

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365672	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/02/2026
NAME OF PROVIDER OR SUPPLIER Autumn Hills Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2565 Niles Vienna Rd Niles, OH 44446	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to revise Resident #7's care plan in response to new interventions to prevent resident to resident incidents. This affected one (Resident #7) of four residents reviewed for care plans. The facility census was 99. Findings include: Review of the medical record for Resident #7 revealed an admission date of 11/15/22 with diagnoses including chronic obstructive pulmonary disease, major depressive disorder, chronic viral hepatitis (liver disease), mild dementia, and type two diabetes. Review of the closed medical record for Resident #13 revealed an admission date of 01/30/24 with diagnoses including cerebral palsy, osteogenesis imperfecta, diabetes mellitus type two, major depressive disorder, need for assistance with personal care, convulsions, and aortic stenosis. Resident #13 discharged from the facility on 02/02/26 to another facility. Review of a nursing note dated 09/27/25 revealed Resident #7 was involved in an incident with Resident #13 in Resident #13's room. The staff intervention included Resident #7 was given verbal instruction by staff to not enter Resident #13's room and staff demonstrated an alternate route to the back of the facility for the smoking and activity area. Resident #7 was agreeable to those interventions. This alternate route would allow Resident #7 to avoid passing by Resident #13's room. Review of the self-reported incident dated 12/07/25 revealed Resident #7 was involved in a second incident with Resident #13. Resident #7 was found in Resident #13's room and staff reminded him that he could not be in there and needed to leave. Review of the care plan for Resident #7, review date 12/23/25, revealed Resident #7 had an alteration in cognitive function secondary to dementia related to medication and cognitive deficits. Interventions included assisting with decision making problems, monitor for change in condition, monitor for changes in cognition, and offer verbal reminders and cues as necessary. There were no revisions made to the care plan to reflect the resident-to-resident incidents on 09/27/25 and 12/07/25 and interventions related to Resident #7 not entering Resident #13's room or taking an alternate route to the back of the facility to avoid passing by Resident #13's room. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #7 was cognitively intact, did not exhibit behavior symptoms or rejection of care, was independent with transfers, could self-propel in his wheelchair and required set up to moderate assistance for activities of daily living. An interview on 02/26/26 at 3:19 P.M. with the Director of Nursing (DON) verified there were two incidents between Resident #7 and Resident #13 in Resident #13's room, and Resident #7 was educated about not entering Resident #13's room and using an alternative route to the back of the building so he would not go by Resident #13 room. The DON verified those interventions were not added to the care plan for Resident #7.</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