STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	725004	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadows of Marion Health and Rehabilitation The	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)
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** Based on medical record review, interview, and review of facility admission agreement, the facility failed to obtain consent before searching a resident's personal possessions. This affected one Resident (Former Resident #90) of three residents investigated for resident rights. This had the potential to affect all 88 facility residents.Findings include:Resident #90 was admitted to the facility on [DATE] and had diagnoses that included paraplegia, Type II Diabetes, and flaccid neuropathic blader. Review of Resident #90's Minimum Data Set (MDS) 3.0 assessment completed 03/06/26 indicated the resident had intact cognition.Review of progress note dated 04/13/26 written by Licensed Social Worker (LSW) #802 revealed the Assistant Director of Nursing (ADON) #926 received a report from staff that the room of Resident #90 and the hallway around her room smelled like marijuana. The facility Administrator (AD) #519 and LSW #802 went and searched the Resident's room. A bag full of vapes was found in the room. After the search, AD #519, LSW #802, and ADON #926 spoke with Resident #90 about why the room was searched. The progress note revealed Resident #90 expressed that they should have been present during the search.Interview was conducted between 10:10 A.M. and 10:44 A.M. on 5/20/26 with ADON #926, AD #519, and LSW #802. ADON #926 confirmed the report of marijuana smell and stated that they (ADON #926) had asked Resident #90 about marijuana use the morning of 04/13/26, which Resident #90 denied. ADON #926 confirmed that AD #519 and LSW #802 performed a search of Resident #90's room. AD #519 confirmed Resident #90 was in the building but not in the room at time of search. AD #519 confirmed Resident #90 did not consent to the search prior to the search. Both AD #519 and LSW #802 stated they felt marijuana smell constituted reasonable suspicion for search. Both AD #519 and LSW #802 confirmed a bag of vapes, maybe 15 to 20 vapes, were found and taken to ADON #926's office. AD #519 stated the police were not contacted in this matter.Review of the Nursing Facility admission Agreement (undated) provided by the facility documented a Statement of Resident's Rights (has been) provided and explained to the Resident.Review of a document titled Residents Rights and Facility Responsibilities (undated) provided by the facility stated (the Resident) has the right to retain and use a reasonable amount of possessions in a reasonably secure manner.This deficiency represents non-compliance investigated under Complaint Number 2999523.

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