STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366178	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Widows Home of Dayton	50 South Findlay Street Dayton, OH 45403

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 - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations, interview, and facility policy review, the facility failed to provide a sanitary and home like environment in resident rooms. This affected four Residents (#22, #23, #26 and #27) of seven residents reviewed for sanitary homelike and environment. The facility total census was 64. Findings Include: 1. Record review of Resident #26 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #26 include joint replacement of right femur, osteoporosis, dementia, severe malnutrition, and dysphagia. Review of the Minimum Data Set, (MDS) comprehensive assessment dated [DATE] revealed the resident had severely impaired cognition. Observation on 06/14/26 at 8:10 A.M. revealed Resident #26's bed had a broken headboard. The bed headboard was not well attached, with approximately 4 inches movement away from the top pf the bed and the side of the head broad missing an edge piece, which revealed splintered and rough edges. The floor from the entrance of the room and throughout the edges of the resident ?s room, revealed a darken gray color with the appearance of dirt and discolored wax. Only the regular walking path appeared to be clean. 2. Record review of Resident #27 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #27 include cerebral infarction, chronic pulmonary embolism, diabetes, dementia, and communication deficit. Review of the Minimum Data Set, (MDS) comprehensive assessment dated 0 6/15/26 revealed the resident had severely impaired cognition. Observation on 06/17/26 at 8:22 A.M. revealed Resident #27's floor had a darken gray color with the appearance of dirt and discolored wax. Only the regular walking path appeared to be clean. Interiew on 06/17/26 at 8:22 A.M. with Resident #27's family memeber verified Resident #27's floor had the appearance of being dirty throughout the room. The family member stated the room was not always cleaned by housekeeping, as he visited nearly daily. He stated Resident #27 always kept her floors clean and would not have wanted her room to have appeared dirty. 3. Record review of Resident #22 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #22 include hemiplegia, cerebral infraction, and hypertension. Review of the Minimum Data Set, (MDS) comprehensive assessment dated [DATE] revealed the resident had impaired cognition. Observation on 06/17/26 at 8:15 A.M. revealed Resident #22's floor had a heavy build up of a darken gray color with the appearance of dirt and discolored wax. Only the regular walking path appeared to be clean. Interview on 06/17/26 at 12:20 P.M. with Resident #22 revealed the housekeepers only mop the floor and do not do anything to get up the gray on the floors. She stated the housekeepers do not pull any furniture out and get behind it or clean in the corners. She stated she wanted her room to look clean. 4. Record review of Resident #23 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #23 include myocardial infarction, chronic obstruction pulmonary disease and hypertension. Review of the Minimum Data Set, (MDS) comprehensive assessment dated [DATE] revealed the resident had intact cognition. Observation on 06/17/26 at 8:22 A.M. revealed Resident #23's floor had a darken gray color with the appearance of dirt and discolored wax. Only the regular walking path appeared to be clean. There was a dust buildup on the television stand along the sides and top. Interview on 06/17/26 at 12:17 P.M. with Resident #23 revealed the housekeepers, nor the (continued on next page)

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	maintenance staff use a floor scrubber in the room to clean the darkened areas. She stated the housekeepers do not dust her furniture to her satisfaction and just mop. She stated she would like a cleaner room. Record review of the Resident Council Meeting Notes dated 03/4/26 and 04/01/26 revealed the residents had concerns related to housekeeping not thoroughly cleaning resident rooms. The Housekeeping Supervisor, (HS) #150 planned resolution was to have housekeeping staff in serviced in May of 2026 regarding housekeeping cleaning expectations. There was no documentation provided of the May 2026 housekeeper cleaning in-service. Interview on 06/17/26 at 9:05 A.M. with Housekeeper # 94 verified the broken and loose bed headboard for Resident #26 and the buildup of discolored flooring. Housekeeper #94 stated she did not know who was assigned to clean the floor or when the residents' floors were to be cleaned of the heavily discolored flooring. The Housekeeper #94 stated the floor appeared to be dirty. The Housekeeper #94 stated she had reported the broken headboard to the maintenance department several weeks ago. Interview on 06/17/26 at 10:25 A.M. with Housekeeper Supervisor (HS) #150 stated the darkened color areas on the residents' rooms floors were due to a heavily buildup of wax and appeared dirty. The HS #150 stated the floors needed to be stripped and rewaxed. HS #150 stated the floor technician was to strip and wax the floors. The HS #150 verified there was no deep cleaning resident room schedule for cleaning or for stripping and waxing the floors. HS #150 could not recall when the floors had last been stripped and waxed. The HS #150 verifed the bed headboard of Resident # 26 was broken and splintered and was unaware how long the headboard had been broken. The HS #150 verified there was no documentation the housekeeping staff had been in serviced in May of 2026 of resident room cleaning schedules or cleaning expectations in response to the March and April 2026 resident council meetings. Interview on 06/17/26 at 10:45 A.M. with Maintenance Director, (MD) # 130 verified the residents' room floors appeared dirty and needed to be stripped and waxed. The MD # 130 took a scrapper and demonstrated the buildup on the floor was removable with the scrapper, revealing a clean appearance floor. The MD #130 verifed the bed headboard of Resident # 26 was broken and splintered. Interview on 06/17/26 at 11:50 A.M. with Regional Clinical Operations Nurse, (RCON) # 110 verified the residents' room floors needed cleaned and the bed headboard of Resident # 26 was broken and splintered. Review of facility policy titled, Safe and Homelike Environment , dated 2024 , revealed the facility will provide a safe, clean, comfortable and homelike environment . This deficiency represents non-compliance investigated under Complaint Number 3028369.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observations, interview, and facility policy review, the facility failed to provide a sanitary and home-like environment in common area. This affected 8 residents (Resident #21,#22, #23, #24, #15, #26,#27, and #28) residing on the 200 unit . The facility total census was 64. Findings Include:Observation on 06/17/26 from 8:10 A.M. through 8:22 A.M. of unit 200 hallway and room entrances of Resident #21, #22, #23, #24,#15, #26,#27, and #28 revealed a gray and blackened color with the appearance of a heavy build up blackened wax. There were three hallway flooring sections that had indentations approximately one half inches deep. One floor section was near a floor incline near the 200-nurse station and there were two sections near the middle of the hallway that contained six indented floor tiles. The indented floor tiles contained blackened debris. There were four, 8-foot sections of wooden handrails that had rough and uncleanable surface edges. The outer protective coating was removed and the uncleanable wood was exposed. Interview on 06/17/26 at 10:45 A.M. with Maintenance Director, (MD) #130 verified the unit 200 hallway and room entrances of Resident #21, #22, #23, #24,#15, #26,#27, and #28 rooms had a heavy blacked wax appearance and needed cleaned. The MD #130 verified the six indented floor tiles needed repaired. Interview on 06/17/26 at 11:50 A.M. with Regional Clinical Operations Nurse (RCON) #110 verified the 200 unit hallway rooms needed cleaned and repaired of the wax buildup and indentations. The RCON #110 verified the wood handrails needed repaired to maintain a cleansable surface. Review of facility policy titled, Maintenance Services , undated , revealed the maintenance department is responsible for maintaining the building in a safe manner and maintain a schedule of maintenance service to assure the building is maintained in a safe and operable manner. This deficiency represents non-compliance investigated under Complaint Number 3028369.