

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER Cridersville Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41528</p> <p>Based on medical record review, staff interview, review of facility policy, and review of the Centers of Disease Control and Prevention (CDC) guidance, the facility failed to timely cohort COVID-19 positive residents. This affected four (Residents #39, #11, #29, and #34) of four residents reviewed for COVID-19 isolation. The facility census was 42.</p> <p>Findings include:</p> <p>1. Review of the medical record revealed Resident #39 was admitted on [DATE]. Diagnoses included cerebral palsy, contracture of muscle multiple sites, hyperlipidemia, and chronic obstructive pulmonary disease.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 02/18/25, revealed the resident is rarely understood.</p> <p>Review of census data revealed Resident #39 has not experienced a room move since 03/14/25.</p> <p>Review of nursing progress notes, dated 04/11/25, revealed the resident tested positive for COVID-19. The resident was symptomatic and was sent to the emergency room for further evaluation due to risk factors for respiratory disease.</p> <p>Review of nursing progress notes, dated 04/11/25, revealed the resident returned from the hospital with a new prednisone order.</p> <p>Review of the medical record revealed Resident #11 was admitted on [DATE]. Diagnoses included Alzheimer's disease, dysphagia, cognitive communication deficit, major depressive disorder recurrent, unspecified dementia, hyperlipidemia, and pressure ulcer of the sacral region stage 3.</p> <p>Review of the MDS assessment, dated 03/06/25, revealed the resident is rarely understood.</p> <p>Review of census data revealed Resident #11 shared a room with Resident #39 since 03/14/25.</p> <p>Review of nursing progress notes, dated 04/13/25, revealed the resident tested positive for COVID-19.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER Cridersville Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 04/17/25 at 8:41 A.M. with the Director of Nursing (DON) verified Resident #39 tested positive on 04/11/25, was sent to the hospital, and returned the facility the same day. The DON verified upon returning, Resident #39 was placed in a room with two negative residents (#11 and #19) and a room move was not made until 04/14/25. The DON verified Resident #11 tested positive for COVID-19 on 04/13/25.</p> <p>2. Review of the medical record review revealed Resident #29 was admitted on [DATE]. Diagnoses included atherosclerotic heart disease of native coronary artery without angina pectoris, chronic obstructive pulmonary disease, type two diabetes mellitus with diabetic nephropathy, heart failure, unspecified dementia, acute kidney failure.</p> <p>Review of the MDS assessment, dated 03/24/24, revealed the resident is rarely understood</p> <p>Review of census data revealed resident has resided in the same room since 01/20/25.</p> <p>Review of nursing progress notes, dated 04/11/25, revealed the resident tested positive for COVID-19. The resident was not cooperative with isolation and refuses to wear a mask in the hallway. Resident #29 is angry about staying in his room. The physician and family were notified.</p> <p>Review of the medical record revealed Resident #34 was admitted on [DATE]. Diagnoses included primary generalized osteoarthritis, type two diabetes mellitus, heart failure, major depressive disorder recurrent, hyperlipidemia.</p> <p>Review of the MDS assessment, dated 03/03/25, revealed the resident was cognitively intact.</p> <p>Review of census data revealed Resident #34 shared a room with Resident #29 since 03/05/25.</p> <p>Review of nursing progress note, dated 04/15/25, revealed Resident #34 tested positive for COVID-19.</p> <p>Interview on 04/17/25 at 8:41 A.M. with the DON verified Resident #29 tested positive on 04/11/25 and roommate, Resident #34 was not moved from the room until 04/14/25 and tested positive for COVID-19 on 04/15/25.</p> <p>Review of policy, Responding to a Newly Identified SARS-CoV-2 infection Healthcare Personnel or Resident, reviewed September 2024, verified when performing an outbreak response to a known case, facilities should always defer to the recommendations of the jurisdiction's public health authority.</p> <p>Review of CDC guidance titled, Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating, dated 11/14/23, and located at https://www.cdc.gov/flu/hcp/testing-methods/nursing-homes.html verified residents confirmed to have SARS-CoV-2 infection should be placed in a single room, if available, or housed with other residents with only SARS-CoV-2 infection. If unable to move a resident, he or she should remain in the current room with measures in place to reduce transmission to roommates.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00164725.</p>		