

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  725004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/19/2026
NAME OF PROVIDER OR SUPPLIER  Meadows of Marion Health and Rehabilitation The		STREET ADDRESS, CITY, STATE, ZIP CODE  155 Marion Cardington Road West 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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of resident medical record, staff interviews and review of a mechanical lift instruction manual, the facility failed to provide a safe transfer with a mechanical lift for a resident. This affected one resident (Resident #90) and had the potential to affect 27 residents living in the facility who used mechanical lifts to transfer. The facility census was 97. Findings include: Resident #90 was admitted to the facility on [DATE] and had diagnoses that included quadriplegia, Type II Diabetes Mellitus, chronic respiratory failure, Guillain-Barre syndrome. Review of Resident #90's Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #90 had a Brief Interview for Mental Status (BIMS) score of 15, indicative of intact cognitive status. He was assessed as being dependent for transfers. Review of Resident #90's care plan dated 10/10/25 revealed Resident #90 was mostly dependent for his activities of daily living due to a diagnosis of quadriplegia with upper and lower extremity contractures. Interventions included requiring total care for transfers and requiring the use of a Hoyer mechanical lift for transfers. Review of Resident #90's nursing progress notes on 03/03/26 authored by Licensed Practical Nurse (LPN) #316 revealed that on 03/03/26 at 6:55 P.M., a facility Certified Nursing Assistant (CNA) reported to LPN #316 while Resident #90 was being transferred from his wheelchair to his bed using the Hoyer mechanical lift, the emergency release was pressed and rapidly lowered Resident #90 onto his bed. Resident #90 was assessed for injury by LPN #316. Resident #90 complained of shoulder pain post incident. The Nurse practitioner, Resident and Resident's responsible party were notified. A right shoulder X-ray was ordered. Resident received his as needed pain medications, which were effective in pain control. Review of Resident #90's shoulder X-ray results from 03/04/26 revealed Resident #90 had degenerative changes of his glenohumeral and acromioclavicular joints. There was no acute fracture or dislocation of his right shoulder. Review of Resident #90's physician orders dated 01/06/26 revealed he had an order for Oxycodone HCl, a narcotic for pain relief, 5 milligrams (mg) one tablet every four hours as needed for pain. Review of Resident #90's Medication Administration Record (MAR) for March 2026 revealed on 03/03/26 at 7:21 P.M. Resident #90 had a pain level of eight. Nonpharmacological interventions for pain relief and Oxycodone 5 mg were also administered and documented as effective. On 03/04/26 at 8:04 A.M. Resident #90 had a pain level of four and at 10:04 P.M. Resident had a pain level of five. Nonpharmacological interventions for pain relief and Oxycodone 5 mg were also administered and documented as effective. On 03/06/26 at 12:07 A.M. Resident #90 had a pain level of nine. Nonpharmacological interventions for pain relief and Oxycodone 5 mg were also administered and documented as effective. On 03/09/26 at 8:50 P.M. Resident #90 had a pain level of seven Oxycodone 5 mg was administered and documented as effective. on 03/10/25 at 10:51 P.M. Resident #90 had a pain level of five and Oxycodone 5 mg was administered and documented as effective. On 03/12/26 at 10:44 P.M. Resident #90 had a pain level of eight and Oxycodone 5 mg was administered and documented as effective. No other as needed doses of Oxycodone were documented as requested or administered for Resident #90. Review of Resident #90's nursing progress notes from 03/03/26 to 03/06/26 revealed that his as needed pain relief medication administration was effective for pain (continued on next page)</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>relief. A progress note authored by the Director of Nursing (DON) on 03/06/26 revealed Resident #90 stated the pain to his right shoulder was improving and his pain medications had been effective for pain control. An interview with Resident #90 on 03/18/26 at 2:20 P.M. revealed he had a former shoulder injury that was aggravated on 03/03/26 when an aide activated the emergency release mechanism on the Hoyer mechanical lift, causing him to drop rapidly from the lift approximately twelve inches onto the bed. Resident #90 described the pain as coming and going, and relieved by pain medication as needed. An interview with the Director of Nursing on 03/18/26 at 3:05 P.M. confirmed that during the course of her investigation into the Hoyer lift incident with Resident #90 on 03/03/26, she interviewed all of the witnesses. CNA #712 reported witnessing Former CNA #800 activate the emergency release on the Hoyer, resulting in Resident #90 being rapidly lowered approximately eight inches onto the bed. An interview with LPN #316 on 03/19/26 at 11:11 A.M. confirmed that Former CNA #800 reported to LPN #316 on 03/03/26 that they had activated the emergency release on the Hoyer during the transfer of Resident #90. Review of the facility investigation on 03/03/26 of Resident #90's Hoyer incident revealed that CNA #712 reported to LPN #316 that Former CNA #800 pulled the emergency release for the Hoyer lift during the transfer of Resident #90. Former CNA #800 reported to LPN #316 that she activated the emergency release because she wanted to get done quickly with the transfer. Review of CNA #712's statement revealed that she witnessed Former CNA #800 pull the emergency release during the transfer of Resident #90 to his bed. Former CNA #800 was immediately suspended pending the results of the investigation. Review of the Hoyer mechanical lift manual revealed safe lowering of the mechanical lift is performed by pressing the down button on the lift. Injury or damage may occur if the instructions are not followed. This deficiency represents non-compliance investigated under Complaint Number 2691375.</p>		