STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365694	A. Building B. Wing	08/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Chillicothe	60 Marietta Road Chillicothe, OH 45601

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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34299 Based on medical record review, observation, staff interview, resident interview, review of Resident Council meeting minutes, and review of call light audits, the facility failed to provide timely toileting services to dependent residents. This affected one (Resident #24) of three residents reviewed for call light response time. The facility census was 58 residents. Findings include: Review of the medical record for Resident #24 revealed an admitted [DATE] with diagnoses including orthopedic after care, surgical repair on spine, and hypertension. Review of the admission Minimum Data Set (MDS) assessment for Resident #24 dated 08/02/24 revealed the resident was cognitively intact and required limited assistance with activities of daily living (ADLs.) Interview on 08/05/24 at 10:00 A.M. with the Administrator confirmed resident call lights should be answered within a reasonable time frame but did not indicate an expectation of minutes within which staff should respond. The Administrator confirmed the facility completed call light audits from 07/23/24 to 07/29/24 as a response to an Ombudsman concern and Resident Council concerns with response times ranging from five to 19 minutes. The Administrator confirmed the facility did not have a call light policy and was unsure if 19 minutes was an acceptable wait time. Observation on 08/05/24 at 10:55 A.M. revealed Resident #24's call light was ringing from 10:55 A.M. until 11:09 A.M. without staff response. There were two nurses including Licensed Practical Nurse (LPN) #15 seated at the nursing desk adjacent to Resident #24's room while the call light was ringing, but they did not respond. At 11:09 A.M. State tested Nursing Assistant (STNA) #2 answered the ringing call light in Resident #24's room. Interview on 08/05/24 at 11:11 A.M. with LPN #15 confirmed Resident #24's call light had been ringing for approximately 15 minutes. LPN #15 did not indicate why she did not answer the call light or if the wait time of 15 minutes was acceptable or not. Interview on 08/05/24 at 2:01 P.M. with STNA #2 confirmed she answered call lights to the best of her ability and as quickly as possible and sometimes it took 10 minutes or longer. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365694	A. Building B. Wing	08/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Signature Healthcare of Chillicothe	60 Marietta Road Chillicothe, OH 45601

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 08/06/24 at 9:30 A.M. with Resident #45 confirmed she needed staff assistance with the bed pan. Resident #45 did not know what day, but stated she recently put her call light on and waited 25 minutes but was incontinent because staff did not respond promptly to the call light. Interview 08/06/24 at 2:20 P.M. with Resident #24 confirmed he had waited 15-20 minutes for the staff to assist him with going to the toilet on the morning of 08/05/24. Resident #24 stated it was not the first time and that staff frequently took over 15 minutes to respond to a call light. Interview on 08/06/24 at 2:45 P.M. with the Assistant Director of Nursing (ADON) confirmed the expectation of the facility and administration was that everyone answered call lights. The ADON confirmed the nurses were expected to answer call lights not just the STNAs. Review of the Resident Council Meeting minutes dated 06/12/24 revealed residents complained it was taking staff too long to answer the call lights. Review of the call light audits completed by the Administrator dated 07/23/24 to 07/29/24 as a response to Ombudsman concern and Resident Council concern revealed call light response times ranged from five minutes to 19 minutes. This deficiency represents noncompliance investigated under Complaint Number OH00155464.