STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366215	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lanfair Center for Rehab & Nsg Care Inc	1590 Chartwell Street Lancaster, OH 43130

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43064 Based on observation, interview, and medical record review the facility failed to ensure Resident #51 had appropriate diagnosis for psychotropic's and failed to monitor Resident #51's behaviors. This affected one residents (#51) of five residents reviewed for unnecessary medications. The facility census was 82. Findings include: Review of Resident #51's medical record revealed an admitted [DATE] with diagnoses including dementia with psychotic disturbance, cognitive communication deficit, anxiety disorder, major depressive disorder, metabolic encephalopathy, and hypertension. Review of Resident #51's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed she was rarely or never understood. Review of Resident #51's plan of care dated 03/17/23 revealed the resident received psychotropic medications including antidepressants, antianxiety medications, and antipsychotics related to her diagnosis of dementia with psychotic disturbance. Interventions included observing for side effects, administering medications as ordered, offering nonpharmalogical approaches, reviewing medication dosage, and psychiatry consult if ordered. Review of Resident #51's physician order dated 06/04/24 revealed an order for Quetiapine 25 milligrams (mg) one time a day (an antipsychotic) for crying and restlessness related to dementia. Review of Resident #51's nursing behavior documentation from 04/01/25 to 05/05/25 revealed the only behaviors indicated were restlessness on 04/29/25 and 04/30/25. Review of Resident #51's nurse aide behavior documentation from 04/01/25 to 05/05/25 revealed no behaviors were indicated. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366215	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lanfair Center for Rehab & Nsg Care Inc	1590 Chartwell Street Lancaster, OH 43130

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Review of Resident #51's progress notes dated 04/02/25, 04/23/25, and 05/03/25 revealed they identically discussed Resident #51's behaviors. Indicating she ambulated on the unit, took items and food, paced on the unit and refused to sit for extended periods of time. Additionally it was indicated she would try to talk with, touch, and kiss any male visitors. Review of Resident #51's progress notes from 04/01/25 to 05/05/25 revealed no documentation indicating specific instances of wandering, taking items, or invading visitors spaces. Observations on 05/05/25 at 2:00 P.M. and 4:51 P.M., and on 05/06/25 at 1:40 P.M. revealed Resident #51 wandering the unit. Interview on 05/06/25 at 1:22 P.M. with Regional Nurse #227 verified Resident #51 was on an antipsychotic for dementia, which was not an appropriate diagnosis. Additionally, verified that behavior documentation did not monitor when Resident #51 wandered despite it being a regular behavior. Interview on 05/06/25 at 2:13 P.M. with Licensed Professional Counselor (LPC) #235 revealed Resident #33's diagnoses included dementia, anxiety and major depression. LPC #235 reported the resident was always roaming the unit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366215	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lanfair Center for Rehab & Nsg Care Inc	1590 Chartwell Street Lancaster, OH 43130

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43064 Based on interview and medical record review the facility failed to ensure the state was notified of a change in mental disease for Resident #28 and #51. This affected two residents (#28 and #51) of two residents reviewed for Preadmission Screening/Resident Review Identification Screen (PASARR). The facility census was 82. Findings include: 1. Review of Resident #28's medical record revealed an admitted [DATE] with diagnoses including dementia, epilepsy, bipolar disorder, other psychotic disorder, and dysphagia. In 2022 diagnoses of schizoaffective disorder and anxiety disorder were added and on 01/14/23 a diagnosis of major depressive disorder was added. Review of Resident #28's medical record revealed the last PASSAR was submitted 08/16/18 and indicated she had a mood disorder and insomnia. Interview on 05/06/15 at 10:40 A.M. with Regional Director of Social Services and Activities #229 verified a PASSAR was not completed when Resident #28's diagnoses changed and should have been. 2. Review of Resident #51's medical record revealed an admitted [DATE] with diagnoses including dementia with psychotic disturbance, cognitive communication deficit, and metabolic encephalopathy. On 03/16/23 major depressive disorder was added and on 10/27/24 anxiety disorder was added. Review of Resident #51's medical record revealed the last PASSAR was submitted on 10/03/22 she was not indicated as having any mental disorders. Interview on 05/06/15 at 10:40 A.M. with Regional Director of Social Services and Activities #229 verified a PASSAR was not completed when Resident #51's diagnoses changed and should have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366215	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lanfair Center for Rehab & Nsg Care Inc	1590 Chartwell Street Lancaster, OH 43130

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32654 Based on observation, medical record review, interviews and facility policy review, the facility failed to develop a comprehensive plan of care for two residents (#5 and #184) in the area of swallowing strategies and c-pap use. This affected two residents (#5 and #184) of 23 sampled residents. The facility was 82. Findings Include: 1. Review of the medical record for Resident #5 revealed an initial admitted [DATE] with the diagnoses including but not limited to cerebrovascular disease, fungal endocarditis, choledocholithiasis, Alzheimer's disease, hypothyroidism, obstructive and reflux uropathy, dysphagia, hyperlipidemia, seizures, chronic kidney disease, retention of urine, benign prostatic hyperplasia, abdominal aortic aneurysm, gastro-esophageal reflux disease and dementia. Review of the resident's hospital discharge summary dated 07/25/24 revealed the resident's diet order on discharge was to resume his home diet. Review of the Modified Barium Swallow (MBS) results dated 07/22/24 revealed the resident had evidence of trace penetration with nectar thick liquids, however no evidence of aspiration was seen. Recommendations were a pureed diet with honey thick liquids, no straws, medications one at a time, small bites/sips, gradual rate of intake and sit upright during all by mouth intake. The discharge summary indicated the resident's pre-assessment diet was pureed with honey thick liquids, no straws. Review of the resident's admission physician orders dated 07/25/24 revealed the resident's diet was regular pureed diet with nectar thick liquids and weekly weights for four weeks then monthly if weights are stable. Review of the plan of care dated 07/29/24 revealed the resident was at risk for altered nutrition related to urinary tract infection (UTI), candidal endocarditis, calculus of bile duct, hypothyroidism, hyperlipidemia, gastro-esophageal reflux disease, dementia, need for altered texture, diet, need for thickened liquids, dysphagia, speech therapy (ST) evaluation and treatment as needed, recommended gelato with lunch and dinner, 11/01/24 weight stable, intakes are fair to excellent, skin intact, 12/24/24 weight loss over the month significant, intakes are and remain excellent, will recommend to add another gelato at breakfast, 02/04/25 weight stable, skin intact, occasional refusals to be weighed, 04/24/25 weight loss now significant in six months, recommend to add eight ounces of Boost original supplement twice weekly. Inventions included offer menu alternatives as needed, honor food preferences as available and reasonable, monitor weekly weights for four weeks then monthly if stable, notify Registered Dietician (RD) and/or the physician if significant weight change over five percent, observe resident labs as available, review resident skin status, provide diet per physician order and supplements per physician orders. Further review of the plan of care revealed no recommended swallowing strategies. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366215	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lanfair Center for Rehab & Nsg Care Inc	1590 Chartwell Street Lancaster, OH 43130

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the ST discharge summary dated 08/28/24 revealed the resident was discharged on a regular pureed diet with nectar thick liquids. The ST recommended the following swallowing strategies during oral intake, alternation of liquids/solids, bolus size modifications, effortful swallow and rate modification along with the following maneuvers, upright posture during meals. ST made no recommendations for a restorative program or functional maintenance program. The prognosis to maintain the current level of function was good with consistent staff follow through. Review of the resident's weights revealed on 11/22/24 the resident weighed 160.2 pounds, on 12/23/24 the resident weighed 151.4 pounds indicating an 8.8 pound or 5.49% weight loss in 30 days. Review of the resident's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had a severe cognitive deficit. On 05/07/25 at 4:15 P.M., an interview with Regional Nurse #227 confirmed the resident's plan of care did not contain his individualized swallowing recommendations. 2. Review of the medical record for Resident #184 revealed an initial admitted [DATE] encounter for orthopedic aftercare, status post left knee arthroscope, arthritis due to bacteria left knee, reduced mobility, gout, effusion of left knee, pulmonary embolism, presence of cardiac pacemaker, obstructive sleep apnea, hypertension, diabetes mellitus, chronic kidney disease, anemia, hypothyroidism, osteoarthritis, obesity, constipation, carpal tunnel syndrome, polyarthritis and vitamin D deficiency. Review of resident's comprehensive Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had no cognitive deficit. The assessment indicated the resident did not utilize a non-invasive mechanical ventilator. Review of the resident's plan of care revealed no care plan addressing the resident's use of the c-pap. Review of the resident's physician orders revealed no orders for the c-pap machine. On 05/05/25 11:48 A.M., observation of the resident's c-pap machine revealed the c-pap mask was laying on floor under the bed with no protective bag. On 05/05/25 at 1:08 P.M., observation of the resident's c-pap machine revealed the c-pap mask remained on the floor under the resident's bed with no protective bag. On 05/06/25 at 2:34 P.M., an interview with Regional Nurse #227 confirmed the resident had no comprehensive plan of care for the c-pap use. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366215	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lanfair Center for Rehab & Nsg Care Inc	1590 Chartwell Street Lancaster, OH 43130

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled, Care Planning Comprehensive, updated 05/01/25 revealed a baseline care plan is completed upon admission within 24 hours based on data available at the time of admission. A comprehensive care plan for each resident is developed within 21 days of admission to the facility. The comprehensive care plan is based on the resident's comprehensive assessment and is developed by members of the interdisciplinary team (IDT). The comprehensive care plan will be updated by a member of the IDT as changes in the resident's condition occurs. The comprehensive care plan will be reviewed by the IDT at least quarterly or when a significant change in condition occurs in which a MDS assessment is completed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366215	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lanfair Center for Rehab & Nsg Care Inc	1590 Chartwell Street Lancaster, OH 43130

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52017 Based on observation, interview and medical record review, the facility failed to provide daily wound care as ordered for Resident #182. This affected one (Resident #182) out of one resident reviewed for skin impairment. The facility census was 82. Findings include: Review of Resident #182's medical record revealed she was admitted on [DATE] with diagnoses that included multiple fractures of the pelvis, falls, pustular psoriasis, diabetes mellitus type 2, moderate protein malnutrition, HLD and low back pain. Review of Resident # 182's physicians orders dated 05/01/25, revealed an order for SilvaSorb gel; cleanse right dorsal foot with IHWC (in house wound cleanser), pat dry, apply thin layer SilvaSorb and cover with foam dressing daily and as needed, and an order dated 05/02/25, to cleanse left lower extremity with IHWC (in house wound cleanser), pat dry, apply thin layer SilvaSorb to open wound bed, cover with non-adherent and wrap with kerlix daily and prn. Review of Resident # 182's care plan dated 05/03/25, revealed a pressure ulcer/injury care plan that stated the resident had pressure injuries to the left and right heels and pustular psoriasis to the left shin, and right top lateral foot with interventions in place. Review of Resident #182's May 2025 treatment administration record, revealed the treatment for Resident #182's right dorsal foot and left lower anterior extremity were signed by the nurse as completed on 05/06/25. Observation on 05/06/25 at 8:00 AM and 3:49 P.M. and on 05/07/25 at 9:50 A.M. revealed dressing to Resident #182's left foot and left leg and dressing to her right foot dated 05/05/25. Interview on 05/07/25 at 10:05 AM with Registered Nurse (RN) #139 confirmed Resident #182 had a left foot and leg dressing and a right foot dressing in place, dated 05/05/25. RN #139 also confirmed that wound treatments for Resident #182's left leg and right foot were daily dressings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366215	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lanfair Center for Rehab & Nsg Care Inc	1590 Chartwell Street Lancaster, OH 43130

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32654 Based on observation, medical record review, interviews, review of Thrive Gelato (a frozen dessert that provides essential nutrients for people with unintended weight loss) nutritional facts and review of facility policy, the facility failed to develop and implement comprehensive and individualized interventions to prevent a significant weight loss for one resident (#5). Additionally, the facility failed to monitor weekly weights for one resident (#62) following a significant weight loss. This affected two resident (#5 and #62) of six residents reviewed for nutrition. The facility census was 82. Findings Include: 1. Review of the medical record for Resident #5 revealed an initial admitted [DATE] with the diagnoses including but not limited to cerebrovascular disease, fungal endocarditis, choledocholithiasis, Alzheimer's disease, hypothyroidism, obstructive and reflux uropathy, dysphagia, hyperlipidemia, seizures, chronic kidney disease, retention of urine, benign prostatic hyperplasia, abdominal aortic aneurysm, gastro-esophageal reflux disease and dementia. Review of the resident's hospital discharge summary dated 07/25/24 revealed the resident's diet order on discharge was to resume his home diet. Review of the Modified Barium Swallow (MBS) results dated 07/22/24 revealed the resident had evidence of trace penetration with nectar thick liquids, however no evidence of aspiration was seen. Recommendations were a pureed diet with honey thick liquids, no straws, medications one at a time, small bites/sips, gradual rate of intake and sit upright during all by mouth intake. The discharge summary indicated the resident's pre-assessment diet was pureed with honey thick liquids, no straws. Review of the resident's admission physician orders dated 07/25/24 revealed the resident's diet was regular pureed diet with nectar thick liquids and weekly weights for four weeks then monthly if weights are stable. Review of the plan of care dated 07/29/24 revealed the resident was at risk for altered nutrition related to urinary tract infection (UTI), candidal endocarditis, calculus of bile duct, hypothyroidism, hyperlipidemia, gastro-esophageal reflux disease, dementia, need for altered texture, diet, need for thickened liquids, dysphagia, speech therapy (ST) evaluation and treatment as needed, recommended Gelato with lunch and dinner, 11/01/24 weight stable, intakes are fair to excellent, skin intact, 12/24/24 weight loss over the month significant, intakes are and remain excellent, will recommend to add another Gelato at breakfast, 02/04/25 weight stable, skin intact, occasional refusals to be weighed, 04/24/25 weight loss now significant in six months, recommend to add eight ounces of Boost original supplement twice weekly. Inventions included offer menu alternatives as needed, honor food preferences as available and reasonable, monitor weekly weights for four weeks then monthly if stable, notify Registered Dietician (RD) and/or the physician if significant weight change over five percent, observe resident labs as available, review resident skin status, provide diet per physician order and supplements per physician orders. Further review of the plan of care revealed no recommended swallowing strategies. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366215	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lanfair Center for Rehab & Nsg Care Inc	1590 Chartwell Street Lancaster, OH 43130

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's discontinued physician orders identified an order dated 07/30/25 regular puree diet, nectar thick liquids and four ounces of Gelato with lunch and dinner. Review of the speech therapy (ST) evaluation dated 07/31/25 revealed the resident was referred for ST evaluation due to noted modified diet and dysphagia upon admission to facility. A MBS was completed on 07/22/24 with findings of poor oral control, no aspiration/penetration noted on honey thick liquids via teaspoon/cup, nectar thick liquids trace penetration during swallow on nectar thick liquids via cup, absent cough reflex, resident unable to clear with cued cough. The resident was given a soft diet and was unable to complete on any attempts. ST recommended nectar thick liquids with a pureed diet with the goals to increase the ability to safely swallow nectar thick liquids, increase his ability to safely swallow a mechanical soft/ground consistency diet, increase bolus control and tolerate the least restrictive diet safest for by mouth intakes. Review of a diet order dated 08/06/24 revealed the resident's diet was upgraded to mechanical soft, nectar thick liquids, supervision for meals, following a MBS conducted at the facility, however the facility had no documented evidence of the recommendations from the MBS. Review of the medical record revealed no evidence the weekly weight for 08/19/24 was obtained. Review of the ST discharge summary dated 08/28/24 revealed the resident was discharged on a regular pureed diet with nectar thick liquids. The ST recommended the following swallowing strategies during oral intake, alternation of liquids/solids, bolus size modifications, effortful swallow and rate modification along with the following maneuvers, upright posture during meals. ST made no recommendations for a restorative program or functional maintenance program. The prognosis to maintain the current level of function was good with consistent staff follow through. Review of the resident's weights revealed on 11/22/24 the resident weighed 160.2 pounds, on 12/23/24 the resident weighed 151.4 pounds indicating an 8.8 pound or 5.49% weight loss in 30 days. Review of the nutrition progress note dated 12/24/24 at 11:25 A.M. revealed the resident showed a significant weight loss in one month. The resident's body mass index (BMI) was under ideal weight for his age at 20.53. Recommendations were made to add a four ounce Gelato with breakfast also and a reweight. Review of the medical record revealed no evidence the reweight was obtained or that the nutritional supplement Thrive Gelato was being monitored for intake. Additionally, the medical record revealed the resident was not placed on weekly weights following the significant weight loss. Review of the therapy screen dated 02/07/25 revealed the resident and staff reported no changes at that time and the resident refused therapy services. Review of the resident's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had a severe cognitive deficit. Review of the mood and behavior revealed the resident displayed no behaviors including rejection of care. The assessment indicated the resident had no know weight loss and weight 149 pounds. The assessment indicated the resident received a mechanically altered and therapeutic diet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366215	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lanfair Center for Rehab & Nsg Care Inc	1590 Chartwell Street Lancaster, OH 43130

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's weights revealed on 11/22/24 the resident weighed 160.2 pounds, the resident weighed 151.4 pounds, on 01/16/25 the resident weighed 149.4 pounds, on 02/13/25 the resident weighed 145.2 pounds indicating a significant weight loss of 9.3% or 15 pounds, review of the medical record revealed no weight for March 2025, on 04/22/25 the resident weighed 139.8 pounds and on 05/06/25 the resident weighed 138.8 pounds indicating a significant weight loss of 13.36% or 21.4 pounds in six months. Review of the medical record revealed no documented evidence an individualized weight loss intervention was implemented following the 15 pound or 9.3% weight loss in three months. Further review revealed no weekly weights were implemented following the significant weight loss. Additionally, the medical record contained no documentation of the resident holding food and/or fluids in his mouth for extended periods of time. Review of the resident's monthly physician orders for May 2025 identified orders dated 04/28/25 eight ounces of boot twice daily nectar thick, 12/24/24 regular puree diet with nectar thick liquids and four ounces of Gelato with meals. On 05/06/25 at 10:38 A.M., observation of the resident upon opening the resident's door revealed the resident was still eating his breakfast and his mouth was full of food and/or fluids. The resident was encouraged to swallow, however the resident continued to hold the food and/or fluids in his mouth. On 05/06/25 at 10:45 A.M., interview with Licensed Practical Nurse (LPN) #125 revealed the resident always holds food in his mouth. The LPN indicated the resident had worked with therapy several times. On 05/06/25 at 1:12 P.M., an interview with Registered Dietician (RD) #233 confirmed the resident had a significant weight loss and had placed the resident on weekly weights and he was on the list to be weighed on 05/06/25. On 05/07/25 at 11:52 A.M., an interview with State tested Nursing Assistant (STNA) #206 revealed the resident had no specific swallowing strategies, however he was on thickened liquids. The STNA revealed the resident likes to keep his door shut, including during meals. The STNA revealed the resident does hold food/fluids in his mouth at times and she does assist him with removal prior to laying down in bed because it will get all over his bed. On 05/07/25 at 11:52 A.M., an interview with Registered Nurse (RN) #139 revealed the resident had no swallowing strategies and required no supervision with meals. The RN revealed the resident requires an extended time to eat due to his swallowing difficulties. On 05/07/25 at 12:15 P.M., an interview with Speech Therapist (ST) #236 revealed she worked with the resident a handful of time. The ST revealed the resident was discharged with the following swallowing strategies swallowing strategies during oral intake, alternation of liquids/solids, bolus size modifications, effortful swallow and rate modification along with the following maneuvers, upright posture during meals. She said education is provided to the nurse the day of discharge from therapy to educate the aides. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366215	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lanfair Center for Rehab & Nsg Care Inc	1590 Chartwell Street Lancaster, OH 43130

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/07/25 at 12:19 P.M., an interview with the Therapy Director (TD) #237 revealed the resident was screened in February 2025 and had no issues. The TD revealed they ask the staff and the resident questions for a decline or any problems. The TD revealed the therapy department had no observed the resident eat for the screen conducted in February 2025. On 05/07/25 at 2:30 P.M., an interview with the Director of Nursing (DON) revealed the facility does not track intake of any supplement that comes with the resident's meals as they consider the supplement part of the fortified meal. On 05/07/25 at 2:37 P.M., an interview with the DON revealed he had spoke with RD #233 and the RD placed the resident on the Thrive Gelato nutritional supplement on admission due to the resident receiving nectar thick liquids and because it was part of the fortified foods. The DON revealed the RD indicated the resident was not on the Thrive Gelato nutritional supplement for weight loss. On 05/07/25 at 3:32 P.M., an interview with the Dietary Manager (DM) #194 and the Director of Nutritional Services (DNS) #225 revealed the Thrive Gelato nutritional supplement was considered a fortified food not a supplement so the amount the resident consumed was not documented. DM #194 revealed the resident previously ate in the main dining room for supervision and assistance, however now he prefers to eat in his room and she thought he received supervision and assistance in his room. The DNS #225 revealed he would have expected a resident to be placed on weekly weights with a significant weight loss of 8.8 pounds in one month. On 05/07/25 at 4:15 P.M., an interview with Regional Nurse #227 confirmed the resident was not placed on weekly weights by RD #233 until 04/22/25 despite the significant weight loss. The Regional Nurse also confirmed the weekly weight on 04/29/25 was not obtained and the resident's plan of care did not contain his individualized swallowing recommendations. On 05/07/25 at 4:50 P.M., an interview with the Regional Nurse #227 confirmed the reweight was not obtained as recommended on 12/24/24. 49039 2. Review of the medical record for Resident #62 revealed an admitted [DATE], with diagnoses including urinary tract infection, moderate protein-calorie malnutrition, abnormal weight loss, and type two diabetes mellitus. Review of weight record for Resident #62 revealed on 03/17/2025, the resident weighed 215.6 lbs. On 04/14/2025, the resident weighed 190.8 lbs, which reflects an 11.50% loss. Review of care plan dated 03/20/25 revealed the resident is at risk for altered nutrition related to urinary tract infection, candidal sepsis, impaired skin integrity, diabetes, edema, obesity, and the need for a therapeutic diet. The resident's care approaches included offering menu alternatives as needed, honoring food preferences, monitoring weekly weights for four weeks then monthly if stable, and notifying the registered dietitian and physician if there is a significant weight change over five percent. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366215	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lanfair Center for Rehab & Nsg Care Inc	1590 Chartwell Street Lancaster, OH 43130

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of minimum data set (MDS) 3.0 assessment completed on 03/26/25 revealed a Brief Interview for Mental Status (BIMS) score of 13 out of 15, indicating Resident #62 was cognitively intact. Review of Section K: Swallowing/Nutritional Status revealed she receives a therapeutic diet. Review of progress note dated 04/10/25, completed by Dietitian #233, revealed Resident #62 exhibited significant weight loss over the past week, with varied intakes. Current interventions included Carb ProSource and Glucerna once daily. A reweight was suggested by Dietitian #233. Review of weight record for Resident #62 revealed a follow up weight was not completed until 04/14/24, showing an additional 6.8 pound weight loss. Review of progress note dated 04/17/25, completed by Dietitian #233, revealed Resident #62 ' s intakes remained poor/varied, ranging from 1-100% of meals eaten. The resident was declining Carb ProSource twice daily, and acceptance of Glucerna varied. The dietitian recommended initiation of an appetite stimulant. Review of physician visit dated 04/22/25 revealed complaints of nausea. A trial of Reglan (anti-emetic), 5 milligrams four times a day for one week, was ordered. No additional recommendations were made. Interview on 05/06/25 at 12:18 P.M. with Dietitian #233 confirmed Resident #62 triggered for significant weight loss on 04/14/25. She confirmed the requested reweight's were not completed. Additionally, facility staff did not continue to obtain the weekly weights after the significant weight change. Dietitian #233 confirmed per facility policy, residents exhibiting a weight change greater than five percent in one month are to receive weekly weights until the next evaluation. She also confirmed that on 04/17/25, an initial recommendation to implement an appetite stimulant was made and communicated to the physician. Interview on 05/07/25 at 8:21 A.M. with Medical Doctor #240 confirmed he was notified of the significant weight loss. To prevent further weight loss, Reglan was ordered. He confirmed continuing weekly weights would have been beneficial in closely monitoring the resident ' s weight changes. However, he did not feel the weight change was of great concern due to the resident ' s obesity status, but stated the resident would benefit from a controlled and gradual weight loss. Review of the facility policy titled, Weight/Reweight Policy, updated on 05/01/25 revealed a resident's weight will be monitored to evaluate the resident's nutrition status within the parameters of the resident's overall medical condition. A resident's weight will be obtained and recorded in the electronic medical record (EMR) by the nursing staff. A resident's weight will be obtained weekly for a minimum of four weeks for the following situations, new admissions, readmissions, pressure injuries, significant unplanned weight loss of five percent or greater, 10% or greater in six months or determined by the skin and weight assessment team (SWAT). Nursing staff will be notified of residents requiring weekly weights by the SWAT. A monthly weight will be obtained by the nursing staff for all residents in the facility unless the physician determines it is contraindicated. A member of the dietary staff will notify the nursing staff when a re-weigh on a resident is indicated. Re-weighing of a resident may be indicated when there is a plus/minus weight change of five pounds when the resident is over 100 pounds or a plus/minus of three pounds when the resident is under 100 pounds. All weights will be documented in the clinical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366215	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lanfair Center for Rehab & Nsg Care Inc	1590 Chartwell Street Lancaster, OH 43130

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43064 Based on observation, interview, review of medical record, and review of facility policy the facility failed to have physician orders in place for Resident #184's Bilevel Positive Airway Pressure (BiPAP) and failed to ensure oxygen orders were followed and oxygen administration was documented for Resident #33. This affected two residents (#33 and #184) of three residents reviewed for respiratory care. The facility census was 82. 1. Review of Resident #33's medical record revealed an admitted [DATE] with diagnoses including chronic obstructive pulmonary disease, moderate protein- calorie malnutrition, unspecified dementia, generalized anxiety disorder, dysphagia, major depressive disorder, and altered mental status. Review of Resident #33's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed resident was rarely or never understood. He received oxygen therapy. Review of Resident #33's physician order dated 09/24/23 revealed an order for continuous oxygen at two liters via a nasal cannula as needed. Nursing was to check the placement and record his oxygen concentration every shift. Review of Resident #33's hospice recertification revealed they indicated he was on oxygen continuously at two liters. Review of Resident #33's Medication Administration Record (MAR) from 04/08/25 to 05/06/25 at 1:43 P.M. revealed oxygen had not been documented as having been used. Review of Resident #33's plan of dated 04/09/25 revealed the resident had a potential for alteration in respiratory function related to chronic obstructive pulmonary disease, acute respiratory failure, congestion, and aspiration history. Resident #33 required encouragement to wear oxygen and he preferred not to wear it at times. Interventions included recording oxygen saturation once a month on room air, medications as ordered, oxygen as ordered, respiratory treatment as ordered, encouraging fluids, encouraging to cough and deep breathe, and labs as ordered. Review of Resident #33's progress note dated 04/12/25 revealed the resident was receiving oxygen at three liters per minute. Review of Resident #33's progress note dated 04/17/25 revealed the resident was receiving oxygen at three liters per minute. Review of Resident #33's progress note dated 04/26/25 revealed the resident was receiving oxygen at three liters per minute. Review of Resident #33's progress note dated 04/28/25 revealed the resident was receiving oxygen at three liters per minute. Review of Resident #33's progress note dated 05/05/25 revealed the resident was receiving oxygen at three liters per minute. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366215	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lanfair Center for Rehab & Nsg Care Inc	1590 Chartwell Street Lancaster, OH 43130

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 05/05/25 at 9:57 A.M. and 11:30 A.M. and on 05/06/25 at 9:00 A.M. and 1:40 P.M. revealed Resident #33 had oxygen in place. Interview on 05/06/25 at 1:40 P.M. with Program Director #202 verified Resident #33 was wearing oxygen and had been all day. She reported his order was technically as needed, however, he wore it most of the time for comfort. Program Director #202 verified his oxygen use was not indicated in the MARs. Interview on 05/06/25 at 4:55 P.M. with Regional Nurse #227 revealed she clarified Resident #33's oxygen order with hospice and should be receiving two to four liters continuously. 32654 2. Review of the medical record for Resident #184 revealed an initial admitted [DATE] encounter for orthopedic aftercare, status post left knee arthroscope, arthritis due to bacteria left knee, reduced mobility, gout, effusion of left knee, pulmonary embolism, presence of cardiac pacemaker, obstructive sleep apnea, hypertension, diabetes mellitus, chronic kidney disease, anemia, hypothyroidism, osteoarthritis, obesity, constipation, carpal tunnel syndrome, polyarthritis and vitamin D deficiency. Review of resident's comprehensive Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had no cognitive deficit. The assessment indicated the resident did not utilize a non-invasive mechanical ventilator. Review of the resident's plan of care revealed no care plan addressing the resident's use of the c-pap. Review of the resident's physician orders revealed no orders for the c-pap machine. On 05/05/25 11:48 A.M., observation of the resident's c-pap machine revealed the c-pap mask was laying on floor under the bed with no protective bag. On 05/05/25 at 1:08 P.M., observation of the resident's c-pap machine revealed the c-pap mask remained on the floor under the resident's bed with no protective bag. On 05/05/25 at 1:11 P.M., an interview with the Director of Nursing (DON) verified the resident's c-pap mask was not stored appropriately laying on the floor under the resident's bed with no protective bag in place. On 05/06/25 at 2:34 P.M., an interview with Regional Nurse #227 confirmed the resident had no orders for the use and monitoring of the c-pap machine. Review of the facility policy titled, Respiratory CPAP/BIPAP, updated 05/01/25 revealed it was the facility's policy to utilize professional standards of practice when utilizing a CPAP/BiPAP to meet the resident's clinical needs. Verify there is a physician's order for the device that includes the settings for the machine. Monitor the resident's tolerance to the device and document abnormalities in the clinical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366215	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lanfair Center for Rehab & Nsg Care Inc	1590 Chartwell Street Lancaster, OH 43130

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43064 Based on interview and medical record review the facility failed to ensure the physician gave a clear reason why a pharmacy recommended gradual dose reduction (GDR) was not performed on residents with psychotropic's. This affected two residents (#28 and #51) of five residents reviewed for unnecessary medications. The facility census was 82. Findings include: 1. Review of Resident #51's medical record revealed an admitted [DATE] with diagnoses including dementia with psychotic disturbance, cognitive communication deficit, anxiety disorder, major depressive disorder, metabolic encephalopathy, and hypertension. Review of Resident #51's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed she was rarely or never understood. Review of Resident #51's pharmacy recommendation dated 09/19/24 revealed the pharmacist recommended trialing a decrease of Quetiapine (an antipsychotic) to 25 milligrams (mg) every other day for seven days due to no documented behaviors on MDS and a dementia diagnosis. The physician indicated there would be no changes, no reason why was indicated. Review of Resident #51's pharmacy recommendation dated 12/16/24 revealed the pharmacist recommended trialing a decrease of Quetiapine to 25 milligrams (mg) every other day for seven days due to no documented behaviors on MDS and a dementia diagnosis. The physician indicated there would be no changes per the families request. Review of Resident #51's pharmacy recommendation dated 03/15/25 revealed the pharmacist recommended trialing a decrease of Quetiapine to 25 milligrams (mg) every other day for seven days due to no documented behaviors on MDS and a dementia diagnosis. The physician indicated there would be no changes per the families request. Interview on 05/06/25 at 8:41 A.M. with the Director of Nursing (DON) verified the GDR's were declined with either no reasoning or no medical reasoning. 2. Review of Resident #28's medical record revealed an admitted [DATE] with diagnoses including dementia, epilepsy, hypertension, bipolar disorder, cognitive communication deficit, other psychotic disorder not due to a substance or known physiological condition , other specified depressive episodes, major depressive disorder, anxiety disorder, schizoaffective disorder, and dysphagia. Review of Resident #28's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed she had severely impaired cognition. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366215	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lanfair Center for Rehab & Nsg Care Inc	1590 Chartwell Street Lancaster, OH 43130

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Review of Resident #28's pharmacy recommendation dated 06/05/24 revealed the pharmacist recommended a gradual dose reduction as the resident was taking Duloxetine (an antidepressant) 60 mg and Olanzapine (an antipsychotic) 5 mg. The pharmacist indicated if a GDR was contraindicated a reasoning should be provided. The physician declined the recommendation but did not indicate the reasoning. Review of Resident #28's pharmacy recommendation dated 01/16/25 revealed the pharmacist recommended a dose reduction of Olanzapine to 2.5 mg every day. The physician indicated no change per the resident and family request. Interview on 05/06/25 at 8:41 A.M. with the Director of Nursing (DON) verified the GDR's were declined with either no reasoning or no medical reasoning.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366215	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lanfair Center for Rehab & Nsg Care Inc	1590 Chartwell Street Lancaster, OH 43130

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 52017 Based on observation, interview, and facility policy review, the facility failed to label and store food in a safe manner. This affected all the residents residing in the facility, except Resident #69 who was nothing by mouth. The facility census was 82. Findings include: Observation of the walk-in refrigerator on 05/05/25 at 9:30 A.M., revealed an undated jar of minced garlic that was more than half empty, three deli sandwiches, open and undated, and a package of deli meat, open and undated. Interview on 05/05/25 at 9:32 A.M. with Dietary Manager (DM) #194, confirmed three undated items in the walk-in refrigerator. DM #194 dated minced garlic at the time of discovery and discarded the deli sandwiches and package of deli meat. Observation of the pantry on 05/05/25 at 9:35 A.M., revealed, an undated half of a bottle of orange concentrated syrup and a large undated open bag of crackers. Interview on 05/05/25 at 9:40 A.M. with DM #194, confirmed undated items in the pantry. DM #194 dated orange concentrated syrup at time of discovery. She also discarded the undated bag of crackers. Observation of the kitchen serving area on 05/05/25 at 9:45 A.M revealed four large bags of chips (Tostitos, Waffles Chips, Regular Chips and Cheese Curls) opened and undated. Interview on 05/05/25 at 9:50 A.M. with DM #194, confirmed undated items in the kitchen serving area. DM #194 discarded items at the time of discovery. Review of facility Dry Storage and Supplies policy, dated January 2015, revealed that all perishable food shall be stored in a manner that optimizes food safety and quality. It also stated that opened food shall be stored in resealed containers/food bags that are labeled/dated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366215	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lanfair Center for Rehab & Nsg Care Inc	1590 Chartwell Street Lancaster, OH 43130

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52003 Based on observation, interview, record review, facility policy review and Centers for Disease Control and Prevention (CDC) guidelines, the facility failed to follow enhanced barrier precautions (EBP) during wound care as guided by the CDC. This affected one (Resident # 182) of one resident reviewed for wound care. The facility census was 78. Findings include: Review of the medical record for Resident #182 revealed admitted [DATE] with diagnoses including multiple fractures of pelvis without disruption of pelvic ring, subsequent encounter for fracture with routine healing, repeated falls, generalized pustular psoriasis, and edema. Review of physician ' s orders dated 05/01/25 included wound care instructions for the right dorsal foot: cleanse with in-house wound cleanser (IHWC), pat dry, apply a thin layer of Silvasorb, and cover with foam dressing daily and as needed. Physician's orders dated 05/02/25 for the left lower extremity wound, the orders directed staff to cleanse with IHWC, pat dry, apply a thin layer of Silvasorb to the open wound bed, cover with a non-adherent dressing, and wrap with Kerlix daily and as needed. Observation on 05/08/25 at 10:20 a.m. revealed wound care being performed on Resident #182 by Registered Nurse (RN) #13. During the procedure, RN #13 confirmed that the wounds on the resident ' s right foot and left lower leg were open and that the skin was not intact. RN #13 acknowledged that Enhanced Barrier Precautions were not followed, as required by CDC guidance. Review of facility policy titled Enhanced Barrier Precautions dated 04/01/24, states for procedures staff will wear gloves and a gown when performing high contact resident care activities. Review of CDC guidance dated 04/02/24 titled Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) states Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: Wound care: any skin opening requiring a dressing.