

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/13/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366239	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/14/2022
NAME OF PROVIDER OR SUPPLIER Crystal Care Center of Ashland		STREET ADDRESS, CITY, STATE, ZIP CODE 1251 East Main Street Ashland, OH 44805	
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45442</p> <p>Based on medical record review, staff interview, review of the hospital after visit summary, and policy review, the facility failed to ensure timely treatments were in place when a resident was admitted with a deep tissue injury. This affected one resident (#203) out of three residents reviewed for pressure ulcers. The facility census was 57.</p> <p>Findings include:</p> <p>Review of medical record for Resident #203 revealed an admitted [DATE]. Diagnoses included displaced subtrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing, cognitive communication deficit, dysphagia, chronic kidney disease stage III hyperlipidemia, Alzheimer's disease, and aphasia.</p> <p>Review of the hospital after visit summary dated 08/11/22 revealed no indication of skin breakdown to Resident #203's left heel nor orders for treatment for skin breakdown upon discharge.</p> <p>Review of the admission assessment dated [DATE] revealed Resident #203 had a suspected deep tissue injury of the left heel measuring three centimeters in length by four centimeters in width and unable to determine depth. There was no description documented of the left heel. There were no documented skin care goals or treatment interventions on the assessment.</p> <p>Review of Resident #203's care plan initiated 08/16/22 revealed Resident #203 was admitted with impaired skin integrity related to surgical incision to left hip and a suspected deep tissue injury to the left heel. Interventions included encourage to turn and reposition routinely, evaluate wound related pain, pre-medicate prior to dressing changes as needed, notify physician or nurse practitioner if changes are noted to the wound (appearance, odor drainage, etc., weekly wound measurement and documentation on wound appearance, drainage, surrounding tissue, wound treatments as ordered.</p> <p>Review of the order summary report for Resident #203 revealed treatment for left heel was initiated on 08/17/22. The order stated to clean with normal saline, paint with betadine, cover with foam dressing secure with tubigrip (a dressing to hold the bandages in place.) Heel lift boot when in bed every shift for deep tissue injury.</p> <p>(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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 366239
		If continuation sheet Page 1 of 7

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the skin pressure grid dated 08/17/22 for Resident #203 revealed a left heel pressure deep tissue injury with a length of three centimeters by four centimeter width. The general appearance was described as a purple/maroon discoloration under a collapsed intact blister. The peri wound was intact, dry, and blanchable.</p> <p>Interview on 09/08/22 at 7:47 A.M. with the Director of Nursing (DON) revealed a nursing admission assessment was done on 08/11/22 which revealed Resident #203 had a pressure sore on her left heel measuring three centimeters by four centimeters. The DON verified the earliest date for wound treatment orders for the left heel was on 08/17/22 which were initiated on 08/18/22.</p> <p>Review of the facility policy titled Wound Care revised 11/2028 revealed it is the policy of the facility to provide therapeutic treatments to heal wounds, wounds will be evaluated when they are noted and weekly until resolved.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>45751</p> <p>Based on observation, interview, and policy review the facility failed to ensure expired over the counter medication was removed from the medication cart and the medication storage room. This affected one medication cart and one medication storage room out of one medication cart and medication storage room observed. The facility had a total of two medication carts and two medication storage rooms. The facility identified four residents (#10, #05, #03, and #48) who were ordered the expired medications in the medication cart and the medication storage room. The facility census was 57.</p> <p>Findings include:</p> <p>Observation on 09/07/22 at 7:08 A.M. of the medication cart during medication administration on the 100 hall revealed aspirin 325 milligrams (mg) had an expiration date of 06/22. Aspirin was not administered to Resident #03 at this time.</p> <p>Interview on 09/07/22 at 7:10 A.M., with Licensed Practical Nurse (LPN) #485 verified the aspirin 325 mg had an expiration date of 06/22. LPN #485 said it should have been removed from the cart.</p> <p>Observation on 09/07/22 at 7:24 A.M. of the medication storage room revealed two bottles of senna plus had an expiration date of 08/22.</p> <p>Interview on 09/07/22 at 7:24 A.M., with LPN #485 verified the two bottles of senna plus had an expiration date of 08/22. LPN #485 placed the expired bottles in the expired medication box in medication storage room.</p> <p>Review of the policy titled Medication Storage dated 06/21/17 revealed outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to procedures for medication destruction, and reordered from the pharmacy, if replacements are needed.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45442</p> <p>Based on observation, interview, and policy review, the facility failed to serve food at a safe and palatable temperature for resident satisfaction. This affected two residents (#35 and #40) out of six residents reviewed for meal service concerns. The facility census was 57.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #35 revealed an admitted [DATE]. Diagnoses included spinal stenosis, thoracic region, affective mood disorder, diabetes mellitus type II with diabetic neuropathy, and anxiety disorder.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #35 had intact cognition.</p> <p>Interview on 09/06/22 at 11:12 A.M., with Resident #35 revealed the food was not always hot enough, foods were repeated too often, and had not always looked appealing.</p> <p>2. Review of the medical record for Resident #40 revealed an admitted [DATE]. Diagnoses included COVID-19, type two diabetes, chronic kidney disease stage four, hypertension, osteoarthritis, peripheral vascular disease, and depression.</p> <p>Review of the quarterly MDS dated [DATE] revealed Resident #40 had intact cognition.</p> <p>Interview on 09/06/22 at 9:50 A.M., with Resident #40 who said the food was cold a lot of the time.</p> <p>Observation of tray line on 09/08/22 was initiated at 11:46 A.M. No concerns were noted during tray line assembly. Temperatures upon initiation of the meal service revealed all foods held on the steam table were above 165 degrees Fahrenheit (F). Following completion of the trayline, two test trays were requested due to multiple complaints about the temperature of the food. One test tray was of a meal prepared on a regular ceramic plate with dome lid and a second tray using a Styrofoam clamshell container used for isolation trays. Following assembly of the test trays, they were placed on an open rolling cart like the previous resident trays and transported to the last unit receiving meal trays. After the last resident tray was served at 1:18 P.M., the test trays were opened to obtain temperatures. [NAME] #489 used a digital thermometer to take the temperature of the foods. The regular plate revealed temperature for the chicken was 97.5 degrees F, the mashed potatoes were 130 degrees F, and the mixed vegetables were 110 degrees F. The second test tray using the Styrofoam disposable container revealed the temperature for the chicken was 78.4 degrees F, the mashed potatoes were 110 degrees F, and the mixed vegetables were 97 degrees F.</p> <p>Interview on 09/08/22 at 1:21 P.M., with [NAME] #446 revealed the food temperatures were not warm enough to provide meal satisfaction.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 09/08/22 at 2:30 P.M. with [NAME] #489 verified the facility had two covered tray delivery carts which each hold 18 trays, the facility census was 57, and the remaining trays that would not fit in a cart are transported on an open wheeled cart to the nurses' stations. She also confirmed the facility does not have enough dome lids for the resident plates and was only able to complete the trays today with dome lids because some residents were receiving isolation Styrofoam containers.</p> <p>Interview on 09/08/22 at 2:34 P.M., with the Administrator following conversation regarding the results of the food temperatures from the test tray revealed she was unaware the kitchen did not have enough dome lids for plates for the entire facility and verified the facility did not have any tray carts on order and stated they would investigate other ways to transport the trays to maintain temperatures.</p> <p>A follow-up interview on 09/12/22 at 10:45 A.M., with the Administrator revealed the facility was now serving the isolation trays first to promote warmer food temperatures, dome lids were ordered on 09/08/22 and arrived on 09/10/22. An additional tray cart was ordered on 09/08/22 and was delivered on 09/12/22.</p> <p>Review of the facility policy titled Food Preparation Guidelines, revised November 2017 revealed proper (safe and appetizing) temperatures means appetizing to the resident. Food and drinks shall be palatable, attractive and at a safe and appetizing temperature which include serving hot foods hot and cold foods cold.</p> <p>This deficiency substantiates Complaint Number OH00134915.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44454</p> <p>Based on medical record review, observation, staff interview, review of the county positivity rate, review of the Centers for Disease Control (CDC) online resources, and policy review, the facility failed to ensure staff sanitized their eye protection upon leaving the room of residents identified to be on transmission-based precautions. This had the potential to affect all residents residing in the facility. The facility census was 57.</p> <p>Findings include:</p> <p>1. Observation on 09/06/22 at 4:30 P.M. of the designated COVID-19 unit entrance, revealed a set of double-doors with signage instructing those entering to see the nurse prior to entering. Additional signage was posted regarding donning and doffing procedures for personal protective equipment (PPE). One three-drawer cart was located near the entrance, which contained blue disposable gowns, gloves, medical-surgical masks, and hand sanitizer. No disinfectant wipes or spray was located on or near the cart.</p> <p>Interview on 09/06/22 at 4:35 P.M., with Licensed Practical Nurse (LPN) #483 revealed LPN #483 was the nurse assigned to the COVID-19 unit, as well as resident rooms which were not on the COVID-19 unit for the day shift on 09/06/22. LPN #483 reported staff were required to don a blue disposable gown and gloves in addition to their N95 mask and eye protection, prior to entering the COVID-19 unit. LPN #483 reported staff were not required to change their mask, wear an additional mask, or disinfect their eye protection upon exiting the COVID-19 unit. LPN #483 asked the surveyor if she would need disinfectant wipes upon exiting the COVID-19 unit, and subsequently obtained disinfectant wipes and placed them on the three-drawer cart located near the double-doors leading into the COVID-19 unit.</p> <p>2. Review of Resident #155's medical record revealed the resident was admitted on [DATE] with diagnoses of type II diabetes mellitus and non-traumatic subarachnoid hemorrhage.</p> <p>Review of Resident #155's admission assessment dated [DATE] revealed the resident had impaired cognition and required the assistance of one staff for a majority of the activities of daily living.</p> <p>Reveal of Resident #155's evaluation for COVID-19 dated 09/09/22 revealed isolation precautions were in place for the resident.</p> <p>Observation on 09/12/22 at 8:58 A.M. revealed signage posted on the door of Resident #155's room directing those entering to see the nurse prior to entering. A three-drawer cart containing PPE was also located next to the door. State tested Nurse Aide (STNA) #427 donned a blue disposable gown and gloves and entered the room. STNA #427 doffed the blue disposable gown and gloves prior to exiting the room and sanitized her hands after exiting the room. STNA #427 then proceeded down the hallway. During the observation, Resident #155's family asked if Resident #155 could be taken off of transmission-based precautions since he was fully vaccinated. STNA #427 reported she would check on this.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 09/12/22 at 9:01 A.M. with STNA #427 verified Resident #155 was on transmission-based precautions as a precaution for COVID-19 due to being newly admitted to the facility. STNA #427 verified she did not sanitize her eye protection prior to or after exiting Resident #155's room and should have.</p> <p>Interview on 09/12/22 at 10:34 A.M. with the Assistant Director of Nursing (ADON) revealed Resident #155 was discovered to have been fully vaccinated and was in the process of being taken off of transmission-based precautions.</p> <p>Review of facility county positivity rates for COVID-19, dated 08/08/22, 08/15/22, 08/22/22, and 09/06/22, revealed the facility was in red, indicating a high communal positivity rate.</p> <p>Review of facility policy titled Staff Mask and Eye Wear Use, not dated, revealed to ensure source control as possible with the use of a facemask to prevent the spread of respiratory symptoms. In substantial or high community transmission - All staff members will be required to wear eyewear (face shield/goggles) at all times when in resident care areas. This includes hallways, Nurse's station, and resident rooms. Eyewear should be disinfected with an approved cleaning solution in between patient care areas for quarantine/suspect and COVID positive rooms per current CDC guidelines.</p> <p>Review of the CDC online resources at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html revealed In healthcare settings, eye protection is used by the health care provider (HCP) to protect their eyes from exposure to splashes, sprays, splatter, and respiratory secretions. Disposable eye protection should be removed and discarded after use. Reusable eye protection should be cleaned and disinfected after each patient encounter.</p>		