

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

Printed: 06/17/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366468	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/19/2023
NAME OF PROVIDER OR SUPPLIER  Vancrest of Payne		STREET ADDRESS, CITY, STATE, ZIP CODE  650 North Main Street Payne, OH 45880	
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 0677  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44815</b></p> <p>Based on observations, staff interviews, record review, and policy review, the facility failed to ensure a dependent resident received timely personal hygiene care. This affected one resident (#11) out of two residents reviewed for activities of daily living (ADL). The facility identified all 24 residents required assistance from staff with bathing and dressing. The facility census was 24.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #11 revealed an admitted [DATE]. Diagnoses included Alzheimer's disease, restlessness and agitation, and cognitive communication deficit.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #11 had impaired cognition and required extensive assistance of one person for personal hygiene.</p> <p>Review of the current care plan for Resident #11 revealed an ADL self-care deficit related to chronic pain, osteoarthritis, Alzheimer's, dementia, and need for limited assistance in ADL function. Interventions included extensive assistance of one person for personal hygiene.</p> <p>Review of the bathing schedule revealed Resident #11 received a shower on 01/16/23.</p> <p>Observations on 01/17/23 at 9:45 A.M. revealed Resident #11 was dressed and sitting on her bed playing cards. Resident #11 had several long, white hairs coming from her chin. Subsequent observation on 01/18/23 at 8:54 A.M. revealed Resident #11 sitting in her recliner and playing cards. Resident #11 remained with several long, white hairs coming from her chin.</p> <p>Observation and interview on 01/19/23 at 8:08 A.M. with the Director of Nursing (DON) revealed Resident #11 was in her room and Resident #11 had long white hairs coming from her chin. The DON verified the hairs were present and visible. The DON said the State tested Nurse Aides (STNAs) were expected to provide shaving for residents.</p> <p>Interview on 01/19/23 at 8:12 A.M., with STNA #342 verified she had shaved Resident #11 in the past and Resident #11 had not resisted care.</p> <p>Interview on 01/19/23 at 10:44 A.M., with STNA #358 verified Resident #11 had some hairs coming from her chin which were long enough to shave.</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

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F 0677  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Review of the facility policy titled Activities of Daily Living AM/PM Care, undated revealed residents were assisted at appropriate level for mouth care, hair care, and shaving, etc.		

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<p>F 0888</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure staff are vaccinated for COVID-19</p> <p>44815</p> <p>Based on staff interview, review of the staffing schedule, review of the Staff Coronavirus Disease 2019 (COVID-19) Vaccination Matrix, review of the facility policy, and review of the Centers of Medicare and Medicaid Services (CMS) memorandum QSO-23-02-ALL, the facility failed to ensure staff were COVID-19 vaccinated, had an approved exemption, or had been identified as appropriate for a temporary delay per Center for Disease Control and Prevention (CDC) guidance. The vaccination rate for the facility was calculated at 98.8%. This had the potential to affect all 24 residents currently residing in the facility.</p> <p>Findings include:</p> <p>Review of the Staff Vaccination COVID-19 log, provided on 01/17/23, revealed the facility had 82 employees with 47 employees vaccinated, 34 employees with granted exemptions, and one employee (State tested Nursing Aide #346) who was partially vaccinated.</p> <p>Interview on 01/17/23 at 12:29 P.M. with the Administrator revealed State tested Nurse Aide (STNA) #346 was hired on 05/09/22 and received the first dose of a two-dose COVID-19 vaccination on 06/21/22 and had not received the second COVID-19 vaccination dose. Subsequent interview with the Administrator on 01/18/23 at 4:14 P.M. revealed STNA #346 never tested positive for COVID-19 since his hire date on 05/09/22. The Administrator confirmed on 01/19/23 at 8:41 A.M. that STNA #346 did not receive his first COVID-19 vaccination dose prior to his hire date.</p> <p>Interview with the Director of Nursing (DON) on 01/19/23 at 2:39 P.M., verified STNA #346 worked consistently at the facility since he was hired, and worked throughout the facility.</p> <p>Review of the staff schedule for December 2022 and January 2023 revealed STNA #346 worked throughout the facility on multiple days monthly.</p> <p>Review of the Centers for Medicare &amp; Medicaid Services (CMS) memorandum, QSO-23-02-ALL regarding COVID-19 health care staff vaccination, dated 10/26/22, revealed CMS expects all providers' and suppliers' staff to have received the appropriate number of doses of the primary vaccine series unless exempted as required by law, or delayed as recommended by the Centers for Disease Control and Prevention (CDC). Facility staff vaccination rates under 100% constitute noncompliance under the rule.</p> <p>Review of the facility policy titled COVID-19 Vaccine Mandate Policy, dated November 2021 revealed all facility staff are required to have received at least one dose of a Food and Drug Administration (FDA)-authorized COVID-19 vaccine by the first day of employment.</p>		