25 at 2:52 P.M. of Resident #10's hospice binder located in the nursing station revealed no hospice communication documentation or hospice progress notes. Interview on 09/18/25 at 2:53 P.M. with licensed practical nurse (LPN) #770 revealed hospice progress notes and hospice communication documents are kept in the hospice binders. LPN #770 confirmed Resident #10's hospice binder was empty of any documentation. Review of the undated policy titled, Addendum to Hospice Contract, revealed Coordination of Care: Hospice and facility shall communicate with one another regularly and as needed for each particular hospice patient. Each party is responsible for documenting such communication in its respective clinical records to ensure the needs of hospice patients are met 24 hours per day.</p> |                                                                                          |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>366095                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>11/20/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Pavilion at Edgefield for Nursing and Rehabili                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>836 West 34th Street NW<br>Canton, OH 44709 |                                                 |
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| F 0868<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on record review and interview, the facility failed to ensure the infection preventionist attended quarterly Quality Assurance meetings. This had the potential to affect all the residents in the facility. The census was 63. Findings include: Review of the Quality Assurance (QA) meeting sign in sheets revealed meetings were held 10/08/24, 01/07/25, 04/05/25, and June 2025. There was no evidence the facility's Infection Control Preventionist participated in the QA meetings other than in June 2025. Interview on 09/23/25 at 1:00 P.M. with Registered Nurse #500 revealed she has been the facility Infection Preventionist since 2019. She verified she was not attending the quarterly QA meetings.</p> |                                                                                          |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide and implement an infection prevention and control program.</p> <p>Based on record review, observation, and staff interviews, the facility failed to follow proper hand hygiene and glove use when providing incontinence care for a resident. This affected one (#04) of one resident observed for incontinence care. The facility census was 63. Findings include: Review of the medical record of Resident #04 revealed admission to facility on 11/07/23 with diagnoses including heart failure, lung disease, contracture (deformity) of right hand, heart disease, anemia (low blood count), chronic back pain, high blood pressure, degenerative joint disorder of cervical (neck) and lumbar (mid back) regions. Review of Resident #04's most recent quarterly Minimum Data Set (MDS) 3.0 assessment tool dated 08/12/25 revealed the resident is dependent on staff for personal care, needs meal set-up for eating, has moderately impaired cognitive skills for daily decision making, requires wheelchair use for mobility and is always incontinent of bladder and bowels. Observation on 09/17/25 at 2:15 P.M. of Resident #04 receiving incontinence care revealed Certified Nurse Aide (CNA) #520 cleaning stool from the resident's buttock then applying a thick layer of barrier cream that is pink to buttocks and inner thighs. CNA #520 did not remove gloves and perform hand hygiene. CNA #520 then proceeded to fix bed rail, adjust bed, and grab and adjust Resident #04's blanket with same gloved hands with barrier cream on them. Interview on 09/17/25 at 2:35 P.M. with Assistant Director of Nursing (ADON) #500 revealed that CNA #520 had told her she did not change her gloves prior to touching other surfaces in room and should have. ADON #500 did use a disinfectant wipe to clean bed rail at that time and reported giving CNA #520 education on appropriate times for application and removal of gloves use and hand hygiene.</p> |                                                                                          |                                                 |

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| F 0881<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Implement a program that monitors antibiotic use.<br><br>Based on medical record review, review of the infection control log, interview, and policy review the facility failed to ensure the appropriate use of antibiotics. This affected one (#44) of six residents reviewed for unnecessary medications. This had the potential to affect all 63 residents residing in the facility. Findings include: Review of the medical record for Resident #44 revealed an admission date of 02/13/25 with diagnoses including Alzheimer's disease, dementia, left bundle branch block, lymphedema, edema, anxiety, and muscle weakness. Review of Resident #44's physician order, dated 07/18/25, revealed the order to Nitrofurantoin Mono-Mac 100 milligrams (mg), one capsule by mouth in the morning and at bedtime for seven days for E. coli urinary tract infection (UTI). Review of the July 2025 Medication Administration Record (MAR) revealed the resident was started on Cefdinir 300 mg on 07/19/25. Review of the Infection Control Log, dated July 2025, revealed Resident #44 was ordered Nitrofurantoin Mono-Mac 100 milligrams (mg), one capsule by mouth in the morning and at bedtime for seven days for a UTI, with a start date of 07/19/25. Review revealed there was no evidence of an assessment to determine if the antibiotic was appropriate and met criteria. Interview on 09/23/25 at 4:09 P.M., Infection Preventionist/Assistant Director of Nursing (ADON) confirmed she uses McGeer Criteria to determine if an antibiotic is appropriate, however, this had not been completed for Resident #44. Review of the facility policy titled, Antibiotic Stewardship, dated December 2016, revealed antibiotics will be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program. The purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our residents. Orientation, training, and education of staff will emphasize the importance of antibiotic stewardship and will include how appropriate use of antibiotics affects individual residents and the overall community. |                                                                                          |                                                 |