STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366171	A. Building B. Wing	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cridersville Nursing and Rehab	603 East Main Street Cridersville, OH 45806

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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident?s advance directives. Based on observation, staff interview, and facility policy, the facility failed to ensure accurate and completed crash cart audits. This affected eighteen (#10, #11, #12, #14, #18, #19, #20, #22, #23, #24, #25, #27, #28, #29, #30, #32, #42, and #43) out of thirty-five full code residents. The facility census was 35.Observation and interview of crash cart on 04/27/26 at 3:05 P.M. with the Director of Nursing (DON) revealed April 2026 daily audit documentation did not include verification of expiration dates. Review of the crash cart audit logs further showed an extension cord was in the cart on 04/13/26, 04/17/26 and 04/26/26: however, observation confirmed the extension cord was not present in the crash cart at the time of inspection. Additionally, the audit documentation indicated required items, including eye protection, saline, and clear plastic, were not present in the crash cart and documented they were in the crash cart. Verified at time of finding with the DON.The facility policy, undated, Emergency Crash Cart, revealed the emergency crash cart is checked every 24 hours and after every use. Equipment/supplies from the emergency crash cart are noted and replaced promptly.This deficiency represents non-compliance investigated under Complaint Number 2687380.

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