

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365380	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2025
NAME OF PROVIDER OR SUPPLIER Autumnwood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, resident and staff interview, and policy review, the facility failed to provide bed hold notice to residents being sent to the hospital. This affected one (#6) of three residents reviewed for bed hold notices. The facility census was 80. Findings include: Review of medical record for Resident #6 revealed an admission date of 04/18/25. Diagnoses included chronic kidney disease stage III, low back pain, and malignant neoplasm of parotid gland. Review of the census line revealed Resident #6 was private pay. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #6 was cognitively intact. Review of the nursing note dated 07/03/25 at 3:01 P.M. revealed Resident #6 was found on the floor of her bathroom lying on her side in front of the toilet. The resident was screaming out in pain during the transfer. The Certified Nurse Practitioner (CNP) was notified and a new order received to send the resident to the emergency room (ER) for evaluation. The nursing note dated 07/04/25 at 1:40 A.M. revealed Resident #6 returned to the facility from the ER with no new orders. There was no documentation of Resident #6 receiving a bed hold notice when Resident #6 was sent to the ER on [DATE]. Review of bed hold notice provided by the facility revealed Resident #6 went out to the hospital on [DATE] and noted the resident was private pay. The notice stated I am requesting to hold a bed starting 07/03/25 to 07/04/25 and acknowledge that I agree to pay the full private pay per diem rate of \$325 for that bed. The bed hold notice was signed by Resident #6 on 07/07/25. Interview on 07/08/25 at 1:26 P.M. with Social Worker (SW) #523 revealed she did not get the bed hold agreement signed until 07/07/25 due to the fact that the resident went to the hospital while she was off work. SW #523 stated she just came back on 07/07/25 and followed up with Resident #6 regarding her transfer to the hospital. Interview on 07/08/25 at 2:48 P.M. with Resident #6 stated the facility did not tell her about her bed being held before she went to the hospital. Resident #6 stated she was shocked when they came in yesterday (07/07/25) and had her sign a paper and owed money. Resident #6 denied giving her verbal consent to hold her bed when she left for the hospital. Resident #6 stated that if she did, she did not know what it was. Review of the policy titled Bed-Holds and Returns revised May 2025 revealed prior to a transfer, information will be given to the residents and the resident representatives that explains the rights and limitations of the resident regarding bed-holds, the reserve bed payment policy as indicated by the state plan (Medicaid residents), and the facility per diem rate required to hold a bed (non-Medicaid residents), or to hold a bed beyond the state bed-hold period (Medicaid residents). This deficiency represents non-compliance investigated under Complaint Number OH00167190 (1388262).</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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