

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366235	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/09/2024
NAME OF PROVIDER OR SUPPLIER  Fair Haven Shelby County		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 Fair Road Sidney, OH 45365	
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 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure the activities program is directed by a qualified professional.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45751</b></p> <p>Based on record review, observation, and resident, family, and staff interview, the facility failed to ensure they had a qualified professional activities director and activities were provided to the residents as scheduled. This affected two residents (#45 and #63) of four residents reviewed for activities. This had the potential to affect all residents except for the 18 residents identified by the facility who usually decline to attend activities. The facility census was 67.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #45 revealed an admitted [DATE] with diagnoses including dementia, Alzheimer's disease, major depressive disorder, and altered mental status. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #45 had moderate cognitive impairment.</p> <p>Review of the care plan dated 10/10/24 revealed the resident needed assistance/escort for activity functions, preferred activities included reading the bible, church, family and friends, bingo, special events, outings with family and friends, walking, and playing cards on her computer. Staff to remind resident that she may leave activities at any time and that it was not required to stay for the entire activity.</p> <p>Interview on 10/09/24 at 1:36 P.M. with Resident #45 stated she would like to go to activities when she knows they were doing them. Resident #45 stated she likes bingo. Family Member #390 in the room at the time of the interview and stated she felt like the resident needed to be asked and reminded of the activities that were planned. Family Member #390 stated the resident does not always understand the first time she was asked about an activity and may not want to go, but feels she would enjoy the activity. Family Member #390 stated the facility needed an activities director and they should have more crafts.</p> <p>2. Review of the medical record for Resident #63 revealed an admitted [DATE] with diagnoses including rheumatoid arthritis, dementia, and anxiety. Review of the MDS assessment dated [DATE] revealed the resident was cognitively intact.</p> <p>Review of the care plan dated 10/11/24 revealed the resident needed assistance/escort to activity functions. Preferred activities were working on puzzle books, talking with family, watching television, socializing with staff, reading, and listening to christian music.</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
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<p>F 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 10/09/24 at 11:19 A.M. with Resident #63 stated the facility does not have enough good activities anymore. Resident #63 stated they have not had an activities director for about a year. Resident #63 stated the last two they had hired did not work out and did not stay. Resident #63 stated the activities assistant was going around today selling items from the cart to help raise money for activities.</p> <p>Observation on 10/09/24 during the initial tour from 8:17 A.M. to 9:16 A.M. of the activity calendar revealed the following activities: 10:30 A.M. fall van ride, seated exercise for those not going on the van ride, 1:30 P.M. fall van ride, 2:30 P.M. brain games. Market Cart Monday through Friday 10:30 A.M. to 11:30 A.M. and 2:30 P.M. to 3:30 P.M.</p> <p>Observation on 10/09/24 from 10:30 A.M. to 10:40 A.M. revealed no seated exercises was performed.</p> <p>Interview on 10/09/24 at 12:39 A.M. with Activities Assistant (AA) #200 verified there was no seated exercises activity for the residents at 10:30 A.M. AA #200 explained she was unable to conduct the exercise activity as planned at 10:30 A.M. due to gathering residents for the fall van ride. AA #200 verified she was the only one in activities at this time. AA #200 verified she works five days a week. AA #200 stated she has on average of 15-20 residents attending activities depending on what the activity was.</p> <p>Interview on 10/09/24 at 1:02 P.M. with the Administrator revealed the facility has tried to hire an activities director with no success. Administrator stated they had hired for the position twice but they did not stay. Administrator stated the office staff help with the activities when the activities assistant is off.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00158208.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45751</p> <p>Based on record review and staff interview, the facility failed to administer medications per physician order. This affected one (Resident #63) of three residents reviewed for medication administration. The facility census was 67.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #63 revealed an admitted [DATE] with diagnoses including congestive heart failure, dementia, and anxiety. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #63 was cognitively intact.</p> <p>Review of Resident #63's Medication Administration Record (MAR) for September 2024 revealed cyanocobalamin 1,000 (Vitamin B12) microgram (mcg) per milliliter (ml) give one ml on the 26th of every month was not given due to medication being available. Levothyroxine (treats thyroid) 25 mcg was not signed off as administered on 09/17/24 and 09/27/24.</p> <p>The MAR for October 2024 revealed Levothyroxine 25 mcg was not signed off as administered on 10/01/24 and 10/02/24.</p> <p>Interview on 10/09/24 at 4:06 P.M. with the Director of Nursing (DON) verified the cyanocobalamin was not signed off as administered on 09/26/24 to Resident #63 and the nursing note stated the medication was not available. The DON verified the Levothyroxine was not signed off as administered on 09/17/24, 09/27/24, 10/01/24, and 10/02/24. The DON verified the facility could not validate the medications were administered to Resident #63 as they were not documented as given.</p> <p>Subsequent interview on 10/09/24 at 4:37 P.M. with the DON stated the cyanocobalamin was administered on day shift on 09/29/24 per the nursing report sheet. The DON verified there was no physician order to hold the medication until medication arrived or an order to give the medication when it was available from the pharmacy. The DON verified Resident #63's medical record did not include cyanocobalamin was administered to Resident #63 on 09/29/24.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00158208.</p>		