

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365815	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/10/2025
NAME OF PROVIDER OR SUPPLIER  Country Club Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1350 Yauger Road Mount Vernon, OH 43050	

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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** THIS IS AN INCIDENCE OF PAST NON-COMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY.</b></p> <p>Based on medical record review, review of the facility Self-Reported Incident (SRI), staff interview, family interview and policy review, the facility failed to maintain a safe environment and provided adequate supervision to prevent Resident #10, who was cognitively impaired, from eloping from the facility without staff knowledge. This affected one (Resident #10) of three residents reviewed who were identified by the facility as having exit seeking and/or wandering behavior. The facility census was 65.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #10 revealed an admission date of 12/23/24. Diagnoses included Wernicke's encephalopathy, with chronic alcohol use disorder, seizure disorder, history of urinary tract infection and hypertension.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #10 was mildly cognitively impaired with a Brief Interview for Mental Status (BIMS) score of 11 out of 15. Resident #10 was independent with activities of daily living and required cueing and assistance at times.</p> <p>Review of the care plan dated 04/21/25 revealed Resident #10 was at risk for elopement. He walked throughout the facility independently with a Wanderguard (a safety bracelet to prevent residents from wandering into unsafe areas or leaving the facility unsupervised) on his right ankle.</p> <p>Review of the nurse's progress notes from 05/23/25 to 05/25/25 revealed Resident #10 somehow removed his Wanderguard on 05/23/25. Staff completed a search of Resident #10's room and belongings. Interviews conducted with other residents revealed no indication of how Resident #10 removed his alarm.</p> <p>Review of Resident #10's nurse's progress note dated 05/25/25 revealed Licensed Practical Nurse (LPN) #215 went to check on Resident #10 around 7:45 P.M. and noted he was missing. All staff were notified, and an elopement drill was announced, a search began, the Director of Nursing (DON) was notified immediately and arrived at the facility within ten minutes, 911 was called, police arrived and took report, and a community search began. Meanwhile the entire property was being searched in and out. The Assistant Director of Nursing (ADON) was in her car traveling around the area looking for the resident. At approximately 8:50 P.M., Resident #10's guardian was notified and reported Resident #10, her son, was sitting at her dining room table eating dinner. Resident #10's guardian did not call the facility to notify the staff when he arrived. Police were notified, and Resident #10 returned to</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: 365815	If continuation sheet Page 1 of 4

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The deficient practice was corrected on 05/26/25 when the facility implemented the following corrective actions:</p> <ul style="list-style-type: none"> <li>&amp;bull;</li> <li>When Resident #10 returned to the facility on [DATE] a head-to toe skin assessment and resident interview was initiated.</li> <li>&amp;bull;</li> <li>On 05/25/25 Resident #10 was placed on one-on-one intervention and a new Wanderguard was placed on the resident.</li> <li>&amp;bull;</li> <li>On 05/26/25 Resident #10 psychological needs were assessed by staff, and he was added to counseling services.</li> <li>&amp;bull;</li> <li>On 05/26/25 all like residents' care plans and orders were reviewed for those at risk for elopement and visualization placed on actual Wanderguards on their person completed</li> <li>&amp;bull;</li> <li>On 05/26/25 elopement risk assessments were completed for all current facility residents.</li> <li>&amp;bull;</li> <li>On 05/26/25 the previous 30 days of nurse's progress notes reviewed for all current facility residents to assess documentation of residents verbalized or attempted to leave. The intervention will be in real time, five times per week for four weeks.</li> <li>&amp;bull;</li> <li>On 05/25/25 Wanderguard system and all facility doors checked to ensure working within normal limits and then starting 05/26/25, the exit doors will be audited five times a week for one week, then weekly times three weeks to ensure the Wanderguard system and exit doors continue to work properly.</li> <li>&amp;bull;</li> <li>On 05/25/25 all residents with Wanderguards will be checked for proper placement and functionality. Audit will occur five times per week for four weeks.</li> <li>&amp;bull;</li> <li>On 05/25/25 night staff were educated on elopement policy when Resident #10 returned to the facility.</li> </ul> <p>(continued on next page)</p>

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