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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366320	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shawneespring Health Care Center	10111 Simonson Road Harrison, OH 45030

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and policy review, the facility failed to store, prepare and serve food in a manner that prevents the potential spread of food-borne illness to the residents. This had the potential to affect 128 residents who received meals in the facility. Findings include: Observation and interview on 03/02/26 at 9:00 A.M. in the kitchen with Dietary Manager (DM) #380 revealed a total of three crates of milk sitting directly on the floor in the walk-in refrigerator. DM #380 confirmed this observation and stated their milk delivery was received the day prior (03/01/26).Review of the facility policy titled Food Storage dated 01/2019 revealed all foods stored in the walk-in refrigerator and freezer will be stored at least six inches above the floor on shelves, racks, dollies, or other surfaces that facilitate thorough cleaning.Observation and interview on 03/04/26 at 10:35 A.M. revealed [NAME] #265 was preparing pureed food and had facial hair measuring approximately one-half inch in length, and was not covering his mustache with a facial hair restraint. Regional Chef #381 and [NAME] #265 confirmed this observation.Observation and interview on 03/04/26 at 12:10 P.M. revealed Food Service Assistant (FSA) #301 was obtaining temperatures of food and serving food and had facial hair including a beard and mustache measuring approximately one-half inch in length, and was not fully covered with a facial hair restraint. FSA #301 and DM #380 confirmed this observation.Review of the facility policy titled Uniform-Dress Code dated 01/2024 revealed hair and beard restraints must be worn by kitchen staff and serving staff.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366320	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shawneespring Health Care Center	10111 Simonson Road Harrison, OH 45030

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. Based on record review, observation, staff and resident interview, and review of facility policy, the facility failed to obtain a resident's consent prior to searching the resident's personal belongings. This affected one (Resident #66) of four residents reviewed for respect and dignity. The facility census was 128. Findings include: Record review of Resident #66 revealed an admission date of 11/15/25. Diagnoses included chronic obstructive pulmonary disease with acute exacerbation and tobacco use.Observation on 03/02/26 at 11:27 A.M. revealed Maintenance Director #311 entering into Resident #66's room. Unit Manager (UM) #350 and Occupational Therapy Assistant (OTA) #382 were standing near Resident #66's bedside stand inside the bedroom. Maintenance Director #311 then unlocked the drawer on the night stand and UM #350 removed an object from Resident #66's drawer. Resident #66 was not observed to be in the room or vicinity of the room when the resident's locked drawer was unlocked and property removed.Interview on 03/02/26 at 11:27 A.M. with UM #350 confirmed they removed a vape pen from Resident #66's locked nightstand drawer. Interview on 03/04/26 at 2:33 P.M. with Maintenance Director #311 revealed they brought the key to Resident #66's room on 03/02/26 because they were asked to do so. Maintenance Director #311 reported they gave the key to UM #350 who then unlocked Resident #66's locked drawer at which point UM #350 returned the key to Maintenance Director #311. Maintenance Director #311 verified they did not ask Resident #66 for consent to unlock their drawer.Interview on 03/04/26 at 2:41 P.M. with UM #350 confirmed OTA #382 and Maintenance Director #311 were in Resident #66's room on 03/02/26 to remove a vape pen. UM #350 confirmed Resident #66 was not present for the search. UM #350 confirmed she did not ask Resident #66 for consent to search their property. UM #350 reported that they were not sure if OTA #382 had already asked consent to search from Resident #66. UM #350 reported Maintenance Director #311 then unlocked Resident #66's nightstand drawer and UM #350 removed the vape pen from the locked drawer.Interview on 03/04/26 at 2:58 P.M. with OTA #382 revealed they had notified the Director of Therapy of Resident #66 of having a vape pen. OTA #382 reported they verbally notified UM #350 of the resident having a vape pen. OTA #382 confirmed Resident #66 was not in the room when the vape pen was removed from the locked drawer. Interview on 03/04/26 at 3:08 P.M. with Director of Nursing (DON) revealed they were not aware of Resident 66's property being searched on 03/02/26. The DON reported on 03/02/26, the DON walked into her office and found a vape pen sitting on their desk with a post-it note on it. The DON confirmed she had not spoken to Resident #66 about their property being searched and they were still in the process of getting a hold Resident #66's family member who was also the power of attorney for Resident #66 but the family member has not yet returned the facilities calls. The DON confirmed that Ideally, a resident should be present if staff are searching their property.Further interview on 03/04/26 at 4:13 P.M. with OTA #382 confirmed they were not asked by Resident #66 to retrieve anything from his nightstand and OTA #382 did not ask the resident for consent to search their property. Interview on 03/04/26 at 2:36 P.M. with Resident #66 revealed that staff took Resident #66's vape pen from his locked drawer while he was out at therapy on 03/02/26. Resident #66 confirmed that no one asked for his consent to search his property. Resident #66 reported the staff did not ask any staff to retrieve anything from his room for him while he was out at therapy.Review of the facility policy titled Resident Rights- Self Determination-Resident Smoking Policy dated 07/2025 revealed staff members will monitor the room and belongings of each resident who smokes for the presence of smoking materials. This will be accomplished in a manner that does not violate the resident's right to privacy.This deficiency represents non-compliance investigated under Complaint Number 2786143.

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NAME OF PROVIDER OR SUPPLIER Shawneespring Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 10111 Simonson Road Harrison, OH 45030	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation, resident and staff interviews, and policy review, the facility failed to post the most recent survey of the facility that was readily accessible to residents, and family members and legal representatives of residents. This affected three residents (#14, #86, and #119) and the potential to affect all the residents residing in the facility. The facility census was 128.Findings Include: During the Resident Council Task Meeting interview on 03/04/26 at 2:34 P.M., Residents #14, #86, and #119 revealed they had no knowledge of where the results of the State Inspection were located.During an observation and interview on 03/05/26 at 10:00 A.M., there was no signage at main entrance/receptionist desk as to where to locate the Survey Results binder and there was no Survey Result binder found at the main entrance. Receptionist #368 revealed no knowledge of what the Survey Results binder was or where it was located. Receptionist #368 verified there was no signage as to the location of the Survey results binder.During an observation on 03/05/26 at 10:10 A.M., the Survey Results Binder was located on a counter in the first floor activities room. There was no signage in the first floor activities room as to the location of the Survey Results binder.Review of the facility's handbook titled Resident's Rights and Facility Responsibilities revealed the facility must post in a place readily accessible to residents and family members and legal representatives of residents, the results of the most recent survey of the facility. The facility must also post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public.