

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER Gardens at Celina		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 Myers Road Celina, OH 45822	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on medical record review, resident interview, and staff interview, the facility failed to ensure a resident received ordered medications timely after admission to the facility. This affected (#31) of five residents reviewed for medications. The census was 21. Findings include: Review of Resident #31's medical record revealed an admission date of 12/18/25. Diagnoses listed low back pain, chronic obstructive pulmonary disease, hypertension, anxiety disorder, hypertension, and lumbar disc degeneration. A Minimum Data Set (MDS) assessment had not yet been completed. Review of physician orders revealed an order dated 12/18/25 for the antidepressant medication Bupropion hydrochloride (HCL) oral tablet extended-release (ER) 24-hour 300 milligrams (mg). Give 700 mg by mouth in the morning for depression. The order was discontinued 12/22/25. An order dated 12/22/25 was for Bupropion HCL oral tablet ER 24-hour 300 mg. Give 700 mg by mouth in the morning for depression. The order was discontinued 12/23/25. Review of medication administration notes dated 12/19/25 at 8:02 A.M. revealed Bupropion HCL oral tablet ER 24-hour 300 mg. Give 700 mg by mouth in the morning for depression was on order and needed clarification from the provider. Review of a facsimile (fax) dated 12/18/25 revealed pharmacy requested for Bupropion HCL oral tablet ER dose and strength to be clarified. A hand-written note on the fax had the dose clarified by the nurse practitioner to 300 mg daily. Review of medication administration records (MAR) revealed Bupropion was not administered on 12/19/25, 12/20/25, 12/21/25, 12/22/25, and 12/23/25. Interview with the Director of Nursing (DON) on 12/23/25 at 11:08 A.M. confirmed Resident #31 had not received Bupropion on 12/19/25, 12/20/25, 12/21/25, 12/22/25, and 12/23/25 due to the order not being clarified timely. The order was clarified on 12/23/25. Interview with Resident #31 on 12/23/25 at 10:03 A.M. revealed he takes an antidepressant medication at home and was unsure of the name and dose. Resident #31 was unaware that he was not receiving the antidepressant medication at the facility.		

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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(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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, staff interview, and facility policy, the facility failed to implement Enhanced Barrier Precautions (EBP) for a resident with an open wound. This affected one (Resident #01) of three residents review for EBP. The facility census was 21. Findings include: Record review revealed Resident #01 was admitted on [DATE] with diagnoses including pleural effusion, chronic obstructive pulmonary disease (COPD), and diabetes mellitus type II. Review of the weekly wound assessment dated [DATE] revealed Resident #01 had a stage III pressure ulcer on the coccyx. Observation of Registered Nurse (RN) #148 on 12/24/25 at 9:48 AM revealed RN #148 provided wound care to Resident #01's open coccyx wound without the use of complete personal protective equipment (PPE). RN #148 applied gloves but did not don (apply) a gown for the wound care treatment. Interview with RN #148 at the time of observation confirmed she did not wear a gown during the wound care treatment for Resident #01 and she should have. RN #148 further confirmed there was no signage posted that identified Resident #01 needs EBP during high-contact care activities. Interview on 12/24/25 at 10:11 AM with the Director of Nursing (DON) revealed there was no EBP order in place for Resident #01 and acknowledged that EBP should have been implemented due to her open wound. Review of the facility policy titled, Enhanced Barrier Precautions (EBP), dated 04/01/24, revealed that Enhanced Barrier Precautions are required for residents with wounds. The policy further directs that staff must don gowns and gloves during high-contact resident care activities.		