

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 06/11/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and policy review, the facility failed to ensure residents were treated with dignity, when staff stood over residents while providing assistance with eating. This affected three (#2, #37, and #41) of three residents reviewed for feeding assistance. The facility census was 62.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #2 revealed and admission date of 11/12/20, with diagnoses of Alzheimer's disease with late onset, dementia in other diseases classified elsewhere, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. Review of the Quarterly Minimum Data Set (MDS) dated [DATE] revealed the resident has a memory problem and cognitive skills were severely impaired. Resident #2 was dependent on staff assistance with all activities of daily living (ADL)s. Review of the care plan dated 12/04/23 revealed the facility will provide and serve meals as ordered and provide adaptive equipment to improve self-feeding skills.</p> <p>Review of the medical record for Resident #37 revealed and admission date of 07/06/20, with diagnoses of Alzheimer's disease with late onset, anorexia, dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. Review of the Quarterly MDS dated [DATE] revealed the resident has a memory problem, and cognitive skills were severely impaired. Resident #37 was dependent on staff assistance with all ADLs. Review of the care plan dated 07/07/20 revealed resident had a nutritional problem with intervention to provide and serve diet as ordered.</p> <p>Review of the medical record for Resident #41 revealed and admission date of 06/16/20, with diagnoses of anorexia, Alzheimer's disease with late onset, dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. Review of the Discharge Return Anticipated MDS, dated [DATE] revealed the resident had a memory problem, and cognitive skills were severely impaired. Resident #41 was dependent on staff assistance with all ADLs. Review of the care plan dated 06/22/20 revealed resident had a nutritional problem with intervention to provide and serve diet as ordered.</p> <p>Observation on 06/04/25 at 8:08 A.M., revealed Licensed Practical Nurse (LPN) #290 standing over Resident #37 feeding her.</p> <p>Observation on 06/04/25 at 8:15 A.M., revealed LPN #290 standing over Resident #41 feeding her.</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: 366235	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 06/04/25 at 8:16 A.M., revealed Certified Nursing Assistant (CNA) #204 standing over Resident #2 feeding her</p> <p>Interview on 06/04/25 at 8:20 A.M., with LPN #290 confirmed she was standing over Resident #37 and #41 feeding them breakfast. Interview with LPN #290 confirmed staff should sit down while feeding Resident #37 and #41.</p> <p>Interview on 06/04/25 at 8:20 A.M with CNA #204 confirmed she was standing over Resident #2 feeding her. Interview with CNA #204 confirmed staff should sit down while feeding residents.</p> <p>Review of the undated policy titled Fair Haven Meal Supervision and Assistance, revealed staff should assist with meal feeding as needed to prevent accidents.</p> <p>This deficiency represents the noncompliance investigated under Complaint Number OH00162995.</p>		

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 06/11/2025
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the medical record review, staff interviews, and policy reviews, the facility failed to address complaints of pain when reported. Additionally, the facility failed to monitor the effectiveness of routine pain medication. This affected one resident (#12) of two residents revealed for pain management. The facility census was 62.</p> <p>Findings include:</p> <p>Medical record review for Resident #12 revealed an admission on [DATE], with diagnoses including but not limited to heart failure, atrial fibrillation, hearing loss, peripheral vascular disease, insomnia, chronic kidney disease, rheumatoid arthritis, dementia, hypertension, osteoarthritis, anxiety disorder, and congestive heart failure.</p> <p>Review of the Annual Minimum Data Set assessment dated [DATE] for Resident #12 revealed resident was cognitively intact. Resident had no behaviors. Resident was independent with eating, dependent with toileting, supervision for bed mobility and transfers. Resident #12 received routine pain medication. Resident #12 reported pain in the last five days, frequency of pain reported almost constantly, pain frequently effecting sleep, pain rarely or not at all interfering with day to day activities and pain intensity was rated seven on a scale of one to ten.</p> <p>Review of the plan of care for Resident #12 dated 07/29/21 revealed resident was at risk for pain related to rheumatoid arthritis, osteoarthritis and bilateral lower extremities wounds. Interventions included anticipate need for pain relief and respond promptly to any complaint of pain, evaluate the effectiveness of pain interventions after initiation or administration, provide, monitor for effectiveness of, and document, non medication interventions for pain prior to administration of analgesics.</p> <p>Review of the active physician orders for Resident #12 revealed an order dated 03/13/25, for prednisone oral tablet five milligrams (mg) give one tablet by mouth one time a day for arthritis; an order dated 09/17/2024, for diclofenac gel (pain relieving gel) apply to bilateral knees topically as needed for pain three times a day; an order dated 09/17/24, for rolamine salicylate 10 percent cream apply to affected areas topically as needed for pain twice daily as needed; an order dated 09/17/24, for lidocaine four percent patch over the counter apply to right shoulder topically two times a day for arthritis pain, apply patch in am in remove patch at bedtime; an order dated 09/17/24, for tramadol 50 mg give one tablet by mouth four times a day for pain; and an order dated 09/17/2024, for Tylenol 325 milligrams, give 1 tablet by mouth four times a day for pain and give two tablet by mouth every six hours as needed for pain.</p> <p>Review of the pain assessment dated [DATE] at 1:00 P.M., for Resident #12 revealed resident had pain in the last five days, that pain was constant in the last five days, that pain made it hard for the resident to sleep and resident rated the pain as a seven on a scale of one to ten.</p> <p>Review of the progress notes for Resident #12 dated 04/11/25 was silent for any documentation for pain management.</p> <p>(continued on next page)</p>		

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 06/11/2025
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Medication Administration Record for Resident #12's month of April 2025 revealed resident was not provided with any as needed pain medications on 04/11/25.</p> <p>Review of the Treatment Administration Record for Resident #12's the month of April 2025 revealed resident was not provided with any as needed topical creams on 04/11/25.</p> <p>Interview on 06/02/25 at 10:50 A.M., with Resident #12 stated she has had arthritis for years and her hands especially just ache at times. Resident #12 reports that pain is manageable, but have had periods in the past that my hands just ache and pain medications do not help. Resident #12 reported that facility staff do not routinely ask her if she is having pain.</p> <p>Interview on 06/05/25 at 11:01 A.M., with Licensed Practical Nurse (LPN) #217 stated the medication administration record does not have a place to document routine pain monitoring. LPN #217 stated she will ask the patient if they are having any pain and will document the level of pain identified by the patient when an as needed (prn) medication has been administered, but can not document that without PRN administration.</p> <p>Interview on 06/09/25 at 10:30 A.M., LPN #426 stated the facility does not document any pain effectiveness on a routine basis, only when a PRN medication has been given.</p> <p>Interview on 06/09/25 at 3:45 P.M., with Director of Nursing (DON) verified at the time of the pain assessment conducted on 04/11/25 at 1:00 P.M., no as needed pain medication was administered. Additionally, the DON verified the facility does not routinely monitor for pain on a daily bases.</p> <p>Review of the undated policy titled Pain Management Policy, stated under number seven: facility staff will reassess resident's pain management for effectiveness and or adverse consequences.</p> <p>This deficiency represents the noncompliance investigated under Complaint Number OH00162889.</p>		

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 06/11/2025
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, staff interview, review of the facility menu, and review of the policy, the facility failed to ensure all residents received a balanced and nutritious meal. This had the potential to affect six residents (#01, #02, #19, #31, #26, and #53) who receive a pureed diet and did not receive bread or the desert, as well as all of the residents, who did not receive the desert. Resident #28 was identified as not receiving anything by mouth and is not affected. The facility census was 62.</p> <p>Findings include:</p> <p>Observation on 06/04/25 at 10:00 A.M. revealed [NAME] #237 preparing the pureed foods. No bread was added to the beef patty, nor the roasted zucchini.</p> <p>Review of the menu served on 06/04/25 included beef pepper patty, mashed potatoes, roasted zucchini, choice of roll, and cherry crisp.</p> <p>Observation on 06/04/25 from 11:27 A.M. to 1:20 P.M., revealed [NAME] #265 served the meals and was assisted by Dietary Manager (DM) #214 preparing the trays for delivery. The meal consisted of a beef pepper patty, mashed potatoes with gravy, roasted zucchini, a dinner roll, margarine, and cherry crisp. As the meals were being plated for the residents receiving a pureed diet, no bread was added to the plate. No pureed desert was noted in any of the serving dishes. Neither DM #214, nor [NAME] #265 placed the desert, cherry crisp, onto any of the trays to be delivered to the units as well as to the residents eating in the dining room. No margarine was placed on the trays.</p> <p>Observation at 11:50 A.M. of the dining room revealed no margarine on any of the tables with residents seated. At 12:16 P.M., surveyor questioned Food Service Worker (FSW) #274 if any of the residents in the dining had been served the desert or had been offered margarine. FSW #274 replied no, and entered the kitchen and began dishing out the desert and grabbed a handful of margarine tubs to offer to the residents. FSW #274 verified a few of the residents had already left the dining room after finishing their meal.</p> <p>Interview at 1:20 P.M. with [NAME] #265 and DM #214 provided verification the desert had not been served with the room trays nor to the residents in the dining room before FSW #274 dished the desert and served it to the remaining residents. They both also stated pureed bread is not served as it is unappealing and none of the residents eat it. [NAME] #265 and DM #214 verified margarine should be on the carts, but when checked the carts did not have any on it.</p> <p>Review of the undated policy titled Menus, revealed menus shall provide a variety of foods and indicate standard portions.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00162995.</p>		