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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>366273                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br>12/18/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Enclave at Cambridge                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br>8420 Georgetown Road<br>Cambridge, OH 43725 |                                             |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                             |
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| F 0656<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, care plan review, policy review, and interview, the facility failed to ensure comprehensive care plans were in place for all residents. This affected four (#2, #4, #5, and #38) of 16 residents reviewed. The facility census was 35. Findings include: 1. Record review revealed Resident #38 admitted to the facility on [DATE] with diagnoses including muscle wasting and atrophy, spondylosis, hypercalcemia, anxiety disorder, anemia, depression, and hyperlipidemia.</p> <p>Review of a care plan dated 11/21/25 and revised on 11/24/25 revealed Resident #38 had a nutrition risk related to adult failure to thrive, muscle wasting, hypothyroidism, hypertension, hyperparathyroidism, chronic kidney disease stage three, depression, anemia, malnutrition, and diet textures.</p> <p>Review of a minimum data set (MDS) dated [DATE] revealed Resident #38's cognition remained intact and care area assessments to be included in the care plan should be communication, activities of daily living functional/rehabilitation potential, urinary incontinence and indwelling catheter, falls, pressure ulcer, and psychotropic drug use.</p> <p>Review of a care plan dated 11/27/25 revealed Resident #38 was new to the facility and may have some feelings of sadness, anxiety and despair related to losses associated with illness.</p> <p>There were no additional completed care plan items for Resident #38.</p> <p>Interview on 12/16/25 at 3:25 P.M. with MDS Nurse #353 confirmed Resident #38 did not have a completed comprehensive care plan. MDS Nurse #353 stated she had no excuse as to why so many things were missing from the care plan.</p> <p>Review of a policy titled Care Planning- Interdisciplinary Team reviewed in 09/2013 revealed a comprehensive care plan for each resident is developed within seven days of the completion of the resident assessment/MDS.</p> <p>2. Record review revealed Resident #4 was admitted to the facility on [DATE] with diagnoses of gastro-esophageal reflux disease without esophagitis, nausea, and dysphagia.</p> <p>Observation on 12/15/25 at 9:20 A.M., of Resident #4 revealed the resident had missing teeth on top and bottom and several decayed and broken teeth on the top. The resident reported she was supposed to see a dentist to have teeth pulled and be fitted for dentures but has not seen the dentist yet.</p> <p>Review of Resident #4's oral assessment dated [DATE] revealed the resident had her own teeth, (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 0656</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>some broken or missing. Oral mucous, pink, and moist. Declines dental services at this time, last dental visit was 12/09/24. No complaints voiced. Tolerates diet well.</p> <p>Review of Resident #4's oral assessment dated [DATE] and 11/04/25 own teeth, poor condition some broken or missing. Oral mucous, pink, and moist. Declines dental services at this time. No complaints voiced. Tolerates diet well.</p> <p>Review of Resident #4's current comprehensive plan of care revealed no evidence of a dental plan of care.</p> <p>Interview on 12/16/25 at 3:02 PM with Registered Nurse (RN) #353 confirmed Resident #4 did not have a comprehensive dental care plan and she just added one.</p> <p>3. Medical record review revealed Resident #2 was admitted to the facility on [DATE] with diagnoses including dementia, diabetes mellitus, depression, anxiety disorder, bi-polar disorder, and post-traumatic stress disorder (PTSD).</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 10/13/25, revealed Resident #2 was cognitively intact and had a diagnosis of PTSD.</p> <p>Review of the Care Plan for Resident #2 revealed there was not a plan of care in place addressing the cause of PTSD, triggers which may cause re-traumatization, or interventions to reduce the risk of re-traumatization and provide care for PTSD.</p> <p>Interview on 12/17/25 at 11:03 A.M. with the Social Services Director #364 verified there had not been a plan of care implemented for Resident #2 to minimize the risk of re-traumatization.</p> <p>Interview on 12/18/25 at 1:26 P.M. with Registered Nurse/MDS Nurse #353 confirmed a care plan had not been implemented for Resident #2's diagnosis of PTSD.</p> <p>4. Review of medical record for Resident #5 revealed admission to facility on 09/28/25 with diagnoses including stroke affecting right side, diabetes, high blood pressure, anxiety, lung disease, bipolar (mood) disorder, aphasia (difficulty speaking), left above knee amputation, and right below knee amputation.</p> <p>Review of the comprehensive Minimum Data Set (MDS) assessment completed on 09/08/25 revealed Resident #5 had a brief interview for mental status and scored a 6/15 indicating moderate to severe cognitive deficit. Further review of the MDS revealed Resident #5 was dependent for all care including bathing and dressing and required assistance for navigation of wheelchair.</p> <p>Review of the MDS comprehensive assessment section J completed on 09/08/25 revealed Resident #5 had pain rated 9/10 on pain scale and pain frequently effects sleeping and activities of daily living. Further review of section J revealed Resident #5 required routine and as needed pain medications.</p> <p>Review on 12/16/25 of the care plan for Resident #5 dated 09/16/25 revealed no care plan addressing pain management.</p> <p>Review on 12/18/25 of the care plan for Resident #5 revealed a revision completed on 12/17/25 adding a care plan for monitoring complications related to opioid pain med use and a care plan for (continued on next page)</p> |                                                                                          |                                                 |

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| F 0656<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | residents requiring pain medications.<br><br>Interview on 12/18/25 at 8:45 A.M. with MDS Coordinator #353 verified there had been a revision to the care plan between 12/16/25 and 12/17/25 by the corporate nurse and verified there was not a pain management care plan completed on initial care plan 09/16/25. |                                                                                          |                                                 |

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| <p>F 0550</p> <p>Level of Harm - Minimal harm<br/>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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to preserve resident dignity while dining by allowing full urinals to remain beside food on the resident's tray table. This affected one (#12) of one resident reviewed for dignity. The facility census was 35. Findings include: Review of the resident's medical record revealed Resident #12 was admitted on [DATE]. Diagnoses included acute respiratory failure with hypoxia, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side; hyperkalemia; type two diabetes mellitus; muscle weakness and muscle wasting. Review of the Minimum Data Set (MDS) version 3.0, dated 12/12/25, revealed Resident #12 had a Brief Interview for Mental Status (BIMS) score of 11 on a 0-15 scale. A BIMS score of 11 would indicate the resident had moderate problems with thinking and memory. Functionally, the resident used a walker and required partial to moderate assistance for mobility, with one sided impairment of the lower extremity. He is occasionally incontinent of urine, and frequently incontinent of bowel. He was receiving scheduled pain medication, and denied having any pain. Review of a care plan report for Resident #12, updated 12/15/25, revealed a focus of care for altered health maintenance. Interventions included assisting with ADLs (activities of daily living) as needed, as well as assisting with incontinence care as needed. Review of a care plan report for Resident #12, updated 12/15/25, revealed a focus of care for risk of infection or cross contamination due to resident kept his urinal of bedside table with drinking water and other items. Interventions included education of cross contamination and encouraging to keep urinal off bedside table if possible. On 12/15/25 at 12:15 P.M., an observation revealed Resident #12 was eating lunch in his recliner. There was a urinal half full of urine on the table beside him. On 12/15/25 at 1:22 P.M., an observation of Resident #12's room revealed there were now two urinals on the bedside table, each half full. On 12/16/25 at 8:46 A.M., an observation revealed Resident #12 had two half full urinals on his table, beside which was a bowl of eggs and a bottle of Mountain Dew. This was confirmed by Registered Nurse (RN) #355. On 12/16/25 at 8:50 A.M., an interview with RN #355 confirmed two urinals containing urine were on Resident #12's bedside table beside his eggs. She agreed the urinals should not be located beside the resident's food. On 12/17/25 at 8:15 A.M., an interview with the Assistant Director of Nursing revealed she was aware Resident #12's urinals were an issue. She agreed more frequent emptying or assisting with urinals was needed if resident insisted on keeping urinals on over bed table.</p> |                                                                                          |                                                 |

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| <p>F 0558</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, observation and interview, the facility failed to provide necessary adaptive equipment to promote mobility of two residents. This affected two residents (#47, #33) reviewed for reasonable accommodation of needs/preferences. The facility census was 35. Findings include: 1. Review of medical record revealed Resident #47 was admitted [DATE]. Diagnoses included encephalopathy, type 2 diabetes mellitus with hyperglycemia, atherosclerotic heart disease of native coronary with angina pectoris, essential hypertension, hyperlipidemia, vitamin D deficiency, convulsions, personal history of transient ischemic attack.</p> <p>Review of a Minimal Data Set (MDS) version 3.0, dated 12/09/25, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 13 on a 0-15 scale. A score of 13 would indicate the resident had intact cognitive function, or normal thinking/memory.</p> <p>On 12/15/25 at 11:51 A.M., an interview with Resident #47 revealed she had difficulty getting on and off of the toilet because there were no handrails installed in her bathroom.</p> <p>On 12/15/25 at 11:52 A.M., an observation of Resident #47's bathroom revealed there were no handrails beside or near the toilet. There was also no adaptive equipment for toilets in the bathroom.</p> <p>On 12/15/25 at 11:52 A.M., an interview with the Maintenance Director who was present at the time of observation confirmed there was no adaptive equipment or hand rails available in Resident #47's bathroom. Recent construction had required removal of all assistive/adaptive equipment mounted to the walls, and it had not been replaced.</p> <p>2. Review of the medical record revealed Resident #33 was admitted to the facility on [DATE]. Diagnoses included cerebral infarction, limitation of activities due to disability, muscle weakness, major depressive disorder, and chronic pain.</p> <p>Review of the quarterly Minimal Data Set (MDS), dated [DATE], revealed the resident was cognitively intact and received physical and occupational therapies.</p> <p>Review of the Care Plan, dated 03/20/25, revealed the resident was at risk for falls with an intervention for 1/2 side rails as enablers.</p> <p>Review of the Bed Rail Assist Device Assessment, dated 12/04/25, revealed side rails were in place.</p> <p>Interview on 12/15/25 at 11:19 A.M. with Resident #33 revealed she was concerned with mobility. In her previous room, she did have side rails to assist her with rolling over independently in bed. The resident stated she has asked for side rails but has still not received them. She stated she does not feel safe turning in bed for fear of falling out of bed.</p> <p>Interview on 12/16/25 at 3:15 P.M. with the Director of Nursing (DON) confirmed Resident #33 did not have side rails until yesterday 12/15/25. The DON stated she believes the siderails were removed after the resident was assessed not to need them. The DON confirmed the resident's most recent side rail assessment on 12/04/25 indicated side rails were in use.</p> <p>Interview on 12/16/25 at 3:22 P.M. with Resident #33 revealed she did have side rails on her bed (continued on next page)</p> |                                                                                          |                                                 |

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| F 0558<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | before moving to her current room. The resident stated she had asked for side rails to be placed on her current bed but did not receive them until yesterday.<br><br>Interview on 12/16/25 at 3:25 P.M. with the Director of Maintenance #338 confirmed Resident #33 side rails were placed on her bed yesterday because he was told the resident had requested them. |                                                                                          |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>366273                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>12/18/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Enclave at Cambridge                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>8420 Georgetown Road<br>Cambridge, OH 43725 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          |                                                 |
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| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review, policy review, and staff interview the facility failed to report new onset of pain to the medical provider after Resident #10 had a fall. This affected one (#10) of four resident records reviewed for accidents. Findings include: Review of the medical record for Resident #10 revealed admission to the facility on [DATE] with diagnoses including diabetes, bipolar (mood) disorder, atrial fibrillation (irregular heart rate), Alzheimer's Disease, heart failure, degenerative joint disease of thoracic spine, artificial heart valve with use of chronic blood thinner, morbid obesity, and chronic pain. Review of the quarterly Minimum Data Set (MDS) assessment completed on 09/03/25 revealed Resident #10 had a brief interview for mental status and scored a 13/15 indicating normal cognitive function. Further review of the MDS revealed Resident #10 was dependent for all care including bathing, toileting, dressing, and required assistance with wheelchair navigation. Review of the medication list for Resident #10 revealed she was prescribed Coumadin (blood thinning medication) for management of an artificial heart valve and required routine blood work to monitor degree of blood thinning. Review of the most recent quarterly Pain Assessment 3.0/Pain in Advanced Dementia completed on 07/01/25 revealed Resident #10 had chronic mild pain to the sacral (lower back/pelvic) region and required both scheduled and as needed pain medication. Review of nursing progress notes from 07/16/25 through 08/17/25 for Resident #10 revealed no documentation of resident reporting generalized pain. Review of the nursing progress notes dated 08/18/25 at 7:15 A.M. for Resident #10 revealed an unwitnessed fall occurred in the resident's room resulting in bruising to right lower back. Further review revealed Resident #10 denied any pain or discomfort at that time and the nurse practitioner was notified. Review of the nursing progress noted dated 08/18/25 at 9:52 P.M. revealed Resident #10 complaining of generalized pain and Bio-Freeze was applied to bilateral knees. There was no documentation of notification to the resident's medical provider of the new on-set of pain after having fell earlier in the day. Review of the medication administration record (MAR) for August 2025 for Resident #10 revealed a pain scale numerical rating was documented with routine pain medication administration but did not specify location or character of pain. Interview on 12/18/25 at 9:45 A.M. with the Assistant Director of Nursing (ADON) #306 revealed confirmation that there was no medical provider notification of pain on 08/18/25 at 9:52 P.M. The ADON reported there was not an official fall policy that the facility had and provided an undated and unsigned Fall Checklist. The ADON further stated that the Fall Checklist was available at all nurses' station beside the fall logs.</p> |                                                                                          |                                                 |

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| <p>F 0582</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of Notice of Medicare Non-Coverage (NOMNC) forms, interview, and policy review, the facility failed to ensure residents were aware of which skilled services were being discontinued and residents were given 48 hour notice of end of skilled services. This affected two (#48 and #49) of three residents reviewed for NOMNCs. The facility census was 35. Findings include: 1. Record review revealed Resident #48 was admitted to the facility on [DATE] with diagnoses including other specified disorders of muscle and muscle weakness. Review of a minimum data set (MDS) dated [DATE] revealed Resident #48's cognition remained intact and he would like to discharge home. Review of a care plan dated 08/29/25 and revised on 09/09/25 revealed Resident #48's goal was to discharge home. Interventions included but were not limited to discuss with resident/family discharge planning, make referrals to community agencies as needed, and notify physician of discharge plan needs. Review of a NOMNC revealed Resident #48's medicare services would end on 09/04/25. The NOMNC did not specify what type of medicare services would be ending and the notice was signed by Resident #48 on 09/03/25. 2. Record review revealed Resident #49 admitted to the facility on [DATE] with diagnoses including unspecified convulsions and other lack of coordination. Review of an MDS dated [DATE] revealed Resident #49's cognition remained intact and his goal was to discharge home. Review of a care plan dated 09/30/25 revealed Resident #49 was admitted to the facility for short term care and would discharge home. Review of a NOMNC revealed Resident #49's last day covered for skilled services would be 11/21/25. The notice did not specify which skilled services would be ending and was signed on 11/21/25. Interview on 12/18/25 at 9:36 A.M. with Social Service Director (SSD) #400 revealed when she receives a NOMNC, she has the residents sign them that day but she was not sure what the required time frame was. SSD #400 confirmed Resident #48 and #49 were not given 48 hour notice of the end of skilled services and the NOMNCs did not specify which services were ending.</p> |                                                                                          |                                                 |



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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>366273                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>12/18/2025 |
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| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          |                                                 |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on closed medical record review, facility investigation review, facility policy review, and interview, the facility failed to timely report an allegation of misappropriation. This affected one (#43) of one resident reviewed for abuse. The facility census was 35. Findings include: Review of Self-Reported Incident (SRI) #261920, reported date 06/23/25, was filed with the Ohio Department of Health (ODH) related to misappropriation. Review of the SRI revealed the allegation of misappropriation was made to facility staff on 06/21/25 and an investigation initiated. Resident #43 alleged his wallet with \$420.00, identification, and social security card was missing from his nightstand drawer. The resident reported that he had his wallet on Saturday morning and after waking on Saturday afternoon, his wallet was missing. A search of the resident's room was initiated on Saturday evening. Review of the closed medical record for Resident #43 revealed an admission date of 05/15/25 with diagnoses including infection of internal hip prosthesis, heart failure, anxiety disorder, and chronic pain syndrome. The Minimum Data Set (MDS) revealed the resident was moderately cognitively impaired. The resident was discharged from the facility on 07/03/25. Review of the facility investigation revealed no concerns. The allegation was unsubstantiated; law enforcement was contacted; and the resident was refunded \$420.00. Interview on 12/18/25 at 12:20 P.M. with the Administrator confirmed an SRI was not filed to report Resident #43's allegation of misappropriation timely. The Administrator confirmed the allegation of misappropriation was reported to staff on 06/21/25; however, he (Abuse Coordinator) was not notified until 06/23/25. The Administrator stated as soon as he learned of the allegation of misappropriation, he filed an SRI with the state agency. The Administrator stated the staff member who failed to timely report the allegation to management was in-serviced on the facility's abuse reporting policy. Review of the facility's policy titled, Abuse and Neglect Protocol, dated 06/13/21, revealed misappropriation is defined as the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent. The Administrator or DON must be immediately notified of suspected abuse or incidents of abuse. When an incident of resident abuse is suspected or confirmed, the incident must be immediately reported to facility management regardless of the time lapse since the incident occurred. If an incident of suspected abuse occurs, facility shall report immediately, but no later than two hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or no later than 24 hours if the events that cause the suspicion do not result in serious bodily injury to the designated state agency.</p> |                                                                                          |                                                 |

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| <p>F 0628</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to ensure complete information of transfer or discharge of residents. This affected one (#12) of two residents reviewed for hospitalization. The facility census was 35. Findings include: Review of medical records revealed Resident #12 was admitted on [DATE]. Diagnoses included acute respiratory failure with hypoxia, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side; hyperkalemia; type two diabetes mellitus; muscle weakness and muscle wasting. Review of the Minimum Data Set (MDS) version 3.0, dated 12/12/25, revealed Resident #12 had a Brief Interview for Mental Status (BIMS) score of 11 on a 0-15 scale. A BIMS score of 11 would indicate the resident had moderate problems with thinking and memory. Functionally, the resident used a walker and required partial to moderate assistance for mobility, with one sided impairment of the lower extremity. He is occasionally incontinent of urine, and frequently incontinent of bowel. He was receiving scheduled pain medication, and denied having any pain. Review of progress notes for Resident #12, dated 11/25/25 at 12:13 P.M., revealed the facility was called by the outpatient provider where the resident had an appointment. The provider requested to send the resident to the emergency room for evaluation, however no reason for evaluation was noted in the record. Review of progress notes for Resident #12, dated 11/25/25 at 9:20 P.M., revealed the facility received a call from the Emergency Department indicating the resident would either be admitted or transferred to another facility due to anemia and elevated cardiac enzymes. There was no further note to document what facility the resident was admitted to, or the date of the admission. Review of the medical record for Resident #12 failed to reveal transfer or discharge documentation. This was confirmed by the Assistant Director of Nursing (ADON) on 12/17/25 at 10:45 A.M. On 12/17/25 at 10:45 A.M., an interview with the ADON revealed Resident #12 was admitted to the hospital from a physician appointment. On a transfer from the facility, they would send a transfer/discharge summary to the receiving facility. If the resident went to the hospital from an appointment, the facility would never send any transfer information to the receiving facility. Review of a policy titled Transfer or Discharge Notice, dated 2001, revealed residents were to be notified of an impending transfer or discharge and the reasons for the move in writing and in language they would understand. A copy of the notice would be sent to the Ombudsman. The policy revealed in an emergency situation a transfer to an acute setting would require the Notice of Transfer would be provided to the resident and the resident representative as soon as practicable before the transfer and to the long-term care (LTC) ombudsman when practicable (in a monthly list of residents that includes all notice content requirements). The facility would also provide a notice of facility bed-hold and return policies would be provided to the resident and representative withing 24 hours of emergency transfer. Nursing notes will include documentation of appropriate orientation and preparation of the resident prior to transfer or discharge. Review of an undated facility policy titled Transfer or Discharge Documentation, revealed should a resident be transferred or discharged for any reason, the following information would be communicated to the receiving facility or provider: the basis for the transfer or discharge (why the resident's needs could not be met at the facility; the facility's attempt to meet those needs, and the services available at the receiving facility to meet those needs); contact information for the practitioner responsible for the care of the resident; resident representative's information including contact information; Advanced Directive information; any special instructions or precautions; comprehensive care plan; and all other necessary information including a copy of the resident's discharge summary to ensure a safe and effective transition of care.</p> |                                                                                          |                                                 |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, observation and interview, the facility failed to ensure residents nails were kept at desirable length. This affected one (#38) of two residents reviewed for activities of daily living (ADLs). The facility census was 35. Findings include:Record review revealed Resident #38 was admitted to the facility on [DATE] with diagnoses including muscle wasting and atrophy and spondylosis. Review of an order dated 11/20/25 revealed Resident #38 could have podiatry care, dental care, ophthalmology care, and audiology care as needed. Review of a minimum data set (MDS) dated [DATE] revealed Resident #38's cognition remained intact, she had no behaviors, and required substantial/maximum assistance for completing personal hygiene. Interview on 12/16/25 at 7:44 A.M. with Resident #38 revealed her toenails are bad and she had not seen a podiatrist in a while. Interview on 12/16/25 at 2:19 P.M. with Licensed Practical Nurse (LPN) #347 revealed the podiatrist had been at the facility the previous week. LPN #347 stated if a resident has long toenails but does not have a diagnosis of diabetes then any nurse should be able to trim the nails, then stated the nursing staff could only clean the nails and file them down but not actually cut them. Resident #38 was seated in the therapy gym and LPN #347 went in to look at her feet and confirmed her toenails were long. Resident #38 told the nurse her nails needed trimmed bad and was agreeable to having her nails filed down until she is able to see a podiatrist. Interview on 12/16/25 at 2:33 P.M. with Social Services Director (SSD) #400 revealed the podiatrist had been at the building on 12/10/25 and 12/11/25. SSD #400 stated if someone was admitted to the facility on [DATE], that would have been plenty of time to get them on the list to be seen (by podiatry). SSD #400 stated the admissions person would have filled out the paperwork. At 2:40 P.M., admission Staff (AS) #357 entered the office and stated she does not offer ancillary services to residents upon admission and stated SSD #400 is in charge of that. SSD #400 stated she was not in charge of ancillary services.</p> |                                                                                          |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>366273                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>12/18/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Enclave at Cambridge                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>8420 Georgetown Road<br>Cambridge, OH 43725 |                                                 |
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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>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 record review, observation, interview, and policy review the facility failed to ensure skin alterations were comprehensively assessed and monitored. This affected three (#1, #8, and #35) of five residents reviewed for skin alterations. The facility census was 35. Findings include:</p> <p>1. Record review revealed Resident #1 was admitted to the facility on [DATE] with diagnoses including atherosclerotic heart disease of native coronary artery without angina pectoris, anemia, unsteadiness on feet, osteoarthritis, idiopathic, peripheral autonomic neuropathy, peripheral neuropathy, peripheral vascular disease, chronic kidney disease, acute osteomyelitis left ankle and foot, and diabetes with foot ulcer.</p> <p>Review of Resident #1's Wound Center (outside provider) note dated 11/21/25 revealed the resident was seen for gangrene of the left great toe as well as traumatic ulceration of the right great toe. The resident reported persistent pain in her left great toe and heel, which she describes as constant. She spends the majority of the day in a wheelchair, with limited mobility. When she was sitting in the wheelchair the back of her heel touches the footrest, this is what was causing her the pain.</p> <p>The left great toe measured 0.5 centimeters (cm) by 1.5 cm by 0.2 cm. The wound bed was brown, dry, full thickness with moderate serosanguineous drainage noted.</p> <p>The right great toe measured 1.0 cm by 1.5 cm by 0.1 cm. The wound bed was brown, dry, full thickness with moderate serosanguineous drainage noted.</p> <p>The plan for the gangrene of the left great toe revealed the gangrene and osteomyelitis in the big toe was showing signs of improvement. The breakdown of the big toes was likely due to external rotation of the feet, causing the toes to be vulnerable to trauma from the wheelchair. Debridement of the big toes was performed, and the ulcerations are healing. The resident was advised to wear boots to alleviate the heel issue and to avoid bumping the toes. She should keep her heels off the bed and chair to prevent further complications. A pillow should be used under the heel or calf for additional support. The resident will follow up in three weeks.</p> <p>Review of Resident #1's visiting Wound Nurse Practitioner (WNP) note dated 11/28/25 revealed the resident had new diabetic ulcer on right heel measuring 4.0 centimeters (cm) by 2.0 cm by 0.0 cm. New orders to cleanse area with normal saline, betadine, abdominal dressing, rolled gauze, and secure with tape.</p> <p>The right toe was a diabetic foot ulcer measuring 0.5 cm by 0.5 cm. The wound bed was 100% eschar. Orders to follow wound clinic orders.</p> <p>The left toe was a diabetic foot ulcer measuring 0.5 cm by 0.6 cm by 0.1 cm. The wound bed was 100% eschar. Orders to follow wound clinic orders.</p> <p>Review of Resident #1's weekly skin assessment dated [DATE] and 12/16/25 revealed to continue treatment to bilateral great toes and right heel. There was no evidence of a comprehensive assessment of the right and left great toes or right heel.</p> <p>Observation of Resident #1 on 12/17/25 3:37 P.M. with Licensed Practical Nurse (LPN) #347 revealed (continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>the resident had skin alteration on the right and left great toe and right heel. The LPN reported the facility's wound NP had seen the resident's buttocks today, but did not assess the feet due to the resident will see her wound doctor tomorrow.</p> <p>Interview on 12/17/25 at 9:00 A.M. and 3:53 P.M., with Registered Nurse (RN) #306 revealed the facility did not have a wound nurse to assess wounds weekly, however the new company had hired a WNP that visits weekly to assess skin alterations. RN #306 reported Resident #1 went to an outside wound provider every two weeks and the facility's WNP should conduct wound assessments on the weeks Resident #1 did not see the outside wound provider. RN #306 confirmed the last comprehensive assessment of Resident #1 skin alteration on the right and left great toe, and right heel was on 11/28/25. The RN confirmed she had spoken to the visiting wound NP and she confirmed she had seen the wounds on the feet however she did not measure or comprehensively assess the wound on the residents' feet in December (2025). RN #306 confirmed there was no documented evidence the right and left great toe and right heel were comprehensively assessed from 11/29/25 to 12/17/25. The resident was supposed to be seen on 12/11/25 at the wound center, however the wound center had cancelled the appointment, and staff had already changed the resident's dressing and the resident refused to let the visiting WNP remove the dressing again on 12/11/25 to assess the wounds.</p> <p>2. Record review revealed Resident #8 was admitted to the facility on [DATE] with diagnoses including chronic pain, peripheral vascular disease, anemia, restless leg disease, heart failure, and overactive bladder.</p> <p>Review of Resident #8's quarterly MDS dated [DATE] revealed the resident did not have Moisture Associated Skin Damage (MASD) or other skin, pressure, wounds, or other skin alteration except for two venous and arterial ulcers. The resident was at risk for pressure ulcers and had pressure cushion and mattress.</p> <p>Review of Resident #8's skin impairment plan of care dated 02/06/25 and revised 12/15/25 revealed the resident had actual area of skin impairment related to non-pressure chronic venous ulcers left mid foot/ left heel and shearing bilateral buttocks. The wound nurse to follow. Intervention included initiate wound treatment. Continue treatment as ordered by the MD/NP. Observe and document character of wound weekly. Skin observation and document on bath/shower days. Charge nurse to notify the Wound Nurse, physician and family of any new areas.</p> <p>Review of Resident #8's current orders dated 12/2025 revealed orders for bilateral grab bars to aide in bed mobility and repositioning, healing partners to consult for skin and wound conditions/prevention, cleanse sheering area to bilateral buttocks and apply moisture barrier ointment three times a day and as needed, pressure relieving mattress, and weekly skin assessment.</p> <p>Review of Resident #8's treatment administration records revealed the resident had been receiving moisture barrier ointment three times daily to sheering area on bilateral buttocks since 02/14/25.</p> <p>Review of Resident #8's weekly skin assessment dated [DATE] revealed the resident areas remain to left foot and left heel. Preventative measures in place. Sees in house wound care notes. MASD to buttocks noted, barrier cream applied. Wound Nurse to see on rounds.</p> <p>Review of Resident #8's weekly healing partners skin note dated 12/11/25 revealed no evidence of MASD was addressed by the WNP.<br/>(continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Observation on 12/16/25 at 3:40 P.M., of Resident #8 with RN #355 revealed the resident had a red blanchable area on the left buttocks the size of hand and a red blanchable area on the right-side of the buttocks half the size of the left side. The nurse confirmed the wound nurse did not assess the area on 12/11/25 and she only looked at the non-pressure areas on the resident's feet. The nurse confirmed the area on the buttocks was MASD and not pressure/shearing and he had received the same treatment since 02/14/25 to the area. The resident reported he has pain on the buttocks sometimes when he lays a certain way on the areas.</p> <p>Interview on 12/16/25 at 3:46 P.M. and 12/17/25 at 9:00 A.M. with RN #306 confirmed the visiting WNP should have been assessing the MASD on Resident #8's buttocks, however she could not find any documentation the WNP had assessed Resident #8's buttocks. The RN reported she had spoken to RN #355 and she had reported the MASD comes and goes on Resident #8, however there was no comprehensive assessment completed after the MASD was noted on 12/10/25 to determine if the area was improving or worsening. RN #306 reported the visiting WNP would be in on 12/17/25 and would assess Resident #8 and to ensure proper treatment was being applied.</p> <p>Review of skin tear-Abrasion and Minor Breaks, Care dated 2001 and revised 09/2013 revealed the following information would be recorded in the resident medical record: non-pressure form and notification of family and physician.</p> <p>3.Record review revealed Resident #35 was admitted to the facility on [DATE] with diagnoses including chronic kidney disease stage 3 and hypertension.</p> <p>Review of an order dated 09/22/25 revealed Resident #35 would receive aspirin oral tablet delayed release 81 milligrams (mg) give one tablet by mouth one time a day related to hypertension starting on 09/23/25.</p> <p>Review of nursing notes revealed no skin impairments.</p> <p>Observation on 12/15/25 at 9:40 A.M. revealed Resident #35 had multiple round, purple bruises on bilateral arms and legs.</p> <p>Observation on 12/16/25 at 7:47 A.M. revealed Resident #35 was sitting in bed eating breakfast, bruising was observed to bilateral arms and was purple in color.</p> <p>Interview on 12/18/25 at 10:28 A.M. with the Director of Nursing confirmed there was no indication on Resident #35's orders, treatment record, or skin check assessments of Resident #35 having any bruising.</p> <p>Observation and interview on 12/18/25 at 10:50 A.M. with DON revealed Resident #35 was seated in a dining room with her legs covered. Resident #35 was observed to have multiple round, purple scattered bruising to bilateral arms. The DON confirmed the observation.</p> |                                                                                          |                                                 |

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| <p>F 0686</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, policy review, and interview, the facility failed to ensure a timely comprehensive pressure ulcer assessment and treatment. This affected one (#46) of two residents reviewed for pressure ulcers. The facility identified four residents as having pressure ulcers. Findings include: Medical record review revealed Resident #46 was admitted on [DATE] with diagnoses including encounter for surgical aftercare following amputation, acquired absence of right leg above knee, chronic obstructive pulmonary disease, chronic congestive heart failure, and history of cerebral infarction. Review of the Baseline Care Plan, dated 12/09/25, revealed the resident was occasionally incontinent of urine and bowel and had pain of the coccyx and right knee. Review of the Care Plan, dated 12/09/25, revealed the resident has a pressure ulcer with interventions including to administer treatments as ordered and monitor for effectiveness; and to monitor dressing to ensure it is intact and adhering. Review of the Nursing admission Assessment-V4, dated 12/09/25 at 4:50 P.M., revealed a pressure ulcer, suspected deep tissue injury (DTI), located on the coccyx. The assessment did not include any documentation of wound measurements. The treatment listed was to pad and protect. Review of a skilled nursing progress note, dated 12/10/25 at 10:21 A.M., revealed no changes in skin integrity. Wound care to right stump with continuous dressing. There was no mention/documentation of the pressure ulcer located on the coccyx. Review of a physician order, dated 12/11/25 at 6:24 P.M., revealed the order to cleanse coccyx with wound cleanser, pat dry, apply medihoney, calcium alginate, cover with dry, clean, dressing daily and as needed. Review of wound nurse practitioner (NP) progress note, dated 12/11/25, revealed the resident was admitted to the facility with an unstageable pressure ulcer located on the coccyx. Review of Resident #46's December 2025 Treatment Administration Record (TAR) revealed the order with start date of 12/11/25, to cleanse coccyx with wound cleanser, pat dry, apply medihoney, calcium alginate, and cover with dry, clean, dressing daily and as needed. Further review of the TAR revealed the dressing change first occurred on 12/12/25. Interview on 12/16/25 at 9:38 A.M. with the Assistant Director of Nursing (ADON) confirmed there was no evidence of a physician order for a dressing change to Resident #46's coccyx until 12/11/25 and no evidence of a complete assessment including wound measurements until 12/11/25 when the resident was assessed by the wound nurse practitioner. Subsequent interview on 12/16/25 at 1:10 P.M. with the ADON revealed when interviewed by this surveyor earlier in the day she had forgotten that she had completed the initial assessment and measurements of Resident #46's pressure ulcer on 12/10/25. She apologized and stated she had written the measurements on a note and confirmed those measurements were not in the electronic medical record (EMR) or in the hard chart. The ADON stated she would provide this surveyor with a copy of her note. Interview on 12/16/25 at 2:16 P.M. the ADON provided this surveyor with a Pressure Skin Condition Record, dated 12/10/25, which indicated Resident #46 had a pressure ulcer located on the coccyx, first observed on 12/09/25, with measurements: 2 centimeters (cm) length by 1.3 cm width by 0.1 cm depth. The assessment did not provide documentation of the characteristics of the wound or of the wound bed, both sections of the form were blank. The assessment revealed the nurse practitioner was notified and ordered to continue the treatment to pad and protect the wound. Interview on 12/17/25 at 9:14 A.M. with the ADON revealed it was expectation that all wounds would be thoroughly assessed and measured within 24 hours of admission. The ADON confirmed all wound measurements and assessments should be entered into the electronic medical record and the wound measurements on paper should be used as a back up in case of an issue with the EMR or in the event of a power outage. Review of the facility's policy, Astoria Skin Protocol, revised on May 2019, revealed a pressure injury is localized damage to the skin and /or underlying soft tissue usually over a bony prominence or related to a medical or other device. Interventions include to do initial assessment, notify skin team, assess need for support surfaces, if heels are involved, keep elevated off bed surface, assess pain, render (continued on next page)</p> |                                                                                          |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>366273                                                                                                                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>12/18/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Enclave at Cambridge                                                                       |                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>8420 Georgetown Road<br>Cambridge, OH 43725 |                                                 |
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| F 0686<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | treatment as order per provider, measure and document on area at least every 7 days (nurse who discovers area must document initial measurement and then skin team will follow-up during weekly skin rounds. Notify provider and responsible party, document in nurses notes and care plan, RN to evaluate current method of treatment and evaluate effectiveness. |                                                                                          |                                                 |



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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations of residents, review of medical records and facility policies, and interviews with residents and staff, the facility failed to provide adequate supervision during smoking sessions for residents. This affected two (#5, #47) of two residents reviewed for smoking safety. The facility census was 35. Findings include: Review of medical record for Resident #5 revealed admission to the facility on [DATE] with diagnoses including stroke affecting right side, diabetes, high blood pressure, anxiety, lung disease, bipolar (mood) disorder, aphasia (difficulty speaking), left above knee amputation, and right below knee amputation. Review of the comprehensive Minimum Data Set (MDS) assessment completed on 09/15/25 revealed Resident #5 had a brief interview for mental status and scored a 6/15 indicating moderate to severe cognitive deficit. Further review of the MDS revealed the resident was dependent for all care including bathing and dressing and required assistance for navigation of wheelchair. Review of the most recent quarterly smoking safety evaluation completed on 12/08/25 revealed Resident #5 required assistance with lighting smoking materials and supervision during smoking for safety. Further review of the smoking evaluation revealed the facility would store all smoking materials. Review of Resident #5's care plan dated 09/16/25 revealed a care plan addressing smoking with goal that Resident will not smoke without supervision through review date, and intervention to include, The resident requires supervision while smoking. Observation on 12/16/25 at 9:15 A.M. of Resident #5 revealed certified nurse aide (CNA) #328 taking two residents (Resident #5 and Resident #47) outside to smoking area. CNA #328 used lighter to light a cigarette for Resident #47 (who also required supervision during smoking session per smoking evaluation completed on 12/09/25) and then provided Resident #5 with a cigarette. Resident #5 reported to CNA #328 that those were the wrong cigarettes, and he did not want the menthol cigarettes but wanted the regular ones. CNA #328 then left Resident #5 and #47 and returned to the inside of the building to retrieve the correct cigarettes then returned to the smoking area. Residents #05 and #47 were left unsupervised while Resident #47 was actively smoking. Interview on 12/16/25 at 11:02 with CNA #328 revealed she did in fact leave the two residents alone during the smoking session while re-entering building to get different cigarettes for Resident #5. Review of the facility Smoking policy, undated, revealed the following statement under number 12. Any resident with restricted smoking privileges requiring monitoring shall have the direct supervision of a staff member, family member, visitor or volunteer worker at all times while smoking.</p> |                                                                                          |                                                 |

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| <p>F 0690</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on resident observations, medical record review, and resident and staff interview the facility failed to provide timely incontinence care to a resident. This affected one (#10) of one resident reviewed for incontinence care. The facility census was 35. Findings include: Review of the medical record for Resident #10 revealed admission to facility on 05/04/22 with diagnoses including diabetes, bipolar (mood) disorder, atrial fibrillation (irregular heart rate), Alzheimer's Disease, heart failure, degenerative joint disease of thoracic spine, artificial heart valve with use of chronic blood thinner, morbid obesity, and chronic pain. Review of the quarterly Minimum Data Set (MDS) assessment completed on 09/03/25 revealed Resident #10 had a brief interview for mental status and scored a 13/15 indicating normal cognitive function. Further review of the MDS revealed the resident was dependent for all care including bathing, toileting, dressing, and required assistance with wheelchair navigation. Review of the MDS assessment also revealed Resident #10 to be incontinent of bowel and bladder and required a toileting program. Review on 12/16/25 of the active care plan initiated on 07/10/24 and revised on 06/14/25 revealed Resident #10 was to have toileting assistance and incontinence care every two hours to prevent skin breakdown related to frequent bowel and bladder incontinence. Observation and interview on 12/15/25 at 10:00 A.M. with Resident #10 revealed staff usually complete check and change her once at night. Further interview revealed that staff check her for incontinence during the day but not routinely. Resident #10 confirmed she was incontinent of urine and wears an adult incontinence brief. At this time, observation revealed a bedside commode present in her room for easier access for toileting. No odors were detected and Resident #10 pants appeared dry. Interview on 12/16/25 at 2:38 P.M. with certified nursing aide (CNA) #331 revealed the CNA's can view the Kardex in the computer to determine which residents are on a toileting program or need assistance with incontinence care and hygiene/bathing. Further interview with CNA #331 revealed aides are to round on their assigned residents every two hours and assist with toileting and check for incontinence and change adult brief if needed. Interview on 12/16/25 at 2:39 P.M. with CNA #328 revealed aides are to round every two hours and check assigned residents for incontinence and provide for toileting assistance if needed. Observation on 12/16/25 at 2:46 P.M. revealed Resident #10 in the activities room seated in wheelchair at a table with other residents. Resident #10 had a strong odor of stale urine coming from the direct vicinity of where she was sitting. Interview and observation on 12/16/25 at 2:46 P.M. with CNA #328 revealed she had not checked Resident #10 for incontinence or toileted her since she returned from her doctor's appointment after lunch. CNA #328 reported someone else may have provided care for Resident #10. CNA entered activity room and confirmed that Resident #10 did smell of urine and discreetly asked Resident #10 if she needed changed in which Resident #10 said she did not know if she had been incontinent. Observation on 12/17/25 at 9:08 A.M. revealed Resident #10 sitting in wheelchair in her room when Certified Nursing Assistant (CNA) #322 entered and assisted Resident #10 to bedside commode for toileting and incontinence check. Observation on 12/17/25 at 11:10 A.M. revealed Resident #10 in wheelchair in her room when CNA #322 entered and took Resident #10 in wheelchair down the hall to the activities room for lunch. CNA #322 did not check Resident #10 for incontinence or offer toileting assistance. Interview on 12/17/25 at 11:19 P.M. with CNA #322 revealed she thought she had just checked and changed Resident #10 at 10:00 A.M. and she would be okay until after lunch and she would toilet and check Resident #10 then. CNA #322 verified she did not check Resident #10 for incontinence or offer to toilet her prior to taking her down to lunch and lunch would start around 11:45 A.M. until 12:30 P.M.</p> |                                                                                          |                                                 |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review, observation, interview, and policy review the facility failed to ensure residents had orders for oxygen and a humidification bottle was filled. This affected two (#8 and #12) of four residents reviewed for respiratory care. The facility census was 35. Findings include: 1. Record review revealed Resident #8 was admitted to the facility on [DATE] with diagnoses including chronic respiratory failure, chronic obstructive pulmonary disease, and heart failure.</p> <p>Review of Resident #8's quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #8 received oxygen therapy.</p> <p>Review of Resident #8's current orders dated 12/2025 revealed Resident #8 was ordered five liters per milliliters (LPM) continuously.</p> <p>Review of Resident #8's oxygen plan of care dated 04/04/19 and revised 04/22/25 revealed the resident uses oxygen related to chronic obstructive pulmonary disease, congestive heart failure, and shortness of breath (SOB). Refuses to wear oxygen at times. The resident has SOB upon exertion and while lying flat with occasionally and at rest</p> <p>Observation on 12/15/25 at 1:43 P.M., of Resident #8 revealed the resident oxygen humidification bottle was empty. The resident's oxygen was running continuously at five LPM.</p> <p>Interview on 12/15/25 at 1:43 P.M., with Resident #8 confirmed his humidification bottle had been empty for a week. The resident reported he told staff the humidification bottle was empty, and the staff told him the facility was out of the special water that went into the humidification bottle.</p> <p>Additional observation on 12/16/25 at 7:57 A.M., with Registered Nurse (RN) #306 confirmed the humidification bottle was empty and staff had just changed the tubing his morning.</p> <p>2. Review of the medical record revealed Resident #12 was admitted on [DATE]. Diagnoses included acute respiratory failure with hypoxia, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side; hyperkalemia; type two diabetes mellitus; muscle weakness and muscle wasting.</p> <p>Review of the Minimum Data Set (MDS) version 3.0, dated 12/12/25, revealed Resident #12 had a Brief Interview for Mental Status (BIMS) score of 11 on a 0-15 scale. A BIMS score of 11 would indicate the resident had moderate problems with thinking and memory. Functionally, the resident used a walker and required partial to moderate assistance for mobility, with one sided impairment of the lower extremity. He is occasionally incontinent of urine, and frequently incontinent of bowel. He was receiving scheduled pain medication, and denied having any pain.</p> <p>Review of a care plan report for Resident #12, updated 12/15/25, revealed a focus of care for altered health maintenance. Interventions included assisting with ADLs (activities of daily living) as needed, as well as assisting with incontinence care as needed.</p> <p>Review of a care plan report for Resident #12, updated 12/15/25, revealed a focus of care for developing complications due to altered respiratory status. Requires oxygen. Interventions included providing oxygen as ordered.</p> <p>(continued on next page)</p> |                                                                                          |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>The Enclave at Cambridge                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>8420 Georgetown Road<br>Cambridge, OH 43725 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                                                 |
| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>On 12/16/25 at 8:46 A.M., an observation of Resident #12's oxygen concentrator revealed a flow rate of 4 Liters (Liters) and the resident did not have on his nasal cannula. This was confirmed by Registered Nurse (RN) # 355.</p> <p>Review of the medical record for Resident #12 failed to reveal an active oxygen order. The previous oxygen order for Oxygen 2L via nasal cannula, written 11/17/25, was discontinued on 12/07/25. This was confirmed by RN #355.</p> <p>On 12/16/25 at 8:50 A.M., an interview with RN #355 revealed she could not locate an active order for Resident #12's oxygen in the medical record. She reported he had been to the hospital and the order probably had not been re-started when he returned. She further confirmed the resident was supposed to be on 2L of oxygen; however the concentrator flow rate was set to 4L.</p> <p>Review of history and physical, dated 12/11/25, failed to review any documentation of oxygen use for Resident #12.</p> <p>Review of an undated facility policy titled Place Oxygen Protocol, revealed all oxygen therapy should be administered or supplied according to physician orders.</p> |                                                                                          |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>366273                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>12/18/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Enclave at Cambridge                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>8420 Georgetown Road<br>Cambridge, OH 43725 |                                                 |
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| F 0699<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Provide care or services that was trauma informed and/or culturally competent.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to assess and implement trauma informed care for a resident. This affected one (#2) of one resident reviewed for trauma informed care. The facility census was 35. Findings Include: Medical record review revealed Resident #2 was admitted to the facility on [DATE] with diagnoses including dementia, diabetes mellitus, depression, anxiety disorder, bi-polar disorder, and post-traumatic stress disorder (PTSD). Review of the Minimum Data Set (MDS) assessment, dated 10/13/25, revealed Resident #2 was cognitively intact and had a diagnosis of PTSD. Review of the Care Plan for Resident #2 revealed there was not a plan of care in place addressing the cause of PTSD, triggers which may cause re-traumatization, or interventions to reduce the risk of re-traumatization and provide care for PTSD. Further record review for Resident #2 revealed no assessment had been completed to identify the cause of PTSD and to identify potential triggers which may cause re-traumatization. Interview on 12/17/25 at 11:03 A.M. with Social Services Director #364 verified an assessment of the cause of PTSD and possible triggers for Resident #2 had not been completed and additionally verified there had not been a plan of care implemented for Resident #2 to minimize the risk of re-traumatization. |                                                                                          |                                                 |

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

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| F 0791<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Provide or obtain dental services for each resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure residents were provided with dental services. This affected one (#14) of two residents reviewed for dental services. The facility census was 35. Findings include:Record review revealed Resident #14 admitted to the facility on [DATE] with diagnoses including Parkinson's disease and muscle weakness. Review of an order dated 11/18/25 revealed Resident #14 could receive podiatry care, dental care, ophthalmology care, and audiology care as needed. Review of a nursing admission assessment dated [DATE] revealed Resident #14 had upper dentures only. Interview on 12/17/25 at 1:44 P.M. with Resident #14 revealed his gums were sore from chewing and no one had offered dental services. Interview on 12/17/25 at 2:13 P.M. with Social Services Director (SSD) #400 revealed the nurses add residents to dental list. Interview on 12/17/25 at 2:20 P.M. with Director of Nursing (DON) revealed residents could be added to the dental list by emailing the in-house dental company. DON stated it is the duty of the social worker to sign residents up for services upon admission. DON stated she was not aware social worker had not been adding residents and added Resident #14 to the dental list at this time. |                                                                                          |                                                 |