STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366434	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hudson Springs Nursing and Rehab	5000 Sowul Boulevard Stow, OH 44224

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** THIS IS AN INCIDENCE OF PAST NON-COMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY.Based on record review and interview, the facility failed to ensure Resident #3 was appropriately dressed for an outside appointment. This finding affected one (Resident #3) of three residents reviewed for dignity and respect. The facility census was 66.Findings include: Review of Resident #3's medical record revealed the resident was admitted on [DATE] with diagnoses including Parkinson's disease, chronic respiratory failure with hypercapnia and fibromyalgia.Review of Resident #3's Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident was unable to complete the interview.Review of Resident #3's progress note dated 04/30/26 at 11:03 A.M. revealed the resident was out on an appointment at this time and no distress at the time of the appointment.Review of Resident #3's Employee/Resident/Witness Statement dated 04/30/26 authored by Certified Nursing Assistant (CNA) #806 revealed the resident had an appointment on this date. CNA #806 was told to get the resident dressed and ready. The resident had a gown on her because the aide thought the resident was getting a cot transfer. A blanket was put on Resident #3 and the gown was tied. A shoe or sock was not placed on the resident due to the resident having a dressing on the foot with a brace on it.Review of Resident #3's Employee/Resident/Witness Statement dated 04/30/26 authored by CNA #806 revealed the aide had been told before not to change the resident's clothing or hair wraps if the resident had not had a bed bath. The bed bath days were on the night shift so the aide did not want to put something clean on the resident when the resident did not have a bed bath. The aide stated she wanted to do what the daughter had asked the facility not to do.Interview on 05/29/26 at 7:35 A.M. with CNA #806 revealed Resident #3 was sent out to the appointment in a hospital gown.Interview on 05/29/26 at 7:47 A.M. with Registered Nurse (RN) Assistant Director of Nursing (ADON) #807 revealed she was aware Resident #3 was sent out in a hospital gown to an appointment and the staff member was educated.Review of the Supporting Activities of Daily Living (ADLs) policy revised 03/2024 revealed residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out ADLs.The deficiency was corrected on 05/05/26 when the facility implemented the following corrective actions.-On 04/30/26, CNA #806 was educated by the DON to ensure residents were dressed and presentable for appointments. -On 04/30/26, RN Staff Development #808 completed education to include dressing residents appropriately for appointments, emptying trash bags, appropriately repositioning residents and using wedge pillows. The education included 10 RNs, 14 Licensed Practical Nurses (LPNs) and 24 CNAs.-On 04/30/26, signage was placed by RN ADON #807 in Resident #3's room alerting staff to the resident's shower days and that the resident's preference for clothing to be placed on the resident and not hospital gowns. The signage was observed on the side of the dresser by the bathroom in the resident's room.-On 04/30/26, RN ADON #807 updated Resident#3's care plans to reflect the family's preferences for the resident's shower days and clothing to be placed on the resident.-Beginning 05/01/26 to 05/28/26, The DON and RN ADON #807 completed audits to ensure residents were dressed appropriately for appointments with no negative (continued on next page)

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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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	findings. -On 05/05/26, the Administrator held a care conference with Resident #3's daughter, two granddaughters and the Director of Nursing (DON). The Administrator acknowledged and expressed understanding of Resident #3's family members frustration regarding the resident being transferred to the hospital wearing a gown. The Administrator further expressed confusion among staff regarding the resident's dressing preferences for a pain management appointment on 04/30/26. The daughter was informed immediate education had been provided to the CNA regarding the resident's dressing preferences and signage was placed in the resident's room for care preferences. -The Administrator indicated the issue of residents dressed appropriately for appointments and weather would be brought to the quality assurance committee (QA) once a month for the next three months.This deficiency represents non-compliance investigated under Complaint Numbers 3006266 and 3005520.