

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Lima Convalescent Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Allentown Road Lima, OH 45805	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on review of personnel files, staff interviews, and review of facility policy the facility failed to ensure Certified Nursing Assistants (CNA) had documented competency in skills and techniques to meet the residents' needs. This had the potential to affect all residents. The facility census was 65. Findings include: Review of Certified Nursing Assistant (CNA) #201's personnel file revealed a hire date of 05/28/26. The contents of the personnel file was absent of a CNA checklist demonstrating competency in skills and techniques. Review of CNA #202's personnel file revealed a hire date of 01/28/26. The contents of the personnel file was absent of a CNA checklist demonstrating competency in skills and techniques. Review of CNA #203's personnel file revealed a hire date of 01/23/26. The contents of the personnel file was absent of a CNA checklist demonstrating competency in skills and techniques. Review of CNA #205's personnel file revealed a hire date of 05/28/26. The contents of the personnel file was absent of a CNA checklist demonstrating competency in skills and techniques. Interview on 07/30/26 at 10:45 A.M. with Human Resources (HR) #253 revealed nursing completed the competency checklist for the CNAs and the checklists were then filed in the employee's personnel record. HR #253 verified CNA #201, CNA #202, CNA #203 and CNA #205 did not have a competency skills checklist completed. Interview on 07/30/26 at 11:25 A.M. with the Director of Nursing (DON) revealed that due to staffing changes, there was a timeframe approximately a month ago when CNA competency checklists were not maintained. Review of the the facility policy titled, Orientation, dated 01/01/26, revealed departmental orientation would continue until the staff demonstrated competency in all the skills necessary for performing his/her role and to meet resident needs. This deficiency represents non-compliance investigated under Complaint Number 3031978.		

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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