

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365394	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Continuing Healthcare at Adams Lane		STREET ADDRESS, CITY, STATE, ZIP CODE 1856 Adams Lane Zanesville, OH 43701	

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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37100</p> <p>Based on medical record review, staff interview, resident interview, vendor staff interview, and facility policy review, the facility failed to provide medically necessary social services regarding discharge processes. This affected one (Resident #11) of three residents reviewed for discharge. The census was 108.</p> <p>Findings Include:</p> <p>Resident #11 was admitted to the facility on [DATE]. Her diagnoses were congestive heart failure, chronic respiratory failure with hypoxia, hypo-osmolality and hyponatremia, atrial fibrillation, gout, anemia, hypertension, anxiety disorder, glaucoma, bipolar disorder, fibromyalgia, COPD, and depression. Review of her minimum data set (MDS) assessment, dated 03/14/25, revealed she was cognitively intact.</p> <p>Review of Resident #11's quarterly care conference notes, dated 11/04/24, 01/27/25, and 04/21/25 revealed the facility addressed on-going discharge questions. It stated, she was undecided as to whether she wanted to discharge, but she wanted to be asked at each care conference if she still wanted to be discharged from the facility.</p> <p>Review of Resident #11's current care plan revealed a care area of, discharge plan: uncertain resident/family have not confirmed a discharge plan at this time. Interventions included staff will assist resident/family with all available information/resources for decision, and staff will assist to meet all needs.</p> <p>Review of Resident #11 entirety of medical/discharge records, dated 04/21/25 to 05/20/25, revealed no records about assisting the resident with a discharge plan/process. There was no documentation about her selling an already owned house, there was no documentation about her visiting another apartment with the intent of discharging, there was no documentation about her desire to purchase a new home with the intent of discharging, and there was no documentation about the facility assisting her with any of the discharge process.</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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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Social Services #101 on 05/20/25 at 11:45 A.M. and 3:15 P.M. revealed she spoke with Resident #11 on a quarterly basis about her discharge status and desires. Confirmed each quarterly meeting, from November 2024 to April 2025, revealed she was undecided but wanted to continue to discuss it. She confirmed she knew about the resident setting up appointments with a home health agency to visit apartments within the last three to four weeks. She confirmed she has not spoke to Resident #11 about finding other apartments or the process of purchasing a house. She confirmed that her signing an apartment application and attempting to find a house to purchase would indicate a resident was actively looking to discharge.</p> <p>Interview with Resident #11 on 05/20/25 at 12:10 P.M. revealed she was looking to purchase a new house after selling hers and paying off old debt. She confirmed she made appointments to see an apartment and had a home health agency staff take her to see it. She confirmed she has taken the lead on all actions related to purchasing a new house. She stated she had thought about the cost of home health and the cost of a new home, and she feels she could afford it. She confirmed the facility had not discussed the process or finances with her; they had told her she could not afford both without going through the details with her. She confirmed the facility had not done anything to help her move out of the facility, even though she has an active desire to move out.</p> <p>Interview with Director of Nursing (DON) and Administrator on 05/20/25 at 1:15 P.M. and 3:40 P.M. confirmed there was no documentation to support the facility had provided any help with Resident #11's active desire for discharge. She confirmed there should have been documentation about any discussion or actions/inactions that Resident #11 would allow. They knew that after she declined the apartment about three to four weeks ago, she was actively looking to discharge from the facility but there was nothing to support they were assisting her with the discharge process.</p> <p>Review of facility Transfer or Discharge Policy, dated March 2025, revealed when a resident is on therapeutic leave, transferred, discharged, or transferred to a hospital, details of the transfer/discharge will be documented in the medical record and appropriate information will be communicated to the receiving facility or provider.</p> <p>This is an incidental finding related to complaint number OH00165631.</p>		