| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 365152 | A. Building<br>B. Wing | 07/01/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Schoenbrunn Healthcare | 2594 East High Avenue<br>New Philadelphia, OH 44663 |

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 0679<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide activities to meet all resident's needs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, medical record review, review of activity calendars and interview, the facility failed to ensure an individualized activity program was developed based on resident preferences. This affected one (Residents #28) of three residents reviewed for activities.<br><br>Findings include:<br><br>Review of Resident #28's medical record revealed diagnoses including chronic obstructive pulmonary disease (COPD), anxiety order, depression with psychotic symptoms, dementia with mood disturbance and difficulty walking. A physician order dated 02/03/21 indicated Resident #28 was to be transferred with a mechanical lift. A plan of care initiated 08/17/20 indicated Resident #28 would remain active and social. Interventions included providing an activity calendar in Resident #28's room, talking about what was taking place, listening to interests, reminding Resident #28 of activities, making Resident #28 feel welcome, and monitoring for changes in needs. The interventions indicated Resident #28 liked to watch television (all kinds of news and talk shows), take naps throughout the day and speak with her son.<br><br>An Activities Interest Data Collection Tool dated 11/20/24 indicated Resident #28 preferred to spend her time with others. Resident #28 preferred to participate in group activities. Naps were part of Resident #28's daily activity routine. Community activity interests included voting, children/youth, shopping, entertainment, and restaurant. Creative activities interests included crafts, listening to music, television, and movies. Educational/cognitive interests included news, discussion, and reminiscing. Social interests included humor, talking/conversing, and live music/entertainment. Miscellaneous interests included animals/pets. Resident #28's work experience/occupation was a waitress. Resident #28 responded to questions.<br><br>A quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #28 was able to make herself understood, was able to understand others and had moderate cognitive impairment with a brief interview for mental status (BIMS) score of 12 out of 15.<br><br>Review of the March 2025 activity participation log revealed active participation with room visits, new updates/trivia/discussion, reminiscing daily between 03/01/25 and 03/25/25. The log indicated Resident #28 observed television/radio and reading daily between 03/01/25 and 03/25/25. The log revealed Resident #28 passively participated in chronicles, religion, and parties/socials daily between 03/01/25 and 03/25/25. Resident #28 passively participated in games/puzzles on 03/07/25.<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 365152 | A. Building<br>B. Wing | 07/01/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Schoenbrunn Healthcare | 2594 East High Avenue<br>New Philadelphia, OH 44663 |

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 0679<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | No activity participation logs were available for April 2025 or May 2025. On 06/06/25, staff documented Resident #28 had her nails done by activities. On 06/11/25, Resident #28 had documentation of an activity of reminiscing and obtaining her shopping order.<br><br>Review of the April 2025 activity calendar revealed on Sundays Chronicle packets were distributed, one on one visits were scheduled, and church was scheduled at 2:00 P.M. On Mondays one activity was provided twice (once on two different units) and dining room. The first Tuesday of the month chronicles, puzzles and calendars were distributed in the morning then one other activity on two different units. The second Tuesday of the month Walmart shopping was scheduled with a resident led activity in the afternoon. The other three Tuesdays revealed one activity was scheduled twice (once on two different units). Every Wednesday one activity was scheduled twice a day on different units and dining was listed as the only other activity. Thursday scheduled activities revealed the first two Thursdays one activity (besides dining) was scheduled twice a day on different units. The third Thursday revealed activities of ordering in food and music entertainment. The fourth Thursday revealed an outing at the Senior Center was scheduled with a resident led activity in the afternoon. The first through third Friday had one activity scheduled twice (on different units) with the second Friday indicating instead of dining room there was a resident lunch outing. The fourth Friday had one activity in the morning and resident council in the afternoon. On Saturdays Bingo was scheduled twice (on different units) with the only exception being a community Easter egg hunt on 04/12/25 in the morning with Bingo scheduled in the afternoon only.<br><br>The May 2025 calendar revealed 19 days in which there was only one activity (with the exception of dining) scheduled twice a day. Sundays was the only days with more than two activities scheduled (with the exception of dining being counted as an activity). Sunday activity schedules included providing daily chronicle packets, providing 1:1's and church.<br><br>Observation of Resident #28 on 06/30/25 at 9:03 A.M. revealed she was sitting in her bed eating breakfast. The television was playing. Subsequent observations on 06/30/25 at 10:58 A.M. and 12:40 P.M. revealed Resident #28 was in bed with her eyes closed. The television was playing. On 06/30/35 at 3:48 P.M., Resident #28 was observed in bed with the head of the bed raised. From the doorway it appeared Resident #28 might have been watching television but did not answer the door to permit entry. On 07/01/25 at 7:57 A. M. and 11:01 A.M., Resident #28 was observed lying in bed with her eyes closed. The television was playing.<br><br>During an interview on 06/30/25 at 2:25 P.M., Activity Assistant #106 stated she sometimes tried to provide one on one activities for Resident #28 but she was sleeping most of the time and she did not attempt to wake her. Activity Assistant #106 indicated as far as she knew if residents were sleeping, she was not supposed to wake them to ask if they wanted to go to activities.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 365152 | A. Building<br>B. Wing | 07/01/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Schoenbrunn Healthcare | 2594 East High Avenue<br>New Philadelphia, OH 44663 |

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 0679<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 07/01/25 at 10:40 A.M., Activity Coordinator #110 stated she had began employment in the middle of May 2025. Activity Coordinator #110 stated when she first started she noted there were only two activities scheduled per day with the morning activity being repeated in the afternoon on many days. Activity Coordinator #110 stated she was still working on getting to know the residents. Her focus had been on improving the group activities offered with input of resident council. Activity Coordinator #110 stated she was unable to find any activity participation logs between April 2025 to May 2025. Activity Coordinator #110 stated the Daily Chronicles referred to on the activity calendars were only provided to those residents who wanted them (print about 25). Each resident received an activity calendar that was posted in their rooms (observed on multiple occasions and in multiple rooms posted on bathroom doors not visible from beds or some stationary chairs). Activity Coordinator #110 stated activity staff made rounds about 30 minutes before activities to invite/gather residents.<br><br>On 07/01/25 at 12:05 P.M., the Director of Nursing (DON) and Activity Director #110 were informed of concerns related to a lack of individual preference-related activities. Both the DON and Activity Director #110 indicated Resident #28 did not come out of her room except entertainers like an Elvis impersonator. Although staff had identified this, there had been no re-evaluation to determine if Resident #28 would benefit from a change in her activity plan. Activity Director #11 verified she had been unable to locate any activity participation logs for Resident #28 for April 2025 or May 2025. The month of June 2025, two activities of one on one visits were documented.<br><br>On 07/01/25 at 12:26 P.M., Resident #28 was observed sitting in bed. The television was playing but Resident #28 did not appear to be watching it. Interview with Resident #28 revealed she would be interested in group activities if she knew what activity was occurring, stating she needed reminders. Resident #28 reported she would like to attend activities including crafts and socialization opportunities. Resident #28 was interested in activities with music but was unsure if she wanted to listen to music in the room by herself.<br><br>This deficiency represents non-compliance investigated under Complaint Number OH00164293. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 365152 | A. Building<br>B. Wing | 07/01/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Schoenbrunn Healthcare | 2594 East High Avenue<br>New Philadelphia, OH 44663 |

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 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and interview, the facility failed to ensure complete medical records were maintained in regard to activity participation and medication administration. This affected four (Residents #28, #30, #78 and #79) of four residents reviewed.<br><br>Findings include:<br><br>1. Review of Resident #28's medical record revealed diagnoses including chronic obstructive pulmonary disease (COPD), anxiety order, depression with psychotic symptoms, dementia with mood disturbance and difficulty walking. A physician order dated 02/03/21 indicated Resident #28 was to be transferred with a mechanical lift. A plan of care initiated 08/17/20 indicated Resident #28 would remain active and social. Interventions included providing an activity calendar in Resident #28's room, talking about what was taking place, listening to interests, reminding Resident #28 of activities, making Resident #28 feel welcome, and monitoring for changes in needs. The interventions indicated Resident #28 liked to watch television (all kinds of news and talk shows), take naps throughout the day and speak with her son.<br><br>An Activities Interest Data Collection Tool dated 11/20/24 indicated Resident #28 preferred to spend her time with others. Resident #28 preferred to participate in group activities. Naps were part of Resident #28's daily activity routine. Community activity interests included voting, children/youth, shopping, entertainment, and restaurant. Creative activities interests included crafts, listening to music, television, and movies. Educational/cognitive interests included news, discussion, and reminiscing. Social interests included humor, talking/conversing, and live music/entertainment. Miscellaneous interests included animals/pets. Resident #28's work experience/occupation was a waitress. Resident #28 responded to questions.<br><br>A quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #28 was able to make herself understood, was able to understand others and had moderate cognitive impairment with a brief interview for mental status (BIMS) score of 12 out of 15.<br><br>No activity participation logs were available for April 2025 or May 2025. On 06/06/25, staff documented Resident #28 had her nails done by activities. On 06/11/25, Resident #28 had documentation of an activity of reminiscing and obtaining her shopping order. The activities documented in June 2025 were not part of the medical record.<br><br>On 07/01/25 at 12:05 P.M., Activity Director #110 verified there were no activity participation records documented in the medical record since March 2025.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 365152 | A. Building<br>B. Wing | 07/01/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Schoenbrunn Healthcare | 2594 East High Avenue<br>New Philadelphia, OH 44663 |

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 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 2. Review of Resident #30's medical record revealed diagnoses including congestive heart failure (CHF), post-traumatic stress disorder, schizoaffective disorder, depression, anxiety disorder, bipolar disorder, and intellectual disabilities. Review of an activities interest data collection tool dated 06/20/24 revealed Resident #30 preferred to spend time with others. Resident #30 wished to participate in independent and group activities. Interests included shopping, restaurant, crafts, television, cards, bingo, word games/trivia, word puzzles, jigsaw puzzles, walking, humor, talking/conversing, and animals/pets. Baptist religion was recorded on the assessment. A plan of care initiated 06/20/24 revealed Resident #30 would remain social and active with interventions to remind Resident #30 of activities, providing an activity calendar in her room, offering encouragement to go to activities and monitoring for change in needs. There was no documentation found in the medical record of activity participation since 03/25/25.<br><br>On 07/01/25 at 12:05 P.M., Activity Director #110 verified there was no activity participation records documented in the medical record since March 2025. There were some notes written down in a notebook for activities in June which were not part of the medical record.<br><br>3. Review of Resident #78's medical record revealed diagnoses included left hip osteoarthritis, artificial left hip joint, heart failure, morbid obesity, malignant neoplasm of the prostate, cellulitis of the right lower extremity, depression, idiopathic aseptic necrosis of the right femur, cataract, chronic kidney disease, and arthritis of multiple sites. A care plan initiated 06/09/25 indicated Resident #78 had feelings of sadness, anxiety, uneasiness, and depression characterized by ineffective coping, low self esteem, insomnia and withdrawal from care/activities related to relocation. Interventions included encouraging Resident #78 to attend group activities and to participate in the pet therapy program when available.<br><br>An admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #78 was able to make himself understood, was able to understand others, and was cognitively intact. The MDS indicated Resident #78 reported it was somewhat important for him to have reading material, listen to music, be around animals, keep up with the news, do things with groups of people, do favorite activities, go outside to get fresh air when weather was good, and to participate in religious services or practices.<br><br>On 07/01/25 at 12:05 P.M., Activity Director #110 verified there was no activity participation records available for Resident #78 although she knew he had been provided one on one activities.<br><br>4. Review of the initial submission of Facility Reported Incident (FRI) #260537 revealed Resident #79 made allegations Registered Nurse (RN) #150 had substituted her pain pills with a different pill and was taking the pain medications herself.<br><br>Review of Resident #79's medical record revealed an admission/5 day MDS assessment dated [DATE] which indicated Resident #79 was able to make herself understood, was able to understand others, and was cognitively intact. Resident #79 denied pain over the prior five days. Resident #79 had a physician order for oxycodone 10 milligrams (mg) every eight hours as necessary for pain.<br><br>The following discrepancies between the May 2025 Medication Administration Record (MAR) and controlled substance administration record were verified with the Director of Nursing (DON) on 07/01/25 between 9:55 A.M. and 10:14 A.M.:<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 365152 | A. Building<br>B. Wing | 07/01/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Schoenbrunn Healthcare | 2594 East High Avenue<br>New Philadelphia, OH 44663 |

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 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 05/02/25 at 5:00 A.M. and 9:00 P.M. staff signed for the withdraw of oxycodone from the narcotic supply. However, administration was not documented on the MAR.<br><br>On 05/08/25 at 10:00 P.M., staff signed a dose of oxycodone out of the narcotic supply. Administration was not documented on the MAR.<br><br>On 05/10/25 a dose of oxycodone was removed from the supply at 6:00 A.M., 9:05 A.M. and 5:15 P.M. according to the controlled substance accountability record. The MAR indicated the first dose administered on 05/10/25 was at 11:59 A.M. with another dose administered at 5:14 P.M. The DON stated she assumed the dose withdrawn at 6:00 A.M. was given then but not documented on the MAR. Because the 6:00 A.M. dose was not documented she assumed a dose was given at 9:05 A.M. when withdrawn but it was documented late in the MAR at 11:59 A.M. (instead of at the time of administration) then a dose was given at 5:14 P.M. as indicated on the MAR.<br><br>On 05/15/25 at 8:00 A.M., an oxycodone tablet was signed off on the controlled substance accountability sheet but not recorded on the MAR. The next dose was signed as administered at 1:13 P.M. which was closer than the ordered every eight hours.<br><br>On 05/20/25 a dose of oxycodone was removed from the supply but not documented on the MAR as administered.<br><br>Interview on 07/01/25 between 9:55 A.M. and 10:14 A.M. the DON stated she believed the discrepancies were documentation errors. One of nurses who did not document administration had worked seven days straight.<br><br>This deficiency is an incidental finding discovered during the complaint investigation. |