STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366112	A. Building B. Wing	12/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brown Memorial Home Inc	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on medical record review, staff interview, and facility policy review, the facility failed to adequately monitor skin issues/bruising for residents know to have skin alterations. This affected one (Resident #17) of three residents reviewed for skin alterations. The census was 33. Findings Include:Resident #17 was initially admitted to the facility for respite care on 07/07/25. Her diagnoses were Alzheimer's disease, dementia, amnesia, visual hallucinations, chronic fatigue, nonrheumatic mitral valve insufficiency, and encounter for palliative care. Review of her minimum data set (MDS) assessment, dated 11/18/25, revealed she had a severe cognitive impairment.Review of Resident #17 progress notes, dated 12/04/25, revealed hospice shower aid came to the facility nurse and stated she noted some bruising and swelling on Resident #17's lower left extremity (LLE). It was noted there were two dark colored bruises, but there was no measurement, description or exact location of the skin alteration. Review of Resident #17's progress notes, dated 12/05/25 to 12/19/25, revealed no specific information as to where the bruising was located, or any other description of the bruise including size or color. Review of Resident #17's skin assessments, dated 11/25/25, 12/02/25, 12/09/25, and 12/16/25, revealed there were no skin issues documented including bruising or skin injuries, noted on any of the skin assessments. There was no documentation, including measurements, shape, or other descriptors, of the bruising on Resident #17's lower left extremity.Review of Resident #17's shower logs/documentation, dated 12/04/25 to 12/19/25, revealed no skin assessments/documentation to support monitoring of the bruising that was reported to Resident #17's lower left extremity.Review of Resident #17's hospice notes, dated 12/04/25 to 12/19/25, revealed mention of bruising that was found to her lower left extremity. However, there was no documentation or descriptors of the bruising at any point she was in the facility.Interview with current Director of Nursing (DON), new DON, Administrator, and Assistant Director of Nursing (ADON) #35 on 12/23/25 at 3:10 P.M. confirmed they have no documentation in the facility to support the bruising was monitored, measured, or described if it grew in shape/size throughout the time that Resident #17 was in the facility and the bruise had been identified. The DON, Administrator, and ADON confirmed the bruise should have been monitored after it was identified. They confirmed they will get the hospice records to determine if they monitored the bruise.Interview with current DON on 12/24/25 at 8:16 A. M. confirmed the hospice records did not have any descriptive language about the bruise on Resident #17's lower left extremity.Review of facility Skin Assessment policy, dated 2022, revealed it is the policy to perform a full body assessment as a part of the systematic approach to pressure injury and management. A full body, or head to toe, skin assessment will be conducted by a licensed or registered nurse upon admission/readmission, daily for three days, and weekly thereafter. The assessment may also be performed after a change in condition or after any newly identified pressure injury. This deficiency represents non-compliance investigated with complaint number 2691551.

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