

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Adams County Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 10856 State Route 41 West Union, OH 45693	
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 0584</p> <p>Level of Harm - Minimal harm 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>Based on observation, resident interview, staff interview, and review of facility policy, the facility failed to ensure resident shower floors were maintained in good repair. This affected four (Residents #10, #11, #35, and #38) of the 24 residents sampled for showers. The facility census was 69 residents. Findings include: Observation on 03/23/26 at 1:16 P.M. revealed the shower floor in Resident #10 and Resident #11's bathroom had a large amount of water pooled on top of the tiles. Several floor tiles were cracked, grout was missing between multiple tiles, and the surface of the tiles was uneven. Observation on 03/26/26 at 9:00 A.M. revealed the shower floor in the room of Resident #35 and Resident #38's bathroom had multiple broken and/or missing tiles, and the surface of the tiles was uneven. Interview on 03/26/26 at 9:01 A.M. with Resident #35 confirmed multiple tiles on the shower floor were missing or broken and the water did not drain well. Interview on 03/26/26 at 9:10 A.M. with Certified Nursing Assistant (CNA) #562 confirmed the shower floors in Resident #10, #11, #35, and #38's bathrooms had missing, cracked, and broken tiles and confirmed the water did not drain correctly from the showers causing water to pool on the shower floors after the residents' showers. Review of the facility policy titled Homelike Environment undated revealed the facility encouraged the personalization and comfort of a home-like environment. This deficiency represents noncompliance investigated under Complaint Number 2647177.</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 0677</p> <p>Level of Harm - Minimal harm 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 medical record review, observation, resident interview, staff interview, and review of the facility policy, the facility failed to ensure staff provided timely bathing and hair washing assistance for dependent residents. This affected one (Resident #8) of the three residents reviewed for activities of daily living (ADL) assistance. The facility census was 69 residents. Findings include: Review of the medical record for Resident #8 revealed an admission date of 11/27/25 with diagnoses including acute kidney failure, adult failure to thrive, and depression. Review of the Minimum Data Set (MDS) assessment for Resident #8 dated 11/27/25 revealed the resident was cognitively intact. Review of the care plan for Resident #8 dated 12/11/25 revealed the resident was at risk for a self-care deficit with bathing, dressing, and feeding. Interventions included the following: encourage the resident to participate in planning day to day care, evaluate the resident's ability to perform self-care, minimize environmental stimuli, provide assistance with ADLs as needed. Review of the shower task list for Resident #8 initiated 11/27/25 revealed the resident was scheduled to receive showers on night shift on Sundays and Thursdays. Review of the shower documentation for Resident #8 dated 02/26/26 through 03/25/26 revealed the resident received showers on 03/06/26 and 03/22/26. There were no additional showers documented during the 30-day time frame. Observation on 03/24/26 at 8:45 A.M. of Resident #8 revealed the resident's hair was greasy and appeared unwashed. Interview on 03/24/26 at 8:46 A.M. with Resident #8 confirmed she preferred to have a shower or bed bath at least twice a week and to have her hair washed on those days. Resident #8 confirmed she had not had her hair washed in weeks and did not receive a shower or bed bath at least twice a week per her preference. Observation on 03/26/26 at 9:05 A.M. of Resident #8 revealed the resident's hair was greasy and appeared unwashed. Interview on 03/26/26 at 9:06 A.M. with Resident #8 confirmed she had still not received a shower or had her hair washed. Interview 03/26/26 at 10:50 A.M. with the Director of Nursing (DON) confirmed residents should receive showers and hair washing per their scheduled preference and staff were to document the showers and care in the resident's medical record. The DON confirmed Resident #8 was documented to have received two showers or bed baths from 02/26/26 through 03/25/26 and was not documented to have refused any care. Review of the facility policy titled Supporting Activities of Daily Living revised March 2018 revealed residents who were unable to carry out ADLs independently would receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. This deficiency represents noncompliance investigated under Complaint Number 2647177.</p>		