

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER Avenue at Wooster		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 East Smithville Western Road Wooster, OH 44691	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on record review, observation, interview, and facility policy review, the facility failed to maintain pressure reducing measures for a resident with a skin pressure injury. This deficient practice affected one resident (Resident #13) out of two residents reviewed for skin pressure injuries. The facility census was 79. Findings include: Review of Resident #13's medical record revealed admission date 09/23/24 with diagnoses including but not limited to left side hemiplegia, history of stroke, type two diabetes, depression, congestive heart failure (CHF), and high blood pressure. Review of Resident #13's weight listing dated 02/17/26 revealed Resident #13's weight was 168.3 pounds (lb). Review of Resident #13's physician's order revealed an order dated 02/28/26 for treatment to buttocks: Cleanse with normal saline (NS), pat dry. Apply calcium alginate and cover with dry clean dressing. Review of Resident #13's progress note dated 03/03/26 revealed the hospice nurse was updated on open areas to buttock with an air mattress ordered. Observation on 03/05/26 at 11:00 A.M. revealed Resident #13 laying in bed with a low air loss mattress in place. Further observation revealed the resident weight control knob was set at the 600 lb setting. Interview on 03/05/26 at 11:30 A.M. with the facility wound nurse #365 confirmed the low air loss mattress setting for Resident #13 was set at the 600 lbs. setting and Resident #13's weight was 168.3 lbs. The facility wound nurse #365 stated the low air loss mattress is to be set per the weight of the resident and once the low air loss mattress was inflated the setting was not adjusted to Resident #13's weight. Review of the manufacturer's guidelines for a drive low air loss mattress revealed the analog control unit includes easy to use pressure dial that is adjustable to the patient's weight and comfort. Review of the facility's skin policy revised date 01/2023 revealed preventative measures will be implemented in accordance with the resident's assessed risk level and for development of skin integrity impairment and risk factors that may enhance the residents' ability to develop skin integrity impairment. This deficiency represents non-compliance investigated under Complaint Number 2726270.</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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and facility policy review, the facility failed to implement safety measures for a resident who sustained impaired skin integrity from a hot liquid spill. This deficient practice affected one resident (Resident #1) out three residents reviewed for impaired skin integrity. The facility census was 79. Findings include: Review of Resident #1's medical record revealed re-admission date 07/03/23 with diagnoses including but not limited to type two diabetes, high blood pressure, kidney disease, and peripheral vascular disease (PVD). Review of Resident #1's Activities of Daily Living (ADL) care plan dated 05/18/23 and impaired skin integrity care plan dated 02/28/26 revealed no safety measures were implemented related to Resident #1's impaired skin integrity to right forearm. Review of Resident #1's quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #1 required assistance with Activities of Daily Living (ADL) tasks. Review of Resident #1's progress note dated 02/13/26 revealed Resident #1's family reported a fluid filled discoloration on Resident #1's right forearm. Resident #1 reported she had spilled some of her coffee on her arm and Resident #1 reported no pain from the area. Review of Resident #1's physician orders revealed an order dated 03/02/26 for treatment of right forearm skin impairment to cleanse with normal saline, apply antibiotic ointment and leave open to air twice daily and as needed (PRN). Further review revealed no orders for adaptive equipment as a safety measure related to Resident #1's impaired skin integrity to her right forearm. Interview on 03/05/26 at 1:50 P.M. with the Regional Nurse Consultant (RNC) #520 confirmed Resident #1 did not have any safety measures/interventions implemented related to the impaired skin integrity sustained to Resident #1's right forearm from spilling hot liquid. RNC #520 stated the facility ordered sippy cups for Resident #1 which were not implemented. Review of the facility's skin policy revised date 01/2023 revealed preventative measures will be implemented in accordance with the resident's assessed risk level and for development of skin integrity impairment and risk factors that may enhance the residents' ability to develop skin integrity impairment. This deficiency represents non-compliance investigated under Complaint Number 2726270.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on record review, observation, interview, and facility policy review, the facility failed to implement Enhanced Barrier Precautions (EBP) for a resident with a skin wound. This deficient practice affected one resident (Resident #13) out of three residents reviewed for skin wounds. The facility census was 79. Findings include: Review of Resident #13's medical record revealed admission date 09/23/24 with diagnoses including but not limited to left side hemiplegia, history of stroke, type two Diabetes, depression, congestive heart failure (CHF) and high blood pressure. Review of Resident #13's physician's order revealed an order dated 02/28/26 for treatment to buttocks: cleanse with normal saline (NS), pat dry. Apply calcium alginate and cover with dry clean dressing. Further review revealed no orders for Enhanced Barrier Precautions (EBPs) related to the skin wound. Review of Resident #13's care plan revealed no EBP care plan implemented. An observation on 03/05/26 at 11:35 A.M. revealed there was no EBP notification signage or personal protective equipment (PPE) available outside of Resident #13's room for staff use during resident care. An interview on 03/05/26 at 11:35 A.M. with Licensed Practical Nurse (LPN) #353 confirmed there were no EBPs implemented for Resident #13's skin wound. LPN #353 stated EBPs should be implemented for a resident with a skin wound. Reviewed facility policy titled Enhanced Barrier Precautions undated revealed Enhanced Barrier Precautions expand the use of PPE beyond situations in which exposure to blood and body fluids is anticipated and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. High contact resident activities include wound care: any skin opening requiring a dressing. This deficiency represents non-compliance investigated under Complaint Number 2726270.</p>		