STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365380	A. Building B. Wing	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumnwood Care Center	670 E Sr 18 Tiffin, OH 44883

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31638 THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NON-COMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY. Based on medical record review, staff interview, cardiologist progress notes, policy review, and review of facility corrective action, the facility failed to adequately monitor the placement of a resident's cardiac defibrillator external heart monitor. This affected one (#57) of one resident reviewed for implanted defibrillators. The facility census was 79. Findings included: Review of Resident #57's medical record revealed an admitted [DATE]. Diagnoses included congestive heart failure, coronary artery disease, atrial fibrillation, and an implanted defibrillator. Review of Resident #57's quarterly Minimum Data Set assessment dated [DATE] revealed the resident had a moderately impaired cognitive level and required a maximum assist for transfers. Review of Resident #57's most recent care plan revealed he had a cardiac diagnosis which required monitoring, medications, and treatments. The resident had an implanted device, i.e. defibrillator (a small device that is surgically implanted in the chest to monitor and correct abnormal heart rhythms) related to atrial fibrillation. The resident was to remain free from signs and symptoms of pacemaker malfunction or failure through the review date and staff were to make sure the external heart monitor was plugged in. Review of Resident #57's census report revealed on 05/22/24 the resident moved to a different room and on 06/16/24 he chose to move back to his original room. Review of Resident #57's cardiologist physician's note dated 08/14/24 revealed on 07/14/24 the implanted cardioverter-defibrillator (ICD) interrogation showed ventricular tachycardia (VT, and abnormal heart rhythm) that fell into the ventricular fibrillation zone and the resident was successfully defibrillated with 30 jewels. The resident was not aware of the ICD shock. He was shocked by his device on 07/14/24 due to his heart rate being over 250 beats per minute. Staff were to continue to monitor Resident #57 via his ICD device. Review of Resident #57's progress note dated 07/29/24 revealed a call was placed to the cardiologist office regarding the need to order a new transmitter for the resident's defibrillator. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365380	A. Building B. Wing	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumnwood Care Center	670 E Sr 18 Tiffin, OH 44883

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #57's progress note dated 07/31/24 revealed the previously missing transmitter was located in the front of the building. A telephone call was placed to the cardiology office and a voicemail was left that the transmitter was found if and, if possible, to cancel the order for the new one. Review of Resident #57's progress notes dated 08/16/24 through 08/27/24 revealed the facility was unable to connect the transmitter device to the internet and an adaptor had to be ordered. Telephone interview with Cardiology Nurse #500 on 09/10/24 at 9:55 A.M. revealed after working with the facility for five weeks the defibrillator transmission was successful on 08/30/24. Interview with the Administrator on 09/10/24 at 1:52 P.M. revealed Resident #57's cardiac transmitter device was misplaced during one of the room moves and it was not discovered until the resident had a cardiology appointment on 08/14/24. The Administrator revealed the facility failed to realize the monitor was missing for at least four weeks. The Administrator stated the facility did not have a policy related to care of defibrillator monitors. Review of the facility policy titled, Care of a Resident With a Pacemaker, dated 12/201,5 revealed implanted pacemakers are not the same as implantable cardioverter defibrillators (ICDs). ICDs can deliver a defibrillating shock, where pacemakers cannot. As a result of the incident, the facility took the following actions to correct the deficient practice by 08/30/24: On 07/29/24, the facility contacted Resident #57's cardiologist office to order a new defibrillator monitor and one was ordered. On 07/31/24, Resident #57's original defibrillator monitor was located. On 08/14/24, a physician order was implemented to ensure Resident #57's defibrillator monitor was plugged in with checks occurring three times daily. The checks continued three times daily with no concerns noted. On 08/16/24, Resident #57's vital signs were obtained twice daily until 08/30/24 with no changes or concerns noted. By 08/16/24, the facility completed an investigation and determined a root cause analysis to identify areas which contributed to the incident with Resident #57's defibrillator monitor. On 08/16/24, the facility completed assessments of all residents in the facility to ensure resident's with medical devices had functioning devices and orders in place. By 08/16/24, all facility staff were educated on moving resident rooms with medical devices. On 08/28/24, the facility followed up with the Resident #57's cardiologist to ensure they received defibrillator monitoring readings. On 08/30/24, Resident #57's defibrillator monitor was successfully transmitting signals. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365380	A. Building B. Wing	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumnwood Care Center	670 E Sr 18 Tiffin, OH 44883

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This deficiency represents non-compliance investigated under Master Complaint OH00157027.