

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366171	(X2) multiple construction a. building _____ b. wing _____	(X3) DATE SURVEY COMPLETED 04/29/2026
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name of provider or supplier CRIDERSVILLE NURSING AND REHAB	street address, city, state, zip code 603 EAST MAIN STREET CRIDERSVILLE OH, 45806
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F 0000	<p>INITIAL COMMENTS</p> <p>COMPLAINT INVESTIGATION MASTER COMPLAINT NUMBER 2982026 COMPLAINT NUMBERS 2697134 AND 2687380</p> <p>ADMINISTRATOR: Cathy Vasil #8034 CERTIFIED BED CAPACITY: 50 CENSUS IN HOUSE: 35</p> <p>The following deficiencies are based on the complaint investigation completed on 04/29/26.</p>	F 0000		
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laboratory director's or provider/supplier representative's signature	title CATHY.VASIL	(x6) date 05/12/2026
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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.

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F 0678 F 0678 SS=E	Continued From page 1 483.24(a)(3) Cardio-Pulmonary Resuscitation (CPR) §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This STANDARD is not met as evidenced by: Based on observation, staff interview, and facility policy, the facility failed to ensure accurate and completed crash cart audits. This affected eighteen (#10, #11, #12, #14, #18, #19, #20, #22, #23, #24, #25, #27, #28, #29, #30, #32, #42, and #43) out of thirty-five full code residents. The facility census was 35. Observation and interview of crash cart on 04/27/26 at 3:05 P.M. with the Director of Nursing (DON) revealed April 2026 daily audit documentation did not include verification of expiration dates. Review of the crash cart audit logs further showed an extension cord was in the cart on 04/13/26, 04/17/26 and 04/26/26: however, observation confirmed the extension cord was not present in the crash cart at the time of inspection. Additionally, the audit documentation indicated required items, including eye protection, saline, and clear plastic, were	F 0678 F 0678	Cridersville Care Center Provider Number:366171 Survey Type: Complaint Survey Survey Date: 04/29/26 This Plan of Correction (PoC) outlines the actions completed by the facility with regards to the deficiency citation. This Plan of correction does not constitute any admission of guilt or liability by the facility and is submitted only in response to the regulatory requirements. Please accept the following as the facility's credible allegation of compliance as of 4/30/26. F678 CPR All Full Code residents #18 have the potential to be affected by the alleged deficiency. On 4/27/26 the DON/ADON re-stocked the crash cart per the inventory sheet for all missing items. Crash cart inventory sheet updated and new one will go into effect on 5/1/26 All licensed nursing staff provided with training related to crash cart inventory being a daily audit review using inventory sheet on 4/27/26 per DON/designee. The DON/designee will conduct clinical rounds and conduct a random audit of crash cart three times per week for 4 (four) weeks to ensure compliance. The results of the audit will be documented. The facility conducted an Ad-Hoc QAPI meeting on 4/27/26 and discussed the alleged deficiency and corrective actions. Date when corrective action will be completed: 4/30/26	04/30/2026

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F 0678	<p>Continued From page 2</p> <p>not present in the crash cart and documented they were in the crash cart. Verified at time of finding with the DON.</p> <p>The facility policy, undated, "Emergency Crash Cart," revealed the emergency crash cart is checked every 24 hours and after every use. Equipment/supplies from the emergency crash cart are noted and replaced promptly.</p> <p>This deficiency represents non-compliance investigated under Complaint Number 2687380.</p>	F 0678		