

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  10/03/2024
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 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> 48565</p> <p>Based on record review and interview, the facility failed to provide pre-procedure preparation for Resident #49 resulting in a delay in a procedure. This affected one resident (#49) of six residents reviewed for appointments. The facility census was 102.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #49 revealed an admitted [DATE] with diagnoses including hemiplegia and hemiparesis following a cerebral infarction affecting the right dominant side, diabetes mellitus type two, gastroenteritis and colitis, obstructive and reflux uropathy, and unspecified aphasia.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #49 had a severe cognitive deficit.</p> <p>Review of the September 2024 physician's orders included a virtual colonoscopy on 11/06/24 at 9:30 A.M. The order was dated 09/30/24. The virtual colonoscopy had an original schedule date of 09/27/24.</p> <p>Review of progress notes revealed Resident #49 was scheduled for a virtual colonoscopy on 09/27/24 at 9:00 A.M.</p> <p>Review of the progress notes dated 09/26/24 at 8:00 P.M. authored by Licensed Practical Nurse (LPN) #491 revealed the bowel preparation order for the virtual colonoscopy was not transcribed correctly. The virtual colonoscopy was put on hold per the facility nurse practitioner because the bowel preparation was not initiated timely.</p> <p>Review of the undated document titled; Virtual Colonoscopy, Bowel Preparation revealed Resident #49 was to start the pre-procedure preparation one day before the procedure (09/26/24).</p> <p>On 09/30/24 at 9:30 A.M. an interview with the Director of Nursing (DON) revealed Resident #49 did not have the virtual colonoscopy as scheduled on 09/27/24 because the bowel preparation orders were not transcribed correctly resulting in the bowel preparation not being initiated on 09/26/24.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00157682.</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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