STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366264	A. Building B. Wing	06/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brewster Convalescent Center	264 Mohican Street NE Brewster, OH 44613

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interviews, and record review, the facility failed to maintain a comfortable air temperature in the resident living environment. This affected two residents (Resident #32, Resident #28) and had the potential to affect all 10 residents on the 500 unit. The facility was census was 57.Findings include: 1. Record review of Resident #32 revealed an admission date of 03/17/26 with diagnoses of quadriplegia, anxiety disorder, major depressive disorder. Resident #32 was cognitively intact and was dependent with ADLs.Interview with Resident #32 on 06/01/26 at 8:14 A.M. revealed he was always cold and the room was always cold until the afternoon and then cold again at night. Observation of Resident #32 revealed he had four blankets on and was wearing a winter skull cap.2. Record review of Resident #28 revealed an admission date on 03/17/26 with diagnoses of emphysema, anxiety disorder, trigeminal neuralgia, and hypertension. Resident #28 was cognitively intact.Observation of Resident #28 on 06/01/26 at 8:16 A.M. revealed the resident had three blankets and a fuzzy robe on. Resident #28 stated they were cold and staff covered the registers due to cold air blowing out.3. Observation and interview with Licensed Practical Nurse (LPN) #202 at 8:12 A.M. on 06/01/26 revealed the temperatures of the thermostat were reading 70 degrees and 68 degrees. LPN #202 stated when they work nights it gets cold and residents complain, LPN #202 stated they tell management regarding the temperatures.Interview and observation with Administrator on 06/01/26 at 8:35 A.M. confirmed the thermostat #3 on the 500 hall read 68 degrees.Interview and observation with Maintenance Director #203 on 06/01/26 at 8:45 A.M. confirmed the thermostat #3 was reading 68 degrees. Maintenance Director #203 stated staff messes with the thermostats and there was a meeting last month with the Director of Nursing telling staff not to touch the thermostats. Maintenance Director #203 digitally laser temped the following rooms:Resident #24's room read 68 degrees, Resident #26's room read 67 degrees, Resident #28's room read 67 degrees, Resident #32's room read 68 degrees, Resident #15's room read 68 degrees, Resident #25's room read 69 degrees, Resident #31 and Resident #50's room read 70 degrees, Resident #2 and Resident #51's room read 71 degrees.Record review of Daily Thermostat Log for thermostat #3 on 500 hall for May 2026 revealed a temperature of 69 degrees on 05/07/26 at 2:00 A.M, and on 05/15/26 revealed a temperature of 70 degrees.This deficiency represents non-compliance investigated under Complaint Number 3007447.

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