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	09/16/2024

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** 42728 Based on medical record review, observation, staff interview, and review of facility policy, the facility failed to ensure toileting assistance was provided in a timely manner to a dependent resident. This affected one (Resident #57) of three residents reviewed for activities of daily living (ADL) care. The facility census was 72 residents. Findings include: Review of the medical record for Resident #57 revealed an admitted [DATE] with diagnoses including dementia, need for assistance with personal care, and difficulty walking. Review of the admission Minimum Data Set (MDS) assessment for Resident #57 dated 09/04/24 revealed the resident had moderately impaired cognition, was dependent upon staff for transfers to the toilet, and was occasionally incontinent of bowel and bladder. Review of the care plan for Resident #57 dated 08/28/24 revealed the resident had a self-care deficit related to impaired physical functioning and medical conditions as evidenced by the need for staff assistance for adequate completion of ADLs. Interventions included staff provide hands-on assistance to the resident for completion of ADLs, including toileting. Observation on 09/13/24 at 9:55 A.M. revealed Resident #57 was overheard crying in her room. State tested Nursing Assistant (STNA) #105 entered the resident's room and asked the resident what was wrong. Resident #57 replied she really had to use the bathroom. STNA #105 told the resident she would get help and then return to help the resident. Resident #57 told the STNA she did not know if she could wait. STNA #105 then told Resident #57 to use the bathroom in the resident's incontinence brief and the STNA would clean her up later. STNA #105 exited the room. Observation on 09/13/24 at 10:07 A.M. revealed Resident #57 was overheard crying in her room asking for someone to help her. Interview on 09/13/24 at 10:07 A.M. with Resident #57 confirmed she really needed to use the bathroom, and she had been crying for staff to come and help her. Observation on 09/13/24 at 10:10 A.M. revealed STNA #105 reentered Resident #57's room and asked the resident if she still needed to use the restroom, and the resident replied yes. Resident #57 continued to cry out for help until STNA #105 returned at 10:15 A.M. (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: 365694	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER: Signature Healthcare of Chillicothe		STREET ADDRESS, CITY, STATE, ZIP CODE: 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	Observation on 09/13/24 at 10:15 A.M. revealed STNA #105 assisted Resident #57 onto the toilet, handed the resident the call light, and instructed the resident to push the call light when she was ready to be assisted off the toilet. Observation on 09/13/24 at 10:21 A.M. revealed Resident #57's roommate, Resident #68, requested STNA #105 to provide incontinence care, because the resident just had a bowel movement. STNA #105 gathered supplies and began to provide incontinence care to Resident #68. Observation on 09/13/24 at 10:24 A.M. revealed Resident #57 remained in the bathroom on the toilet with the door closed. Resident #57 began crying and repeatedly asking for help as STNA #105 assisted Resident #68 with getting dressed. Observation on 09/13/24 at 10:27 A.M. revealed STNA #105 assisted Resident #57 off the commode and into her wheelchair. Interview with STNA #105 on 09/13/24 at 10:29 A.M. confirmed Resident #57 required staff assistance with toileting, and she was unable to provide timely toileting assistance because she had to assist other residents. Review of the facility policy titled Activities of Daily Living dated 09/15/23 revealed the facility staff would provide needed assistance with completion of care for residents who were unable to perform their own ADLs. This deficiency represents noncompliance investigated under Complaint Number OH00157059 and Complaint Number OH00156868.

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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 0755 Level of Harm - Actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42728 Based on medical record review, review of hospital progress notes, staff interview, observation, resident interview, and review of the facility policy, the facility failed to ensure a resident received medication timely and as ordered by the physician. Actual Harm occurred when the facility failed to administer two scheduled doses of Suboxone (a medication used for opioid withdrawal) resulting in Resident #52 experiencing nausea, diaphoresis (sweating), and discomfort and resulted in the resident being transported to the hospital and admitted for opioid withdrawal symptoms. This affected one (Resident #52) of three residents reviewed for medication administration. The facility census was 72 residents. Findings include: Review of the medical record for Resident #52 revealed the resident was admitted on [DATE] with diagnoses including a history of intravenous (IV) drug use. Review of the physician's orders for Resident #52 revealed an order dated 09/12/24 for eight milligrams (mg) of Suboxone every twelve hours for opioid dependence. Review of the Medication Administration Record (MAR) for Resident #52 dated 09/12/24 revealed the staff documented the resident was not administered the evening dose of Suboxone as ordered by the physician. There was no documentation in Resident #52's record regarding the rationale for omission of the evening dose of Suboxone nor was there documentation of physician notification of the missed dose. Review of the MAR for Resident #52 dated 09/13/24 revealed the staff documented the resident was not administered the morning dose of Suboxone as ordered by the physician. There was no documentation in Resident #52's record regarding the rationale for omission of the morning dose of Suboxone nor was there documentation of physician notification of the missed dose. Review of the hospital progress note for Resident #52 dated 09/13/24 revealed the resident presented to the emergency room complaining of withdrawal symptoms due to not receiving scheduled doses of Suboxone at the facility and was admitted to the hospital. The resident was documented to have been receiving Suboxone since May of 2024 for the treatment of substance abuse. Interview with Licensed Practical Nurse (LPN) #200 on 09/13/24 confirmed Resident #52 was admitted during the afternoon on 09/12/24 and had not received scheduled doses of Suboxone on the evening of 09/12/24 or the morning of 09/13/24 due to the medication not being available. Observation on 09/13/24 at 12:40 P.M. of Resident #52 revealed the resident was lying on her left side and was curled into a ball. The resident was sweating and appeared to be uncomfortable. (continued on next page)

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F 0755 Level of Harm - Actual harm Residents Affected - Few	Interview on 09/13/24 at 12:40 P.M. with Resident #52 confirmed she was sweating, nauseous, and very uncomfortable. Resident #52 confirmed she had not received the scheduled doses of Suboxone ordered by the doctor since being admitted to the facility the day prior. The resident stated she had received the last dose of Suboxone in the hospital at 8:00 A.M. on 09/12/24 and did not receive scheduled doses the evening of 09/12/24 or the morning of 09/13/24. The resident stated she believed she was beginning to experience withdrawal symptoms due to missing scheduled medication doses. Telephone interview on 09/13/24 at 1:46 P.M. with Nurse Practitioner (NP) #500 confirmed Resident #52 was likely experiencing withdrawal symptoms due to not receiving scheduled doses of Suboxone on 09/12/24 and 09/13/24. NP #500 confirmed staff should have notified the physician or NP of the medication not being available for administration. Interview on 09/13/24 at 2:05 P.M. with Licensed Practical Nurse (LPN) #20 confirmed Resident #52 had been transferred to the hospital for evaluation due to complaints of nausea, sweating, and not feeling well due to missing scheduled doses of Suboxone. Review of the facility policy titled Medication Administration dated September 2018 revealed medications were to be administered in accordance with written orders of the prescriber. This deficiency represents noncompliance investigated under Complaint Number OH00156868.