

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366340	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER Harding Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE 340 Oak Street Marion, OH 43302	

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** Based on observation, staff interview, and record review, the facility failed to ensure a clean environment. This had the potential to affect all 50 residents in the facility. The facility census was 50.</p> <p>Findings include:</p> <p>Observation and interview on [DATE] at 7:20 A.M., with Certified Nursing Assistant (CNA) #100 revealed that there were two shower rooms down the hallway. The shower room on the left as you walked down the hallway was cleaned with no concerns. The hallway located to the right had three tiles off the wall, one tile off on the floor and mold in the corners of the shower stall. CNA # 100 verified the observations and time of findings.</p> <p>Interview on [DATE] at 8:24 A.M., with Maintenance Director (MD) #104 revealed that a few weeks ago, he was told by the employees that a grab bar was pulled off of the wall. MD #104 stated that the maintenance/housekeeping supervisor #107 was going to strip the caulk in the shower stall but MD #104 told him not to do it because he was going to do work in the shower room. MD #104 stated that the work that needed to be done. MD #104 stated that he had the tile but when he went to the hardware store, the company credit card was declined because it was expired. MD #104 stated that the regional maintenance Director said that new credit cards will be delivered. MD #104 stated that the new credit card did not come in yet.</p> <p>Interview on [DATE] at 12:41 P.M., via phone, with Regional Maintenance Director #108 revealed the credit card expired and the did not give the facility the new credit cards.</p> <p>Review of the Maintenance Request Log for [DATE] revealed on [DATE] the resident shower room had a broken grab bar.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00163188.</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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