

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365494	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER Chapel Hill Community		STREET ADDRESS, CITY, STATE, ZIP CODE 12200 Strausser St NW Canal Fulton, OH 44614	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>34297</p> <p>Based on record review and interview, the facility failed to ensure Resident #9 was assessed following a reported incident in which the resident acquired bruising on her forehead. This finding affected one (Resident #9) of three residents reviewed for quality of care.</p> <p>Findings include:</p> <p>Review of Resident #9's progress note dated 04/10/25 at 3:00 P.M. revealed the resident stated yesterday morning while she was sitting on the commode, she leaned forward and bumped her forehead on the handrail which caused a small faint bruise. She stated she did not tell staff this occurred yesterday. Resident #9 denied complaints of pain/dizziness/or blurred vision. The daughter was present at the time of the conversation and the physician was notified.</p> <p>Review of Resident #9's progress note dated 04/11/25 at 9:23 A.M. revealed the interdisciplinary team (IDT) reviewed the incident of 04/10/25. The resident stated that yesterday morning while sitting on the commode, she leaned forward and bumped her forehead on the hand rail which caused a small faint bruise to the middle of the forehead. She denied complaints of pain/discomfort/dizziness. The power-of-attorney (POA) and physician were notified.</p> <p>Review of Resident #9's medical record did not reveal evidence the resident's skin was assessed following the incident in which the resident acquired a bruise on her forehead.</p> <p>Interview on 04/24/25 at 9:41 A.M. with the Director of Nursing (DON) revealed Registered Nurse (RN) #222 talked to resident who stated she bumped head on grab bar in bathroom. DON confirmed RN #22 did not complete a full assessment of Resident #9's skin on 04/10/25 following the reported incident in which the resident acquired a bruise to the resident's forehead.</p> <p>Review of the Accident/Incident policy and procedure revised 01/10/14 revealed the nurse would document the incident in the narrative nurse notes section of the resident's medical record and include the first aide, vital signs, and results of the physical assessment (i.e. bruises, scratches, edema, bleeding, redness, pain etc.).</p> <p>This deficiency represent non-compliance investigated under Complaint Number OH00165090.</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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43061</p> <p>Based on record review, policy review, and interview, the facility failed to ensure there was consistent communication between the facility and the dialysis center regarding Resident #48's health information and hemodialysis treatments. This affected one resident (Resident #48) out of one resident reviewed for dialysis. The facility census was 75.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #48 revealed an admitted [DATE] with diagnosis including but not limited to paraplegia, end stage renal disease, acute kidney failure, and type 1 diabetes mellitus with hypoglycemia.</p> <p>Review of the physician's orders for April 2025 revealed orders for hemodialysis two times a week on Monday and Friday at the outside dialysis facility, send dialysis book with resident, obtain vital signs/assessment and post dialysis vital signs/assessment upon return, check vital sign pre and post dialysis (also check dialysis site) two times a day every Monday and Friday.</p> <p>Review of the dialysis communication binder for Resident #48 revealed only five (5) hemodialysis communication forms for January 2025 to April 2025, some were not completed accurately or at all. The first pre-dialysis communication form in the binder had no name or date, but had vital signs filled in the form. There was no signature of nurse who completed the pre-dialysis form. The post-dialysis form was completed by the dialysis unit with nurse signature and date of 01/10/25.</p> <p>There were no other forms located in the dialysis binder for Resident #48 for February 2025.</p> <p>The next communication form in the binder was dated 03/12/25 which included Resident #48's name date, and vital signs. There was no nurse signature of completion. The post-dialysis form was completed by the dialysis unit.</p> <p>The next communication form in the binder was dated 03/19/25 which included Resident #48's name and date. Nothing was completed on the pre-dialysis form and the post dialysis form was left blank.</p> <p>The next communication form in the binder was dated 03/26/25 which included Resident #48's name and date. Nothing was completed on the pre-dialysis form but it included the nurses' signature and date. The post dialysis form was left blank.</p> <p>The next communication form in the binder was dated 04/11/25 with the completed pre-dialysis information by the facility and post dialysis information by outside facility.</p> <p>Interview on 04/22/25 at 3:16 P.M. with Director of Nursing (DON) confirmed the dialysis communication forms were not being completed accurately or at all. DON confirmed the facility did not have all the dialysis communication forms for Resident #48 for all dialysis days. DON reported he just started the dialysis communication binder this year due to issues prior to getting notes for the dialysis facility. DON confirmed no other dialysis forms other than what is in the dialysis binder, to include only five (5) forms. DON reported there were no other dialysis communication forms available.</p> <p>(continued on next page)</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 04/23/25 at 8:12 A.M. with Dialysis Registered Nurse (RN) 300 confirmed the outside dialysis facility didn't always receive the communication binder with forms completed.</p> <p>Review of facility policy, Outpatient Dialysis Services/Peritoneal Dialysis, revised 03/2022, revealed the facility provides in-house peritoneal dialysis and facilitates outpatient dialysis services to assure uninterrupted provision of care across the continuum.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47569</p> <p>Based on record review, observation, staff interview and facility policy review the facility failed to implement enhanced barrier precautions during Resident #38's wound care. This deficient practice affected one resident (Resident #38) out of three residents reviewed for transmission based precautions. The facility census was 75.</p> <p>Findings Include:</p> <p>Review of Resident #38's medical record revealed admitted [DATE] with diagnoses including but not limited to fracture of right shoulder, dislocation of right shoulder, dementia, and depression.</p> <p>Review of Resident #38's admission Minimum Data Set (MDS) dated [DATE] revealed Resident #38 required assistance from staff to complete activities of daily living (ADL) tasks and required a sling to be worn on the right arm/shoulder related to a fractured right shoulder. Resident #38 had impaired cognition with a Brief Interview Mental Status (BIMS) score of five out of a possible 15.</p> <p>Review of Resident #38's physician orders dated 04/01/25 to 04/23/25 revealed an order dated 04/08/25 to cleanse spine with normal saline and pat dry. Apply Medihoney and cover with clean dry dressing. Change daily and as needed (PRN) if soiled, an order dated 04/08/25 to follow [NAME] Wound Care, and an order dated 04/21/25 for Resident #38 to be on enhanced barrier precautions (EBP) every shift for wound.</p> <p>Review of Resident #38's Treatment Administration Record (TAR) dated 04/08/25 to 04/22/25 revealed the order dated 04/08/25 to cleanse spine with normal saline and pat dry. Apply Medihoney and cover with clean dry dressing. Change daily and as needed (PRN) if soiled, was marked as completed daily.</p> <p>Review of Resident #38's at risk for skin alteration care plan dated 04/14/25 revealed Resident #38 had a pressure area Stage III to mid back with interventions including pressure reducing mattress and treatment as ordered, and enhanced barrier precautions (EBP) care plan related to chronic wounds (pressure ulcers) dated 04/22/25 with interventions including high contact resident care activities requiring EBP: performing wound care.</p> <p>Review of Resident #38's full skin assessment dated [DATE] revealed the initial wound assessment for pressure area to mid back measuring 5.8 centimeters (cm) by 1.0 cm by 0.1 cm with light drainage noted.</p> <p>Observation on 04/22/25 at 1:58 P.M. revealed Licensed Practical Nurse (LPN) #145 and LPN #190 completing wound dressing change for Resident #38. LPN #145 and LPN #190 entered Resident #38's room, washed their hands and donned gloves. Both LPN #145 and LPN #190 did not follow EBP protocol and don Personal Protective Equipment (PPE) prior to entering Resident #38's room. Further observation of Resident #38's room revealed there was no PPE cart available, there was no notification sign to reflect Resident #38 having EBPs, and there were no soiled linen bins for the used PPE to be placed after use.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 04/22/25 at 2:15 P.M. with LPN #145 confirmed Resident #38 was ordered to have EBPs in place due to the wound located on the back and there was not a notification sign on the door, there was no PPE available outside the door for staff use, and there were no soiled linen bins in the room for soiled linen to be placed.</p> <p>Review of the facility's policy titled Isolation Precautions dated 03/2025 revealed Enhanced Barrier Protection (EBP) are used in conjunction with standard precautions and expand the use of personal protective equipment (PPE) to donning gown and gloves during high contact care activities. EBPs are indicated for residents with wounds, infection and/or indwelling medical devices.</p>		