

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Springview Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 883 West Spring Street Lima, OH 45805	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51516</p> <p>Based on medical record review, observation, interview, and facility policy, the facility failed to have call lights within reach. This affected three residents (#40, #41, and #17) out of twelve residents observed for call lights. The facility census was 56.</p> <p>Findings included:</p> <p>1. Medical record review revealed Resident #40 was admitted on [DATE] with diagnoses of chronic obstructive pulmonary disease, acute kidney failure, weakness, difficulty walking, peripheral vascular disease, atherosclerotic heart disease, and mild cognitive impairment.</p> <p>Review of the care plan dated 01/24/25 revealed Resident #40 was at risk for falling due to unsteady gait and poor safety awareness. Call light was to be kept within reach.</p> <p>Observation on 04/07/25 at 11:03 A.M. revealed Resident #40 was laying on her back in bed. Touch call light was on the furthest back corner of nightstand with the dividing curtain covering the touch pad. Call light was not in reach or in sight of Resident #40.</p> <p>2. Medical record review revealed Resident #41 was admitted on [DATE] with diagnoses of spinal stenosis, lumbar region with neurogenic claudication, tarlov-sacral cyst, chronic obstructive pulmonary disease, paroxysmal atrial fibrillation, heart failure, chronic kidney disease-stage three, history of falling, anxiety disorder, and osteoarthritis.</p> <p>Review of the care plan dated 03/25/25 revealed Resident #41 was at risk for falling related to medication use, weakness, and unsteady gait. Call light was to be kept within reach.</p> <p>Observation on 04/07/25 at 11:02 A.M. revealed Resident #41 sitting in her recliner parallel from her bed. Back of recliner is equal to end of bed. Approximately one foot in between bed and recliner. Call light was placed on foot board one inch from the wall hanging down in between the mattress and foot board, out of reach and sight for Resident #41.</p> <p>Interview on 04/07/25 at 11:03 A.M. with Licensed Practiced Nurse (LPN) #99 verified Resident #40 and #41 did not have their call light within reach.</p> <p>45751</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: 366221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Springview Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 883 West Spring Street Lima, OH 45805	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Review of the medical record for Resident #17 revealed an admitted [DATE] with diagnoses including but not limited to diabetes mellitus two with diabetic polyneuropathy, encounter for orthopedic aftercare following surgical amputation, acquired absence of right leg above the knee, atrial fibrillation, congestive heart failure, and dependence on supplemental oxygen.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #17 was cognitively intact. Resident #17 required setup or clean-up assistance with eating. Supervision or touching assistance for oral hygiene, upper body dressing, and personal hygiene. Substantial/maximal assistance for lower body dressing, putting on/taking off footwear, bathing, and toileting.</p> <p>Observation on 04/07/25 at 10:16 A.M. revealed the call light for Resident #17 did not work. Observation of the bell ringing revealed the bell was able to be heard three doors down the hallway with the resident's door closed and the hallway quiet.</p> <p>Observation on 04/08/25 at 10:03 A.M. revealed the call light for Resident #17 did not light up outside the door when pushed.</p> <p>Interview on 04/07/25 at 10:16 A.M. with Resident #17 revealed the resident stated his call light did not work. Resident #17 stated his call light had not been working for about a week. Resident #17 stated he was given a bell to ring for help.</p> <p>Interview on 04/09/25 at 9:53 A.M. with LPN #99 verified the call light for Resident #17 did not work. LPN #99 stated she was unaware the call light was not working.</p> <p>Interview on 04/09/25 at 10:28 A.M. with Director of Plant Operations (DPO) #195 revealed the call light that was hooked to the resident's bed in his reach was not hooked into the new call light system. DPO #195 verified the call light cord that hooked into the new system was lying on the floor out of the reach of the resident. DPO #195 stated the staff did not give the resident the new call light cord. DPO #195 verified the call light was functioning it was just not in reach of the resident. Observation at the time of the interview revealed the call light was functioning and was now in reach of the resident.</p> <p>Review of the facility policy, Guidelines for Answering Call Lights, dated 05/11/16, revealed staff to ensure call light is plugged in securely to the outlet and in reach of the resident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Springview Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 883 West Spring Street Lima, OH 45805	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45751</p> <p>Based on record review, interviews, and policy review, the facility failed to ensure assessments were documented and/or completed prior to and after dialysis. This affected one (#9) of one resident reviewed for dialysis. The facility further failed to ensure dialysis documentation was completed by the dialysis center. This affected one (#9) of one reviewed for dialysis. The facility census was 56.</p> <p>Findings include:</p> <p>Review of medical record for Resident #9 revealed admitted [DATE] with diagnoses including but not limited to Parkinson's disease, adjustment disorder with depressed mood, end stage renal disease, dependence on renal dialysis, malignant neoplasm, and atrial fibrillation.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] for Resident #9 revealed the resident was cognitively intact. The resident required setup or clean-up assistance for eating. Supervision or touching assistance for oral hygiene, upper body dressing, and personal hygiene. Partial/moderate assistance for lower body dressing and putting on/taking off footwear. Substantial/maximal assistance for toileting and bathing. The resident was receiving dialysis.</p> <p>Review of current physician orders for Resident #9 revealed controlled carbohydrate diet (CCHO) with thin liquids, Glucerna four ounces (oz) three times daily, encourage 1500 milliliter (ml)/day fluid restriction, monitor for signs and symptoms of infection to dialysis port to right chest daily, dialysis Tuesday, Thursday, and Saturday at 12:00 P.M. complete dialysis center communication observation under other clinical observation and send with resident.</p> <p>Review of care plan dated 10/01/24 revealed Resident #9 has End Stage Renal Disease (ESRD) related to renal failure. Interventions included fluid restriction per orders, administer medications as ordered, dietary consult and follow recommendations as needed, observe adverse side effects and report as necessary, labs as ordered, assess for fluid excess, monitor weight per order, and diet as ordered.</p> <p>Review of dialysis communication forms dated 02/01/25, 02/06/25, 02/15/25, 03/06/25, 03/15/25, and 04/03/25 revealed no vital signs obtained after Resident #9 returned from dialysis.</p> <p>Review of dialysis communication forms sent to dialysis center on Tuesday, Thursday, and Saturday from 02/01/25 through 04/08/25 with the exception of 03/15/25 revealed the dialysis center portion was not filled out including no pre and post dialysis weights.</p> <p>Interview on 04/09/25 at 11:40 A.M. with the Director of Nursing (DON) verified no vital signs were obtained on the above listed dates upon Resident #9's return to the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Springview Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 883 West Spring Street Lima, OH 45805	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 04/09/25 at 2:02 P.M. with the DON verified the dialysis center has never filled out their portion of the dialysis communication form. DON stated that if they filled out the form it would be scanned into the electronic record upon return to the facility. DON verified the communication form is filled out by the night shift nurse between 12:00 A.M. and 1:00 A.M. and that the residents chair time is not until 12:00 P.M.</p> <p>Review of dialysis contract dated 04/16/18 revealed the facility is responsible for ensuring that the ESRD residents are medically stable to receive treatment at the ESRD Dialysis Unit. Obligations of the ESRD Dialysis unit included to provide the facility information on all aspects of the management of the ESRD resident's care related to the provision of renal dialysis services including directions on management of medical and non-medical emergencies including but not limited to bleeding, infections, and care of dialysis access site. Mutual obligations both parties shall ensure there is documented evidence of collaboration of care and communication between the facility and ESRD dialysis unit.</p> <p>Review of policy titled, Guidelines for Dialysis, dated 05/11/16 revealed the purpose of the policy is to provide communication to Dialysis providers and monitoring of resident receiving dialysis. A report (may be written or verbal) shall be requested from the Dialysis provider that will alert the campus regarding tolerance to procedure, vital signs, medications administered, and other information deemed necessary for the ongoing provision of care. Upon return from the Dialysis provider the campus shall provide ongoing monitoring of the shunt site for signs of complications and review the Dialysis provider paperwork for any necessary follow up requirements.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Springview Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 883 West Spring Street Lima, OH 45805	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45751</p> <p>Based on observation, interview, and policy review, the facility failed to ensure medications were not left at the bedside. This affected one (#23) of four residents reviewed for medication pass. The facility further failed to ensure medications were dated when opened. This affected one of three med carts reviewed for med storage. The facility census was 56.</p> <p>Findings include:</p> <p>1. Record review for Resident #23 revealed admitted [DATE] with diagnoses including but not limited to rheumatoid arthritis, cervicgia, age-related osteoporosis, nonrheumatic mitral valve annulus calcification, cardiomegaly, chronic obstructive pulmonary disease, pleural effusion, lymphedema, hypothyroidism, and nutritional anemia.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] for Resident #23 revealed the resident was cognitively intact. Resident #23 required supervision or touching assistance for transfers and ambulation. Setup or clean-up assistance for eating, oral hygiene, upper body dressing, lower body dressing, and personal hygiene. Supervision or touching assistance for toileting, bathing, and putting on/taking off footwear.</p> <p>Review of physician orders revealed Vitamin C 500 milligrams (mg) daily, beta carotene capsule 7500 micrograms (mcg) daily, citracal D3 petites 200 mg-6.25 mcg three capsules daily, magnesium oxide 250 mg twice daily, odorless garlic concentrated extract capsule 50 mg daily, super B-50 complex capsule 400 mcg-20 mg- 50 mg daily and vitamin E 180 mg daily.</p> <p>Further review of the medical record revealed no self administration of medication assessments.</p> <p>Observation and interview on 04/07/25 at 11:48 A.M. of Resident #23's over the bed table revealed med cup containing seven pills sitting in front of the resident. Resident #23 stated the medications in the med cup were vitamins. Resident #23 stated she takes them after breakfast and was in the process of taking the medication when surveyor walked in the room. No nursing staff was observed in the room at the time.</p> <p>Interview on 04/07/25 at 11:59 A.M. with Licensed Practical Nurse (LPN) #92 verified Resident #23 had a med cup with vitamins in her room unattended by nursing staff.</p> <p>2. Observation on 04/08/25 at 8:13 A.M. of med cart on 300 hall revealed a Lantus Solostar insulin pen not labeled or dated and one lubricating eye drop bottle opened and not dated.</p> <p>Interview on 04/08/25 at 8:15 A.M. with LPN #210 verified the insulin pen was not labeled or dated and the eye drops were not dated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Springview Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 883 West Spring Street Lima, OH 45805	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 04/08/25 at 9:32 A.M. with Director of Nursing (DON) verified she discarded the insulin pen at this time. DON verified the insulin pen was not labeled and she could not determine which resident the pen belonged to.</p> <p>Review of policy titled, Storage of Medications, revised 10/19 revealed certain medications or package types, such as intravenous solutions, multiple dose, injectable vials, ophthalmic, nitroglycerin tablets, blood sugar testing solutions and strips, once opened require an expiration date shorter than the manufacturer's expiration date to insure medication purity and potency. When the original seal of a manufacturer's container or vial that requires a shorter expiration is initially broken, the container or vial will be dated. A date opened sticker shall be placed on these medications. The expiration date of the vial or container will be 30 days unless the manufacturer recommends another date or regulations/guidelines require different dating.</p> <p>Review of policy titled, Medication Administration-General Guidelines, revised 11/18 revealed the resident is always observed after administration to ensure that the dose was completely ingested. If only a partial dose is ingested, this is noted on the medication administration record and action was taken as appropriate.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Springview Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 883 West Spring Street Lima, OH 45805	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48568</p> <p>Based on observation, interview, and policy review, the facility failed to ensure food was served at a palliative and warm food temperature. This had the potential to affect all residents in the facility at the time of entrance. The census was 56.</p> <p>Findings include:</p> <p>Review of medical record for Resident #4 revealed an admitted [DATE] with diagnoses including but not limited to panlobular emphysema, influenza, other specified symptoms and signs involving the digestive system, congestive heart failure, auditory and visual hallucinations, major depressive disorder, anxiety, and other symptoms and signs concerning food and fluid intake.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #4 was cognitively intact.</p> <p>Interview on 04/07/25 at 10:40 A.M. revealed Resident #4 stated that sometimes the food is cold. Resident #4 stated sometimes the food just does not taste good.</p> <p>Observation of the tray line was made on 04/09/25 at 12:18 P.M. with Culinary Support #205. The lunch menu consisted of mashed potatoes, smoked sausage, and brussel sprouts. A test tray was requested, and Culinary Support #205 took starting temperatures of the food being placed on the test tray on 04/09/25 at 12:18 P.M. Culinary Support #205 confirmed the mashed potatoes were 158 degrees Fahrenheit, smoked sausages were 141 degrees Fahrenheit, and the brussel sprouts were 137 degrees Fahrenheit. The tray was then placed on the meal cart on 04/09/25 at 12:19 P.M. The meal cart left the kitchen for the 300 and 100 halls on 04/09/25 at 12:20 P.M. The meal cart arrived at the 300 hall on 04/09/25 at 12:21 P.M. The meal cart arrived at the 100 hall on 04/09/25 at 12:25 P.M.</p> <p>Interview on 04/09/25 at 12:28 P.M. with Culinary Support #205 revealed she wants food served at 135 degrees Fahrenheit or as hot as possible for residents.</p> <p>Observation on 04/09/25 at 12:25 P.M. of the meal cart with the test tray arrived on the 100 Hall.</p> <p>The test tray was served on 04/09/25 at 12:28 P.M. after all other 100 Hall food trays were served.</p> <p>Observation of the test tray opened on 04/09/25 at 12:28 P.M. with Culinary Support #205. Culinary Support #205 checked the food on the tray and confirmed the food temperatures. The mashed potatoes were 145 degrees Fahrenheit, the smoked sausages were 129 degrees Fahrenheit, and the brussel sprouts were 134 degrees Fahrenheit. The food was tasted, and the smoked sausage and brussel sprouts were lukewarm.</p> <p>Interview on 04/09/25 at 02:34 P.M. with Director of Food Service #5 revealed hot foods are delivered to residents at 135 or 141 degrees Fahrenheit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Springview Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 883 West Spring Street Lima, OH 45805	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the Food Production Guidelines - Sanitation and Safety dated 01/25 stated Food is served as soon after preparation as possible and is held at the following temperature: Hold food - HOT= 135 F.</p> <p>Review of the Meal Time Express Cart policy dated 01/01/25 stated The Meal Time Express Cart ensures that the in-room dining residents are being served meals at the correct and desired temperature to ensure a great meal is being served.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Springview Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 883 West Spring Street Lima, OH 45805	
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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>51516</p> <p>Based on observation, interview, and facility policy the facility failed to ensure staff practices hand hygiene when delivering meal trays. This affected two (#258 and #260) out of seven room trays observed. Census was 56.</p> <p>Findings include:</p> <p>Observation on 04/07/25 at 12:18 P.M. revealed Certified Nursing Assistant (CNA) #71 carried Resident #258's lunch tray into her room. Before placing lunch tray on bedside tray, CNA #71 removed kleenex box, TV remote and multiple personal items from bedside tray. CNA #71 placed lunch tray on bedside table and removed plastic wrap from top of food and silverware out of napkin and adjusted bedside tray. CNA #71 walked out of Resident #258's room, took a cup of lemonade off food tray and walked into Resident #260's with cup of lemonade, placed it on Resident #260's lunch tray, took the lid off, and walked out the door. No hand hygiene was performed at start of meal tray pass and no hand hygiene was performed in between one resident's room to another resident's room.</p> <p>Interview on 04/07/25 at 12:22 P.M. with CNA #71 and Culinary Support #205 verified no hand hygiene was completed before passing meal trays and in between resident's rooms.</p> <p>Review of facility policy, Guideline for Handwashing/Hand Hygiene, dated 12/17/24, hand hygiene is to be used before/after having direct physical contact with residents and before/after preparing/serving meals and drinks.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Springview Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 883 West Spring Street Lima, OH 45805	

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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>48568</p> <p>Based on observation, interview, and policy review, the facility failed to maintain the kitchen steamer in a safe operating condition. This had the potential to affect all residents in the facility at the time of entrance. The facility census was 56.</p> <p>Findings include:</p> <p>Observation on 04/07/25 at 11:49 A.M. of the kitchen steamer unit revealed it was leaking onto the floor, and it formed a large puddle.</p> <p>Interview on 04/07/25 at 11:49 A.M. with Director of Food Service #5 confirmed the steamer was leaking and making a puddle.</p> <p>Observation on 04/08/25 at 12:04 P.M. of the kitchen steamer unit revealed it was leaking onto the floor.</p> <p>Interview on 04/08/25 at 12:04 P.M. with Director of Food Service #5 confirmed the steamer is still leaking.</p> <p>Observation on 04/09/25 at 12:12 P.M. of the kitchen steamer unit revealed the steamer leaked onto floor out of two places and it made another puddle.</p> <p>Interview on 04/09/25 at 12:12 P.M. with [NAME] #65 confirmed the steamer unit is leaking on the floor.</p> <p>Review of the Preventative Maintenance Procedures policy dated 02/06/18 stated Each piece of equipment or section of the building has its own inspection schedule and procedures to follow to prolong the life expectancy of the equipment and decrease the chances of equipment failure.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Springview Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 883 West Spring Street Lima, OH 45805	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>51516</p> <p>Based on observation and staff interview, the facility failed to ensure no pervasive odors were present in hallways or common areas. This had the potential to affect all residents. The census was 56.</p> <p>Findings included:</p> <p>Observation on 04/07/25, 04/08/24, and 04/09/24 at various times revealed on the 200 and 300 halls, there was a strong urine smell.</p> <p>Observation on 04/09/24 at 10:40 A.M. in the legacy hall revealed a strong urine smell.</p> <p>Interview on 04/09/24 at 10:50 A.M. with Director of Environmental Services #250 verified strong urine smell throughout the 200 hall, 300 hall, and legacy hall. Director of Environmental Services #250 stated in legacy, two gentlemen urinate on the carpet instead of using the restroom. Director of Environmental Services #250 verified all carpets in the facility are cleaned once a month with a commercial carpet cleaner, dinning chairs are wiped down daily, and cloth upholstery couches are cleaned when housekeeping is notified.</p>		