

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365563	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2024
NAME OF PROVIDER OR SUPPLIER  Autumnwood Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 275 East Sunset Drive Rittman, OH 44270	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35765</p> <p>Based on observations, review of the medical record, and interview with the staff the facility failed to ensure Resident #39 had a physician's order for a treatment to his left elbow. This affected one resident (#39) of three residents reviewed for wounds. The facility census was 60.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #39 was admitted to the facility on [DATE]. Diagnoses included congestive heart failure, kidney disease, obstructive sleep apnea, spinal stenosis, pressure ulcer to the left heel, Alzheimer's disease, dementia, glaucoma, obstructive and reflux uropathy, and benign prostatic hyperplasia.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #39 had severely impaired cognition.</p> <p>Review of the July 2024 physician's orders revealed Resident #39 did not have an order for a treatment to his left elbow.</p> <p>Review of the progress notes from 07/15/24 to 07/29/24 revealed no documentation Resident #39 received a skin tear or an order for a skin tear to the left elbow.</p> <p>Observation of wound care on 07/31/24 at 9:30 A.M. revealed the Assistant Director of Nursing (ADON) provided wound care to Resident #39 with no concerns. The dressing was dated 07/31/24. His wound was approximately the size of a quarter, about 0.1 centimeters deep. The wound bed was red. During this wound observation, it was noted that Resident #39 had a border foam dressing to his left elbow with no date.</p> <p>On 07/31/24 at 9:45 A.M. an interview with the ADON confirmed Resident #39 had a dressing on his left elbow with no date as to when it was placed, and she had no order for a dressing to the left elbow. Observation of the wound at this time revealed the dressing had a moderate amount of brown drainage on the old dressing. He had a small skin tear on his left elbow. She stated she would get it cleaned up and get an order for a treatment.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/31/24 at 1:25 P.M. an interview with the ADON revealed Resident #39 had a shower on 07/30/24 and there was no documentation of a skin tear to his left elbow, and the hospice nurse was at the facility on 07/30/24 also and had not mentioned he had a skin issues so she was not sure where the skin tear had come from or who had placed the dressing on his left elbow, but she did have a call out to the agency nurse who had worked the night before and ask her about it.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00155410.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>35765</p> <p>Based on observation, review of the facility menu and meal spreadsheet, review of facility policy, and interview with staff the facility failed to ensure the residents were served all the food items on the menu. This affected everyone who received their meals from the kitchen except Resident #5 who was ordered nothing by mouth. The facility census was 60.</p> <p>Findings include:</p> <p>Observation of meal service with Dietary Manager #600 and [NAME] #601 on 07/29/24 at 4:30 P.M. revealed the evening meal served was tuna salad sandwiches, cucumber salad, and cantaloupe. There were no concerns with the meal service. Resident #17 received the meal along with a carton of milk and a bowl of yogurt.</p> <p>Review of the facility menu revealed the residents were to be served baked potato soup with the tuna salad sandwiches on 07/29/24 and they were not.</p> <p>Review of the facility meal spreadsheet revealed the meal for dinner on 07/29/24 (cycle day 16) was to be six ounces of baked potato soup, tuna salad sandwich, four ounces of cucumbers and tomatoes, and four ounces of cantaloupe.</p> <p>On 07/31/23 at 10:10 A.M. an interview with Dietary Manger #600 confirmed they had not served baked potato soup, but she did not know why. She would speak to the cook and fine out why. She stated she should have looked at the menu to confirm the residents were being served the correct meal, but she did not.</p> <p>On 07/31/24 at 10:20 A.M. a second interview with Dietary Manger # 600 revealed she spoke to [NAME] #601, and she stated she never looked at the menu she only looked at the sheet that was filled out by the cook before her about what needed to be done, and it did not say anything about baked potato soup. She stated she confirmed she never looked at the menu or spreadsheet.</p> <p>Review of the facility policy titled, Therapeutic Diets, dated 06/01/24, revealed the facility provided all resident with foods in the appropriate form and/or appropriate nutritional content as prescribed by a physician's or the interdisciplinary team to support the resident's plan of care or treatment.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00155410.</p>		