

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/23/2025
NAME OF PROVIDER OR SUPPLIER  Claymont Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  5166 Spanson Drive SE Uhrichsville, OH 44683	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, medical record review, interview, and policy review, the facility failed to ensure incontinence barrier cream was applied as ordered. This affected one resident (#17) out of four residents (#3, #10, #17, and #32) reviewed for incontinence care. The facility census was 52. Findings Include: Review of the medical record for Resident #17 revealed an admission date of 01/13/25. Diagnoses included major depression disorder, dementia, chronic obstructive pulmonary disease (COPD), and dysphagia. Review of Resident #17's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was frequently incontinent of bladder and occasionally incontinent of bowel. Review of Resident #17's clinical care assessment dated [DATE] revealed the resident needed partial to moderate assistance with toileting. Review of Resident #17's December 2025 physicians orders revealed an order initiated on 01/13/25 to apply house moisture barrier ointment to perineum area/buttocks/coccyx after (an) incontinent episode and as needed. Observation on 12/23/25 at 5:24 A.M. revealed Certified Nursing Assistant (CNA) #111 provided incontinence care to Resident #17. After the incontinence care, she placed an incontinence brief over each leg and placed his pants on up to his knees without applying his ordered incontinence cream. Interview on 12/23/25 at 5:54 A.M. with CNA #111 verified that she did not apply incontinence cream to Resident #17's bottom after his incontinence episode. Interview on 12/23/25 at 11:50 A.M. with the facility's Director of Nursing verified CNA #111 did not follow orders for applying incontinence cream. Review of the facility policy titled Skin: incontinence Care Protocol, dated 09/2017, revealed the facility will provide incontinence care for the residents to assist in maintaining skin integrity, preventing skin breakdown, controlling odor, and providing comfort and self-esteem for the resident. The procedure after each incontinent episode includes performing proper hand hygiene and wearing gloves when providing care. Greet the resident and explain the procedure, cleanse with perineal wash or with mild cleanser, pat dry, avoided friction when possible, apply a protective or barrier ointment per product directions, change linens and clothing as needed, and provide absorbent under pads and briefs as needed. Report redness or skin breakdown to the nurse. This deficiency represents non-compliance investigated under Complaint Number 2619625.</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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(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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, medical record review, interview, and policy review, the facility failed to ensure Resident #17 was provided adequate assistance after an incontinent episode, and facility staff maintained proper infection control techniques while providing the care. This affected one resident (#17) out of four residents (#3, #10, #17, and #32) reviewed for incontinence care. The facility census was 52. Findings Include: Review of the medical record for Resident #17 revealed an admission date of 01/13/25. Diagnoses included major depression disorder, dementia, chronic obstructive pulmonary disease (COPD), and dysphagia. Review of Resident #17's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was frequently incontinent of bladder and occasionally incontinent of bowel. Review of Resident #17's clinical care assessment dated [DATE] revealed the resident needed partial to moderate assistance with toileting. Observation on 12/23/25 at 5:24 A.M. revealed Certified Nursing Assistant (CNA) #111 walked into Resident #17's room to provide incontinence care. The room was noted to have a faint smell of urine. Resident #17's shirt, bedsheet (starting from his waist area to the top where he lays his head), and approximately three fourths of his pillowcase were noted to be wet from urine. CNA #111 washed her hands, applied gloves and removed Resident #17 incontinence brief which was noted to be only slightly moist. The resident was observed to have had a moderate size bowel movement. CNA #111 cleansed the resident's perineum area and turned him to the side and cleansed his buttocks. Without removing her soiled gloves, she went to the resident's closet and obtained a pair of pants and a shirt. She then placed an incontinence brief over each leg and placed his pants on up to his knees. CNA #111 assisted the resident to a sitting position and applied his sock and shoes. Without cleaning his back or head, which were wet from his incontinence episode, she placed a clean shirt on him. CNA #111 grabbed the resident's walker with the same soiled gloves and assisted him to stand up and transfer to his wheelchair. CNA #111, with the same soiled gloves, then asked the resident if he had razor burn, and touched his right cheek. CNA #111 then removed the soiled linen and her soiled gloves and washed her hands. Interview on 12/23/25 at 5:54 A.M. with CNA #111 verified she did not completely clean Resident #17 prior to getting him dressed for the day or maintain infection control during the observation. Interview on 12/23/25 at 11:50 A.M. with the facility's Director of Nursing stated it would have been her expectation for CNA #111 to cleanse Resident #17's upper body after he experienced an incontinence episode prior to getting him dressed. She also verified CNA #111 did not follow proper infection control practices. Review of the facility policy titled Skin: incontinence Care Protocol, dated 09/2017, revealed the facility will provide incontinence care for the residents to assist in maintaining skin integrity, preventing skin breakdown, controlling odor, and providing comfort and self-esteem for the resident. The procedure after each incontinent episode includes performing proper hand hygiene and wearing gloves when providing care. Greet the resident and explain the procedure, cleanse with perineal wash or with mild cleanser, pat dry, avoided friction when possible, apply a protective or barrier ointment per product directions, change linens and clothing as needed, and provide absorbent under pads and briefs as needed. Report redness or skin breakdown to the nurse. This deficiency represents non-compliance investigated under Complaint Number 2619625.</p>		