

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/28/2025
NAME OF PROVIDER OR SUPPLIER  Brown Memorial Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  158 E Mound St Circleville, OH 43113	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation and staff interview, the facility failed to ensure shower room exhaust fans were maintained in good and working order. This had the potential to affect all 33 residents identified by the facility as using the shower rooms. The facility census was 33.</p> <p>Findings include:</p> <p>Observation and interview with the Director of Nursing (DON) on 05/28/25 at 11:00 A.M. confirmed the exhaust fans in the front and back shower rooms were not working. A small amount of a mildew-like substance was present on the ceiling around the exhaust fan in the back shower room. The DON stated she was not sure if parts had been ordered to repair or replace the exhaust fans but she would check.</p> <p>Interview with the DON on 05/28/25 at 12:33 P.M. confirmed there were no receipts or records of parts for the shower room exhaust fans being ordered.</p> <p>Interview with Maintenance Supervisor #299 on 05/28/25 at 1:20 P.M. confirmed the exhaust fans in the front and back shower rooms were not working and no parts had been ordered prior to 05/28/25 to repair or replace them.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00164469.</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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