STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366125	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Divine Rehabilitation and Nursing at Shane Hill	10731 State Route 118 Rockford, OH 45882

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, family representative interview, staff interview, and facility policy review, the facility failed to maintain the building in a safe, clean, and homelike manner. This affected two (#10 and #48) of 20 residents residing on the Memory Care Unit. The census was 54.Findings Include:Observation on 06/08/26 at 9:30 A.M. during tour of the Memory Care Unit dining room revealed, on the East wall, an air conditioning (AC) unit was installed in the wall under a window. Around the AC unit and along the wall near the floor there appeared to be three large black-green fuzzy spots on the wall. On the North wall, the wallpaper located next to the door leading into the kitchen area was torn and peeling off the wall in four spots. There appeared to be brown residue on the floor where the wall connected to the flooring under the torn wallpaper. On the North wall of the dining room there was a counter with a kitchen-style sink, and under the sink there were brown-red stains observed with a pervasive odor noted.Observation on 06/08/26 at 9:40 A.M. of the Memory Care Unit dining room floor revealed, along the South wall from the [NAME] to East wall, there were missing or broken tiles with what appeared to be sharp edges.Observation on 06/08/26 from approximately 9:40 A.M. to 10:00 A.M., Resident #48 was observed taking off his socks and walking barefoot around the dining room in the Memory Care Unit. Resident #48 appeared confused, was talking to himself, and appeared to be visual hallucinating. Resident #48 was observed walking on the broken tiles and around the dining room areas including the area of the AC unit by the window on the East wall.Interview on 06/08/26 at 10:02 A.M. with Certified Nurse Aide (CNA) #18 verified there were broken and missing tiles on the dining room floor. CNA #18 verified Resident #48 would take off his socks and ambulate independently around the dining room in his bare feet at times. CNA #18 verified the condition of the wall with the AC unit, the spill under the sink, the peeling wallpaper, and overall unsanitary condition of the dining room area. CNA #18 stated staff have reported the concerns to the maintenance department and were waiting for repairs.Interview on 06/08/26 at 12:47 P.M. with Resident #10's family representative revealed the resident no longer liked eating in the dining room due to the cleanliness and condition of the dining room itself. Per the family representative, the dining room was in disrepair and it was, Too gross to eat in. Interview on 06/08/26 at 12:33 P.M. with Regional Maintenance Director (RMD) #76 and Maintenance Tech (MT) #44, during a tour of the Memory Care Unit dining room, verified the three large black-green fuzzy spots on the wall and the North wall wallpaper located next to the door leading into the kitchen area was torn and peeling off the wall in three to four spots. RMD #76 verified there were missing and broken tiles all along the East wall of the dining room.Review of the facility policy titled, Homelike Environment, dated 2025, revealed the facility will provide a clean, safe, and comfortable homelike environment.Review of the undated facility policy titled, Dining and Resident Activity Rooms, revealed the facility will provide a room designated for resident dining which is safe, functional, and sanitary.This deficiency represents non-compliance investigated under Complaint Number 3034522.

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