

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366366	(X2) multiple construction a. building <u>BLD 01</u> b. wing _____	(X3) DATE SURVEY COMPLETED 03/30/2026
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name of provider or supplier PINE GROVE HEALTHCARE CENTER	street address, city, state, zip code 840 SHERMAN STREET GENEVA OH, 44041
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 0000 BLD01	<p>INITIAL COMMENTS</p> <p>FIRE SAFETY SURVEY REPORT 2012 CODE EXISTING ADMINISTRATOR: Amanda Harris, 7044 CENSUS IN HOUSE: 64</p> <p>BUILDING 1 OF 1</p> <p>42 CFR 483.90 (a)</p> <p>The facility must meet the applicable provisions of the 2012 Existing Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA).</p> <p>A Life Safety Code (LSC) survey was conducted on 03/30/2026 by the Ohio Department of Health. At this survey, Pine Grove Healthcare Center was found not to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.90 (a) Life Safety from Fire, and the 2012 Edition of the NFPA 101, LSC, Chapter 19 Existing Health Care Chapter.</p> <p>Pine Grove Healthcare Center is a one-story Type II (000) facility built in 1974 with a complete sprinkler system. The facility has a fire alarm system with heat detectors in each resident room and smoke detectors in the corridors and spaces open to the corridor.</p> <p>The facility is a 67 bed Dually Certified nursing home.</p> <p>The requirement at 42 CFR Subpart</p>	K 0000		
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laboratory director's or provider/supplier representative's signature

title

(x6) date

AMANDA.HARRIS2

04/20/2026

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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K 0000	Continued From page 1 483.90 (a) is NOT MET as evidenced by:	K 0000		
K 0271 SS=E BLD01	<p>NFPA 101 Discharge from Exits Discharge from Exits</p> <p>Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface.</p> <p>18.2.7, 19.2.7</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations and interviews the facility failed to ensure exit egress walkways are in accordance with the LSC, 2012 Edition Sections 7.1.10.1 and 7.7.3.4. This deficient practice had the potential to affect 29 of 64 residents.</p> <p>Findings include:</p> <p>1. On 03/30/2026 at 10:57 A.M., observation during the facility tour revealed the exit discharge sidewalk leading from the service hallway exit had a large section of sidewalk approximately 6ft. in length removed. The Director of maintenance stated it was removed due to winter damage and they plan to pour new concrete when the weather breaks. This section of concrete was temporarily</p>	K 0271	<p>This plan of correction does not constitute an admission to any of the allegations contained within the Statement of Deficiencies. Rather, this plan of correction has been prepared and executed because state and federal law require it, and not because Pine Grove Healthcare Center agrees with these citations. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents. This plan of correction is not meant to establish any standard of care, contract, obligation or position, and Pine Grove Healthcare Center reserves all right to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding. This plan of correction shall also operate as the facility's credible allegation of compliance. Please accept 04/15/2026 as our date of compliance. K0271: The facility will continue to ensure exit egress walkways are in accordance with the LSC, 2012 Edition Sections 7.1.10.1 and 7.7.3.4. On 4/15/2026 facility had new concrete poured and repairs completed to both discharge sidewalks. Discharge sidewalk leading from the service hallway and discharge sidewalk leading from the 100 hallway are in compliance. Pictures of the work completed and the scope of work/invoice from the concrete company are attached.</p>	04/15/2026

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K 0271	<p>Continued From page 2</p> <p>filled with gravel until repairs can be performed.</p> <p>2. On 03/30/2026 at 1:08 P.M., observation during the facility tour revealed the exit discharge sidewalk leading from the 100 hallway near room 106 had a large section of sidewalk approximately 6ft. in length removed. The Director of maintenance stated it was removed due to winter damage and they plan to pour new concrete when the weather breaks. This section of concrete was temporarily filled with gravel until repairs can be performed.</p> <p>The Director of Maintenance verified the above findings at the time of the observation.</p>	K 0271		