

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  05/05/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41526</b></p> <p>Based on observation, interview and record review, the facility failed to maintain a call light and overbed table within Resident #13's reach. This affected one resident (#13) of ten residents reviewed for environmental/call light concerns and had the potential to affect all 106 residents residing in the facility.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #13 revealed an admitted [DATE]. Diagnoses included chronic respiratory failure, congestive heart failure, chronic kidney disease, and need for assistance with personal care.</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment, dated 03/31/25, revealed Resident #13 had moderate cognitive impairment.</p> <p>Review of the care plan revised 09/29/23 revealed Resident #13 required assistance with activities of daily living (ADL) related to decreased mobility, shortness of breath with activity, and altered cognition. Interventions included to encourage Resident #13 to use the call light and ask for assistance when needed.</p> <p>Observation and interview on 04/28/25 at 10:27 A.M. with Resident #13 revealed the resident sitting in a wheelchair in front of a nightstand which was up against the wall left of the window with the adjacent bed extending from the same wall toward the center of the room. Resident #13's wheelchair was alongside and up against the left bedside, and the resident was facing the television which was against the opposite wall of the room. The resident's overbed table which had multiple personal belongings on top including a beverage glass and television remote control was placed on the opposite side of the room in front of the television, out of the resident's reach. Resident #13's call light was wrapped around the left bed rail which was located behind the resident's wheelchair and out of the resident's reach. Resident #13 complained about being unable to reach the overbed table and not able to call the staff to help because the call light could not be found. Both of Resident #13's feet were elevated by wheelchair footrests, and the resident was unable to maneuver the wheelchair to locate the call light or reach the overbed table.</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
---	-------	-----------

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  05/05/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview at the time of the observation with Housekeeping Supervisor (HS) #3910 and Activity Director (AD) #3430 who entered the room and found the call light behind Resident #13 wrapped around the bedrail, removed it and connected to Resident #13's left side of the wheelchair within reach, then pulled the overbed table from across the room to the resident so it was within reach. HS #3910 and AD #3430 confirmed both Resident #13's call light and overbed table were not placed within the resident's reach for adequate use.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00164195, Complaint Number OH00163856 and Complaint Number OH00163679.</p>		

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  05/05/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>41526</p> <p>Based on observation, interview and review of facility policy, the facility failed to maintain a clean and homelike environment. This affected four residents (#13, #35, #74 and #257) of ten residents reviewed for environmental concerns and had the potential to affect all 106 residents residing in the facility.</p> <p>Findings include:</p> <p>Observation on 04/28/25 at 10:27 A.M. of Residents #13 and #35's room revealed a large amount of dirt accumulation on the floor including underneath both beds. There were multiple pieces of paper and plastic, pieces of used medical equipment such as what appears to be an intravenous cap and a used individual serving coffee creamer cup. There was no trash bag in the trash can. Interview at the time of the observation with Housekeeping Surveyor (HS) #3910 verified the findings and indicated being new to the job and having made changes to address some of the issues. Housekeepers were not available after 5:00 P.M., so nursing assistants were supposed to assist with any visible issues until a housekeeper returned the following day but admitted the dirt accumulation in Residents #13 and #35's room appeared to be over more than one day.</p> <p>Observation and interview on 04/28/25 at 10:56 A.M. of Residents #74 and #257's room revealed a large amount of dirt accumulation on the floor and bathroom floor including underneath both beds. There were multiple pieces of plastic and paper and dried spills throughout. Numerous areas of the floors and around the bathroom toilet were darkened from dirt build-up. Resident #257 complained of the floor being overly dirty and of housekeeping not cleaning on a routine basis. Interview at the time of the observation with Registered Nurse (RN) #3340 verified the findings and indicated there should be a housekeeper coming around to address it.</p> <p>Observation and interview on 04/28/25 at 11:06 A.M. with HS #3910 of Residents #74 and #257's room confirmed the dirty floors and indicated it had accumulated over more than one day. Resident #74's overbed table had large amounts of dried spills on the tabletop and table legs. HS #3910 verified the overbed table was not cleaned after use on a routine basis.</p> <p>Review of facility policy, Housekeeping Policy/Procedure, dated 12/28/13, revealed the facility will be maintained and cleaned to meet a home like environment for residents.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00163856 and Complaint Number OH00163679.</p>		

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  05/05/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51526</p> <p>Based on record reviews, observations, interviews and facility policy review, the facility failed to ensure residents received showers per resident preference and shower schedule. This affected four residents (#73, #77, #80 and #87) of six residents reviewed for showers. The facility census was 106.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #77 revealed an admitted [DATE] with diagnoses including lumbago with sciatica (low back pain radiating down the leg), difficulty in walking, atrial fibrillation (irregular heartbeat), severe protein-calorie malnutrition, frequent falls and weakness.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #77 required substantial/maximal assistance for showers and bathing. Resident #77 was also dependent on staff for all other activities of daily living (ADL) and hygiene needs. Resident #77 was always incontinent.</p> <p>Review of the facility shower schedule revealed Resident #77 was to receive showers twice weekly on Thursday and Saturday evening. Review of shower task documentation on resident's ability to bathe self, dated 4/12/25 and 4/18/25, revealed Resident #77 was dependent on staff to perform all bathing care and required the assistance of two or more staff (despite the resident not receiving showers on 04/12/25 and 04/18/25). Review of 300 hallway shower sheets revealed no documented evidence of any showers provided to Resident #77.</p> <p>Observation and interview with Resident #77 on 04/28/25 at 10:18 A.M. stated she had not been receiving showers. She complained that her hair had not been washed since she admission, and it feels very dirty. Her hair was notably greasy and unkempt.</p> <p>Observation and interview on 4/29/25 at 1:15 P.M. with Resident #77 stated again that she still had not received a shower or had her hair washed. Her hair remained greasy and unkempt.</p> <p>Observation and interview on 4/30/25 at 8:25 A.M. with Resident #77 accompanied by the Director of Nursing (DON) revealed the resident was in the bathroom in a wheelchair with care assistance. Resident #77 stated she was going to get her hair washed. The DON verified the resident's dirty hair and that she had not been receiving showers as scheduled or per resident's choice. The DON also verified the absence of shower sheets and documented complete on the shower tasks for this resident. The DON confirmed Resident #77 did not receive showers as scheduled on 04/12/25, 04/17/25, 04/19/25, 04/24/25, or 04/26/25. The DON stated there was a recent change at the facility to no longer utilize dedicated shower aides. All the Certified Nursing Assistants (CNAs) would assume the previous shower duties in their daily assignments.</p> <p>Review of the facility policy titled Bathing Choice Policy, dated 01/2021, revealed residents are interviewed during the admission process regarding the frequency they want to bathe/shower. Frequency is reviewed at least quarterly during the care planning conference, and changes are implemented if indicated by the resident's choice.</p> <p>(continued on next page)</p>		

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  05/05/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Review of the medical record for Resident #87 revealed an admitted [DATE] with diagnoses of chronic kidney disease, hemiplegia (paralysis) affecting right dominant side, muscle wasting and atrophy (tissue shrinking), and adult failure to thrive.</p> <p>Review of the MDS dated [DATE] revealed Resident #87 required moderate assistance for shower/bathing and other hygiene needs.</p> <p>Observation and interview on 04/28/25 at 2:30 P.M. revealed Resident #87 was unkept and disheveled in appearance with noted overgrowth of facial hair. Resident #87 stated he used to receive regular showers and assistance with the shower aides prior to facility process change, but now he does not get a shave with his shower as requested. Resident #87 stated that now the aides just hose him down and do not clean well. Observation of Resident #87 also revealed limited range of motion on his dominant right side.</p> <p>Observation on 04/29/25 at 1:42 P.M. revealed facial hair still present. Resident #87 asked for assistance. Concerns were forwarded and verified with the DON.</p> <p>Observation and interview on 05/01/25 at 1:44 P.M. with Resident #87 in the hallway accompanied by the DON revealed his face was clean shaven, and the resident was very happy about today's recent shower and shave. The DON verified Resident #87 requested to have a shave with showers.</p> <p>Review of Resident #87 shower sheets from March 2025 through April 2025 revealed showers were provided on 03/12/25, 03/13/25, 03/15/25, 03/26/25, 04/02/25, 04/12/25, and 04/26/25. The facility shower schedule revealed Resident #87 was assigned to have showers completed twice weekly every Wednesday and Saturday during the day shift.</p> <p>Review of the Treatment Record dated 04/01/25 through 04/30/25 revealed Resident #87 had a bath signed off on 04/06/25 at 2:02 A.M. and 04/26/25 at 12:37 A.M. with rest of the dates signed off as not applicable or left blank.</p> <p>Interview with the DON on 05/01/25 at 1:30 P.M. verified the missing shower sheets, shower schedule, and absence of regular showers and shaving for Resident #87.</p> <p>Review of the facility policy titled Bathing Choice Policy, dated 01/2021, revealed residents are interviewed during the admission process regarding the frequency they want to bathe/shower. Frequency is reviewed at least quarterly during the care planning conference, and changes are implemented if indicated by the resident's choice.</p> <p>3. Review of the medical record for Resident #73 revealed an admitted [DATE] with diagnoses including pneumonia, chronic kidney disease stage three, wedge compression fracture with routine healing, and cognitive communication deficit.</p> <p>Review of the MDS assessment dated [DATE], revealed Resident #73 required substantial/maximal assistance for showers and bathing. Resident #73 was also dependent on staff for all other ADL and hygiene needs. Resident #73 was sometimes incontinent and needed substantial/ maximum assistance.</p> <p>(continued on next page)</p>		

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  05/05/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility shower schedule revealed Resident #73 was to receive showers twice weekly on Monday and Wednesday. Review of shower task documentation on 04/30/25 revealed Resident #73 received showers on 03/26/25, 04/07/25, 04/16/25, 04/27/25. Review of 100 hallway shower sheets revealed no documented evidence of any showers provided to Resident #73 on 03/31/25, 04/02/25, 04/09/25, 04/14/25, 04/21/25, 04/23/35, 04/28/25, and 04/30/25.</p> <p>Observation and interview with Resident #73 on 04/28/25 at 10:31 A.M. revealed she had not been receiving showers. Resident #73 complained that her hair had not been washed, and she would like her showers. Resident #73 appeared unkempt and soiled.</p> <p>Observation and interview on 04/29/25 at 10:38 A.M. with Resident #73 stated she still had not received a shower. Resident #73 remained unkempt.</p> <p>Interview on 04/28/25 at 10:37 A.M. with Resident #73 accompanied by the DON verified that she had not received showers as scheduled or per resident's choice.</p> <p>Interview on 04/30/25 at 10:43 A.M. with the Administrator confirmed Resident #73 received four showers between 03/26/25 and 04/31/25 based on documentation provided.</p> <p>Review of the facility policy titled Bathing Choice Policy, dated 01/2021, revealed residents are interviewed during the admission process regarding the frequency they want to bathe/shower. Frequency is reviewed at least quarterly during the care planning conference, and changes are implemented if indicated by the resident's choice.</p> <p>4. Review of the medical record for Resident #80 revealed an admitted [DATE] with diagnoses including hepatic encephalopathy, bipolar disorder, moderate protein-calorie malnutrition, pressure ulcer of sacral region.</p> <p>Review of the MDS assessment dated [DATE], revealed Resident #80 required substantial/maximal assistance for showers and bathing.</p> <p>Review of the facility shower schedule revealed Resident #80 was to receive showers twice weekly on Sunday and Thursday. Review of shower task documentation on 04/30/25 revealed Resident #80 received showers on 04/01/25 and 04/21/25. Review of the 100 hallway shower sheets revealed no documented evidence of any showers provided to Resident #80 on 04/06/25, 04/10/25, 04/13/25, 04/17/25, 04/20/25, 04/24/25, and 04/27/25.</p> <p>Observation and interview with Resident #80 on 04/30/25 at 9:16 A.M. stated she had not been receiving showers. Resident #80 complained that her hair had not been washed, and she would like her showers. Resident #80 appeared unkempt and soiled. Resident #80's hair was greasy.</p> <p>Interview on 4/30/25 at 9:28 A.M. with Resident #80 accompanied by the DON verified that she had not received showers as scheduled or per resident's choice.</p> <p>Interview on 04/30/25 at 10:43 A.M. with the Administrator confirmed Resident #80 received two showers on 04/01/25 and 04/31/25 based on documentation provided.</p> <p>(continued on next page)</p>		

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  05/05/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility policy titled Bathing Choice Policy, dated 01/2021, revealed residents are interviewed during the admission process regarding the frequency they want to bathe/shower. Frequency is reviewed at least quarterly during the care planning conference, and changes are implemented if indicated by the resident's choice.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00164195, Complaint Number OH00163856, and Complaint Number OH00163679.</p> <p>51521</p>		

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  05/05/2025
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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51521</p> <p>Based on record review, observation, staff and resident interviews, the facility failed to provide prescription eyeglasses for Resident #2 ass ordered by the physician. This affected one resident (#2) of two residents reviewed for vision and hearing. The facility census was 106.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #2 was admitted on [DATE] with diagnoses including spina bifida, unspecified paraplegia, need for assistance with personal care, anemia, major depressive disorder, unspecified muscle wasting and atrophy, cognitive communication disorder, and neuromuscular dysfunction.</p> <p>Review of the admission Minimum Data Set (MDS) assessment, dated 12/22/24, revealed Resident #2 required corrective lens.</p> <p>Observation on 04/28/25 at 10:23 A.M. revealed Resident #2 was reading her book with a magnifying glass. Resident #2 does not attend activities; she prefers to read in her room. Resident #2 was care planned for in-room activities.</p> <p>Record review revealed on 02/27/25 at 9:15 A.M. Resident #2 was seen by an in-house optometrist and given an updated prescription for new vision wear. Resident #2 did not receive the new prescription eyeglasses.</p> <p>Observation and interview on 04/29/25 at 11:11 A.M. revealed Resident #2 had not received the new prescription eyeglasses ordered by the physician on 02/27/25. Resident #2 was wearing old prescription glasses.</p> <p>Record review revealed Resident #2 was seen by a different in-house optometrist on 04/29/25 at 9:58 A.M. for another new eyeglass prescription. Resident #2 had not received the eyeglasses at this time.</p> <p>Interview on 04/29/25 at 3:04 P.M. with Social Worker #3670 verified Resident #2 never received her prescription eyeglasses. The facility changed companies, and Resident #2 had a new eye examination, and a new prescription was given.</p>		

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  05/05/2025
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51525</p> <p>Based on record review, observation and interview, the facility failed to apply a palm guard as ordered for Resident #18. This affected one resident (#18) of one resident reviewed for splints. The facility census was 106.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #18 was admitted on [DATE] with a diagnosis of hemiplegia and hemiparesis following cerebral infarction affecting the left side, muscle wasting and atrophy.</p> <p>Review of the physician orders of 09/27/24 revealed Resident #18 was ordered a palm guard (a hand splint that prevents palm injuries from severe finger flexion contracture and forms a safe barrier between fingernails and palmar skin) to be worn daily and removed for hand hygiene and skin checks.</p> <p>Review of the comprehensive Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #18 had a Brief Interview for Mental Status (BIMS) score of seven of 15, which indicated severe cognitive impairment. Resident #18 required substantial/maximum assistance or was dependent on staff with all activities of daily living (ADL).</p> <p>Review of Resident #18's Treatment Administration Record (TAR) for the month of April 2025 revealed staff signed off verifying Resident #18 was wearing her palm guard daily as ordered.</p> <p>Observation and interview of Resident #18 on 04/29/25 at 2:17 P.M. revealed the resident was not wearing her palm guard as ordered. The resident stated she does not often wear the palm guard, but she didn't know why.</p> <p>Observation and interview with Resident #18 and Licensed Practical Nurse (LPN) #3150 on 04/30/25 at 9:18 A.M. revealed the resident was not wearing her palm guard as ordered. LPN #3150 also confirmed that Resident #18 was not wearing her palm guard and stated the resident often refused to wear it. LPN #3150 then confirmed Resident #18's TAR was signed off daily during the month of April 2025 which indicated resident was wearing her palm guard, and verified no behaviors or refusals were documented indicating the resident's refusal to wear it.</p>		

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  05/05/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51525</p> <p>Based on record review, observation, resident and staff interviews, and review of the facility's smoking policy, the facility failed to ensure Resident #3's smoking materials were secured by staff. This affected one resident (#3) of one resident reviewed for smoking. The facility identified ten residents (#3, #23, #72, #46, #87, #90, #83, #12, #53 and #51) as smokers. The facility census was 106.</p> <p>Findings include:</p> <p>Review of medical record revealed Resident #3 was admitted to the facility on [DATE]. Diagnoses included motor neuron disease, osteoarthritis, muscle wasting and atrophy.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment, dated 03/21/25, revealed Resident #3 had impairments of both upper extremities and was dependent for most activities of daily living (ADLs), except for eating, with which she required set-up or clean up assistance. Further review of the MDS revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated she was cognitively intact.</p> <p>Review of Resident #3's care plan for smoking revealed she was a supervised smoker and could not smoke independently and needed to be supervised and assisted by staff.</p> <p>Review of Resident #3's quarterly smoking assessments dated 03/19/24, 06/17/24, 10/18/24, 01/10/25 and 03/28/25 revealed resident required the facility to store her lighter and cigarettes.</p> <p>Interview with and observation of Resident #3 on 04/28/25 at 5:40 P.M. revealed an empty cigarette box and lighter in a bag attached to her wheelchair. Resident #3 stated she participated in smoke breaks daily at 10:00 A.M., 1:00 P.M., 4:00 P.M. and 8:30 P.M. Resident #3 further stated she was unable to hold her own cigarettes and wore a smoking apron while on supervised smoke breaks. She further stated her cigarettes and lighter were stored in the bag on her wheelchair and staff did not store them as required.</p> <p>Observation of Resident #3 on 04/29/25 at 1:55 P.M. revealed her lying in bed trying to take a nap. The resident stated she would be up at 3:30 P.M to get ready for the 4:00 P.M. smoke break. The surveyor observed a cigarette lighter and box of cigarettes in bag attached to Resident's wheelchair.</p> <p>Observation of Resident #3 on 04/29/25 at 4:02 P.M. during her smoke break revealed Resident smoking while wearing a smoking apron. Interview with activities staff member #3720 also on 04/29/25 at 4:02 P.M. confirmed Resident #3's cigarettes and lighter were present in and kept in the bag attached to her wheelchair.</p> <p>Review of the facility's undated smoking policy revealed all cigarettes and lighters were to be kept in a secured area when not in use and the smoking materials would only be disbursed by facility staff. The smoking policy further stated the materials were to be returned to staff at the end of the smoking session.</p>		

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  05/05/2025
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51526</b></p> <p>Based on observation, record review, interview and facility policy review, the facility failed to ensure appropriate infection control practices were followed in the administration of medications through Resident #301's peripherally inserted central catheter (PICC) line. This affected one resident (#301) of one resident observed for intravenous medication administration. The facility census was 106.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #301 revealed an admitted [DATE] with diagnoses of methicillin susceptible staphylococcus aureus infection (MSSA) (a highly resistant bacteria) to left great toe, type two diabetes, and acute and subacute infective endocarditis. Provider orders included contact isolation due to MSSA infection, and Cefazolin Sodium (antibiotic) two milligrams intravenously per PICC twice daily.</p> <p>Observation of intravenous medication administration on 04/28/25 at 8:49 A.M. by Licensed Practice Nurse (LPN) #4150 revealed signage on Resident #301's door identifying contact precautions (wearing gown, gloves, and hand hygiene) to be used when entering room and providing care to the resident. LPN #4150 entered the room and donned gloves and a gown without previous hand hygiene. LPN #4150 then prepared the antibiotic solution, primed the intravenous tubing, and placed the antibiotic medication into the intravenous pump. LPN #4150 then went into her scrub pocket and retrieved a pen and dated/initialed the antibiotic medication bag. LPN #4150 then scrubbed the hub of the PICC access cap with an alcohol swab without performing hand hygiene and changing her gloves. She then flushed the PICC line with sterile saline, connected the medication delivery tubing to the resident's PICC line and started the infusion. LPN #4150 then removed her protective clothing, performed hand hygiene and left the room.</p> <p>Interview with LPN #4150 on 04/28/25 at 9:00 A.M. confirmed she forgot to perform hand hygiene prior to donning personal protection equipment (PPE) and prior to accessing the PICC line.</p> <p>Interview with the Director of Nursing (DON) on 04/28/25 at 11:30 A.M. verified that hand hygiene should have been performed prior to entering the room for contact isolation and prior to administering the PICC medication after touching room equipment and clothing.</p> <p>Review of the facility policy titled Medication Administration: General Guidelines dated 12/12 revealed hands are washed with soap and water and gloves applied before administration and after contact with the resident.</p>		