

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366296	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Cedars of Lebanon Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 102 East Silver Street Lebanon, OH 45036	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49771</p> <p>Based on observations and staff interviews, the facility failed to ensure a safe, functional, and homelike environment for the residents. This affected six resident rooms of 18 resident rooms and one shower room utilized by all residents. The census was 42.</p> <p>Findings include:</p> <p>Observation on 07/10/24, of the main shower room, utilized by all facility residents, revealed damaged drywall and peeling paint on the shower stall ceiling and grout between the ceramic tile that had a black residue.</p> <p>Observation on 07/10/24, revealed resident Rooms 104, 105, 111, 112, 114 and 115 to have ceiling tile with black or brown stains.</p> <p>Observation on 07/10/24 of room [ROOM NUMBER] revealed a hole in the wall behind the main door and room [ROOM NUMBER] revealed a hole in the wall behind the middle bed.</p> <p>Interview on 07/10/24 at 8:05 A.M., with Staff #200 confirmed the condition of the main shower room stall, the discolored ceiling tiles in rooms 104, 105, 111, 112, 114 and 115, and the holes in the wall in room [ROOM NUMBER] and 114.</p> <p>Interview on 07/10/24 at 1:35 P.M., with Staff #300 confirmed all residents as utilizing the main shower room.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00154800.</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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