

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 22653</p> <p>Based on medical record review, review of shower schedules, and interview, the facility failed to ensure bathing preferences were honored. This affected one (Resident #178) of 14 residents interviewed related to choices.</p> <p>Findings include:</p> <p>Review of Resident #178's medical record revealed diagnoses including left hip fracture, depression, and type two diabetes mellitus. An assessment for Preference for Everyday Living (PELI) dated 10/07/24 revealed it was somewhat important for Resident #178 to choose between a tub bath, shower, bed bath or sponge bath. Resident #178 preferred a tub bath with no preference for bathing time.</p> <p>An admission Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #178 was able to make herself understood and was able to understand others. Resident #178 was assessed as cognitively intact.</p> <p>Review of an Interdisciplinary team (IDT) note dated 10/18/24 revealed Resident #178 required substantial/maximal assistance with bathing.</p> <p>Review of shower schedules revealed Resident #178 was scheduled to receive showers on day shift on Mondays, Wednesdays and Fridays.</p> <p>Review of bathing records revealed Resident #178 received a shower on 10/14/24. There was no evidence of bathing being offered 10/21/24 or 10/25/24. Documentation only revealed bathing activities were offered one day between 10/20/24 and 10/26/24.</p> <p>On 10/21/24 at 3:14 P.M., Resident #178 indicated she preferred to receive bed baths but staff had provided showers instead. Resident #178 stated she was not bathed with the frequency requested and she had been bathed about twice a week.</p> <p>On 10/28/24 at 11:45 A.M., the Director of Nursing (DON) verified she was unable to locate evidence of bathing being offered to Resident #178 on 10/21/25 or 10/25/25 and that documentation revealed Resident #178 did receive one shower.</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:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0561  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 10/28/24 at 7:37 A.M., the DON verified residents had the right to choose the type of bath they received. The DON verified Resident #178 preferred bed baths.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28704</p> <p>Based on medical record review, policy review and interview, the facility failed to ensure advanced directives were accurate. This affected one (#59) of 24 residents reviewed for advanced directives. The census was 75.</p> <p>Findings include:</p> <p>Medical record review revealed Resident #59 was admitted on [DATE] with diagnoses including cerebral infarction. Review of the medical record revealed no Advanced Directive form for review.</p> <p>Review of the Baseline Care Plan (dated [DATE]) revealed Resident #59 was a Full Code (a medical directive that indicates that a resident should receive all possible medical care to save their life in the event of a medical emergency).</p> <p>Review of Nurse Practitioner #901's History and Physical (dated [DATE]) revealed Resident #59 was a Full Code.</p> <p>Review of the electronic medical record, including the Physician Orders as of [DATE], indicated Resident #59 was a DNR-CCA (Do-Not-Resuscitate Comfort Care Arrest which is a medical abbreviation that allows residents to receive aggressive interventions to extend their life until they experience cardiac or respiratory arrest. After the cardiac or respiratory arrest, the resident will only receive comfort care).</p> <p>On [DATE] at 12:39 P.M., interview with Assistant Director of Nursing (ADON) #541 stated Resident #59 was a full code and had been out to the hospital many times. ADON #541 stated there should be a signed code status in the chart and staff were to go to the hard chart to verify code status prior to initiation of cardiopulmonary resuscitation (CPR), but the code status was also in the electronic physician orders. ADON #541 verified Resident #59's physician orders indicated Resident #59 was a DNR-CCA but the medical record did not contain an advanced directive form indicating the resident was a DNR-CCA status.</p> <p>On [DATE] at 3:23 P.M., interview with ADON #541 stated Resident #59's family did request to change the resident's code status on [DATE] to a DNR-CCA; however, the Ohio Advanced Directive paperwork had not yet been signed by the physician or family. ADON #541 verified until the physician signed DNR paperwork was in the resident's chart, the resident's code status would be a Full Code.</p> <p>Review of the PT (Physical Therapy) Evaluation and Plan of Treatment (dated [DATE]) revealed Resident #59 code status was a Full Code.</p> <p>As of [DATE], review of the medical record revealed no documented evidence of a signed Ohio Advanced Directive.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the policy: Advanced Directive Guidance (revised [DATE]) revealed all residents without advanced directives will be treated as Full Codes. If the resident wants to decide their advanced directives after speaking to the nurse, physician, or advanced nurse practitioner, a nurse or social service will initiate an Ohio Advanced Directive form with the resident signature. If the resident is unable to sign, the appointed resident representative may sign. The Ohio Advanced Directive form will need to be fully executed by the resident's physician, then a nurse will obtain a physician order following the advanced directive wishes of the resident. The advanced directive order will be entered into the resident's electronic health record. The advanced directive physician's order in the electronic health record will be the primary source the nurses will follow during a code blue situation. This can be found immediately when accessing the resident's electronic record. The Director of Nursing or designee will be responsible for reporting on auditing and managing each Ohio Advanced Directive fully executed form with each resident's advanced directive physician's order.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32801</p> <p>Based on record review and interview the facility failed to ensure comprehensive information was conveyed to the receiving health care provider and documented as such in the medical record. This affected one (Resident #52) of two residents reviewed for hospitalization .</p> <p>Findings included:</p> <p>Record review revealed Resident #52 was initially admitted to the facility on [DATE] with diagnosis including metabolic encephalopathy, urinary tract infection, Parkinson's disease, cognitive communication deficit, attention and concentration deficit, dementia, major depression, anxiety, and benign prostatic hyperplasia without lower urinary tract symptoms.</p> <p>Review of Resident #52's census tab from 06/01/24 to 10/18/24 revealed the resident was transferred and admitted to the hospital on 06/13/24, 08/11/24, 09/26/24, and 10/13/24. The resident was transferred to the hospital on 09/06/24, however was not admitted to the hospital and returned to the facility.</p> <p>Further review of Resident #52's medical record revealed no documented evidence all the required information (including but not limited to physician contact information, resident representative contact information, advanced directives (code status), all special instructions and/or precautions for ongoing care, as appropriate; and all other information necessary to meet the resident's needs) was documented and conveyed to the receiving provider for the hospital transfers that occurred on 06/13/24, 08/11/24, 09/06/24, 09/26/24, and 10/13/24.</p> <p>Interview on 10/29/24 at 7:48 A.M., with Registered Nurse (RN) #714 confirmed there was no documented evidence all the required information was conveyed to the hospital on 06/13/24, 08/11/24, 09/06/24, 09/26/24, and 10/13/24. The RN reported the facility has an assessment tool/form that staff were to complete with each transfer with all the required information, however the staff did not complete the assessment form for 06/13/24, 08/11/24, 09/06/24, 09/26/24, or 10/13/24 transfers.</p> <p>Interview on 10/29/24 at 9:42 A.M. with RN #714 confirmed the facility did not have a policy or procedure for transfer, however the facility would follow the regulation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32801</p> <p>Based on record review, observation, and interview the facility failed to ensure Minimum Data Set (MDS) assessments were completed accurately. This affected four (Resident #11, #30, #52, and #53) of 27 records reviewed.</p> <p>Findings included:</p> <p>1. Record review revealed Resident #30 was admitted to the facility on [DATE] with diagnoses including encephalopathy, sequelae of cerebral infarction, hemiplegia and hemiparesis, aphasia, and depression. There was no evidence the resident diagnoses list included contractures.</p> <p>Review of Resident #30's Physical Therapy (PT) notes dated 01/22/24 revealed the resident had function limitation of the knee, hip, and ankle on the right lower extremity due to contractures.</p> <p>Review of Resident #30's range of motion (ROM) assessment dated [DATE] revealed the resident had had full loss of voluntary movement of the legs including hip and knee, foot including ankle and toes on one side of the body.</p> <p>Review of Resident #30's current plan of care revealed the resident was at risk for decline in current status for range of motion and contracture development, however, did not indicate the resident had range of motion impairment or contractures or location of impairments.</p> <p>Review of Resident #30's MDS dated [DATE] revealed the resident had limited range of motion one side of the upper extremity and impairment on both sides of the lower extremity.</p> <p>Observation on 10/22/24 at 11:11 A.M. and 10/24/24 at 8:15 A.M. of Resident #30 revealed no evidence of limited range of motion to the lower extremities.</p> <p>Interview on 10/24/24 at 11:24 A.M. and 12:07 P.M., with Registered Nurse (RN) #714 revealed the nurse re-assessed Resident #30's lower extremity range of motion (ROM) and there was only impairment on the right lower extremity. The resident has contractures in the right knee and foot, and limited range of motion in the right hip. The left lower extremity had no limited range of motion. RN #714 reported she will have MDS correct the MDS dated [DATE] to reflect limited range of motion to one side of the lower extremity not both sides.</p> <p>2. Record review revealed Resident #52 was admitted to the facility on [DATE] discharged home on 07/28/23 and readmitted [DATE] with diagnosis including metabolic encephalopathy, urinary tract infection, Parkinson's, aphasia, cognitive communication deficit, obstructive and reflux uropathy, malignant neoplasm of prostate, sleep terrors, attention and concentration deficit, dementia, major depression, anxiety, spinal stenosis, lower back pain, gastro-esophageal reflux disease, hyperlipidemia, hypertension, pulmonary embolism, constipation, and benign prostatic hyperplasia without lower urinary tract symptoms. There was no evidence hip fracture was listed on the diagnoses list.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #52's progress note dated 10/25/23 revealed the resident had complaints of hip pain and an x-ray confirmed a hip fracture. The resident was transported to the emergency room for treatment.</p> <p>Review of Resident #52's hospital note dated 10/26/23 revealed the resident had a left hip fracture.</p> <p>Review of Resident #52's MDS dated [DATE] revealed no evidence of a fall with a major injury.</p> <p>Interview on 10/22/24 at 3:46 P.M., with RN #714 confirmed Resident #52 had a fall with fracture on 10/22/23.</p> <p>Interview on 10/28/24 at 2:25 P.M., with RN #900 confirmed the MDS dated [DATE] was inaccurate and didn't reflect the fall with major injury that occurred on 10/22/23 and she would modify the MDS to capture the fall with major injury.</p> <p>3. Record review revealed Resident #53 was admitted to the facility on [DATE] with diagnoses including low back pain, cervical disc disorder, falls, dementia, weakness, and impaired mobility.</p> <p>Review of Resident #53's orders and medication records dated 07/11/24 to 10/24/24 revealed the Resident had been receiving a Lidoderm patch 5% to back topically every day for pain since admission (07/11/24).</p> <p>Review of Resident #53's current plan of care revealed the resident was at risk for pain related to low back pain and generalized discomfort.</p> <p>Review of Resident #53's MDS dated [DATE] revealed the Resident was not on a scheduled pain medication regimen.</p> <p>Interview on 10/28/24 at 8:34 A.M., with RN #517 confirmed the resident receives a pain patch every morning for back pain.</p> <p>Interview on 10/28/24 at 10:44 A.M, with RN (MDS nurse) #900 confirmed the MDS was marked inaccurate due to the resident was on pain management (Lidoderm Patch) daily for pain control since admission. RN #900 reported she would modify the MDS to reflect the resident was on a scheduled pain regimen.</p> <p>28704</p> <p>4. Medical record review revealed Resident #11 was admitted on [DATE] with diagnoses including non-traumatic brain dysfunction and pneumonia.</p> <p>a. Review of the Infection Surveillance Checklist (dated 08/30/24) revealed Resident #11 met criteria for a urinary tract infection (UTI) as of 09/03/24.</p> <p>Review of the Laboratory Report (dated 09/03/24) revealed Resident #11 urine culture revealed greater than 100,000 Klebsiella Pneumoniae (bacteria).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Progress Notes (dated 09/05/24 and 09/06/24) indicated Resident #11 was tolerating treatment with intravenous (IV) antibiotics for a UTI.</p> <p>Review of the Medication Administration Record dated September 2024 revealed Resident #11 received Meropenem (antibiotic) one gram IV twice a day for urinary tract infection between 09/04/24 and 09/17/24.</p> <p>Review of the quarterly MDS 3.0 assessment (dated 09/16/24) revealed Resident #11 did not have a UTI in the last 30 days.</p> <p>Review of the quarterly MDS 3.0 assessment (dated 10/08/24) revealed Resident #11 did not have a UTI in the last 30 days.</p> <p>On 10/28/24 at 3:44 P.M., interview with RN #900 verified the MDS 3.0 assessments (09/16/24 and 10/08/24) were inaccurate as described above for Resident #11.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	

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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28701</b></p> <p>Based on medical record review and staff interview, the facility failed to ensure a discharge summary of a resident stay was completed following discharge from the facility. This affected one (Resident #75) of one residents reviewed for discharge. The facility census was 75.</p> <p>Findings include:</p> <p>Review of Resident #75's medical record revealed an admitted [DATE] with diagnoses that included congestive heart failure, atherosclerotic heart disease, hypertension and hyperlipidemia.</p> <p>Further review of the medical record revealed on 08/16/24 Resident #75 was discharged to the assisted living facility connected to the facility.</p> <p>Review of the discharge summary revealed no evidence of completion by the nursing or dietary departments.</p> <p>On 10/28/24 at 10:41 A.M. interview with the Director of Nursing verified Resident #75's discharge summary was not completed thoroughly.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 - Few</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> 22653</p> <p>Based on observations, medical record review, review of shower schedules and interview, the facility failed to provide hygiene and/or grooming for three (Residents #29, #54, and #73) of 24 residents screened for hygiene/grooming.</p> <p>Findings include:</p> <p>1. Review of Resident #73's medical record revealed diagnoses including metabolic encephalopathy (a condition in which brain function is disturbed by diseases or toxins in the body), Parkinson's disease, fracture of the fourth metacarpal of the left hand, and neurocognitive disorder. A baseline care plan dated 09/18/24 indicated Resident #73 was to be assisted with bathing as needed.</p> <p>An admission Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #73 was usually understood and usually understood others. Resident #73 was assessed as moderately cognitively impaired. No rejection of care was documented. Resident #73 required substantial/maximal assistance with bathing and partial/moderate assistance with personal hygiene.</p> <p>a. The medical record revealed no evidence the resident refused to be shaved in October 2024.</p> <p>Observations on 10/21/24 at 10:40 A.M., on 10/22/24 at 10:54 A.M. and 1:04 P.M., and on 10/23/24 at 8:41 A.M., 12:24 P.M., and 5:25 P.M. revealed Resident #73 was unshaven.</p> <p>On 10/23/24 at 9:14 A.M., Certified Nursing Assistant (CNA) #514 verified Resident #73 was unshaven. CNA #514 reported residents were generally shaved during showers and Resident #73 needed staff to assist with shaving. CNA #514 reported Resident #73 was compliant with care but was unable to state when he last had a shower.</p> <p>b. An assessment for Preference for Everyday Living (PELI) dated 10/22/24 revealed it was very important for Resident #73 to choose between a tub bath, shower, bed bath or sponge bath. Resident #73 preferred a tub bath in the mornings.</p> <p>Review of the shower schedule revealed Resident #73 was on a list for showers/baths every day.</p> <p>Review of shower records since 10/01/24 revealed no evidence showers/baths were offered on 10/05/24, 10/10/24 or 10/21/24.</p> <p>On 10/23/24 at 1:55 P.M., the Director of Nursing (DON) verified there was no documented evidence of baths/shower being offered on 10/05/24, 10/10/24, or 10/21/24.</p> <p>2. Review of Resident #29's medical record revealed diagnoses including anxiety disorder, asthma, chronic obstructive pulmonary disease, osteoarthritis, and type two diabetes mellitus. A baseline care plan dated 10/04/23 indicated Resident #29 needed assistance with bathing and transfers as needed and indicated the use of a mechanical lift for transfers. A physician order dated 09/03/24 revealed Resident #29 had an order for hooyer lifts for all transfers.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	

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 - Few</p>	<p>Review of shower schedules revealed Resident #29 was scheduled to get a shower on dayshift on Mondays and Thursdays.</p> <p>Review of bathing records since 09/01/24 revealed no evidence of showers being offered on 09/23/24, 09/26/24, and 09/30/24.</p> <p>Documentation revealed Resident #29 refused bathing and documented no hoyer batteries on 10/17/24.</p> <p>During an interview on 10/21/24 at 11:56 A.M., Resident #29 reported she was scheduled to receive showers on Mondays and Thursdays. Resident #29 reported she did not receive a shower since 10/14/24 because staff were unable to find a working battery for the mechanical lift. Resident #29's hair had an oily appearance .</p> <p>On 10/23/24 at 8:50 A.M., CNA #597 verified she was assigned to care for Resident #29 on 10/17/24. Resident #29 was willing to take a shower but there was no batteries charged to transfer her. CNA #597 reported a bed bath was offered and refused.</p> <p>On 10/23/24 at 12:00 P.M., the lack of evidence of showers being offered on 09/23/24, 09/26/24 and 09/30/24 was discussed with the DON. No additional information was provided to prove Resident #29 received showers as scheduled/per plan of care.</p> <p>28704</p> <p>3. Medical record review revealed Resident #54 was admitted on [DATE] with diagnoses including Creutzfeldt-[NAME] disease (rare brain disease), diabetes mellitus type-2, anxiety disorder and dementia.</p> <p>Review of the quarterly MDS 3.0 assessment (dated 09/04/24) revealed Resident #54 was severely impaired for daily decision-making.</p> <p>Review of the South Shower list revealed Resident #54 was to receive his showers on Tuesday, Thursday and Sunday on dayshift.</p> <p>Review of the Task: Self-Care Shower/bathe self (assessment reference date 09/13/24) revealed Resident #54 required substantial/maximal assistance on 09/07/24 to complete the task and was dependent on staff completing the task on 09/08/24, 09/09/24, 09/11/24 and 09/12/24.</p> <p>Review of Resident #54's Shower Sheets and Bathing Task (dated August 2024 through October 2024) revealed no documented evidence a bath/shower/hygiene was completed as scheduled on 08/13/24, 09/10/24, 09/15/24, 09/26/24, 09/29/24, 10/01/24 or 10/15/24.</p> <p>On 10/21/24 at 2:28 P.M., observation revealed Resident #54's hair was disheveled and oily. [NAME] hair and dirty fingernails were also observed.</p> <p>On 10/23/24 at 9:01 A.M., interview with CNA #565 verified Resident #54 required assistance and cues with all activities of daily living.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 - Few</p>	<p>On 10/23/24 at 9:35 A.M., interview with Licensed Practical Nurse (LPN) #572 verified bath/shower/hygiene should be done as scheduled and were not completed as scheduled.</p> <p>On 10/23/24 at 9:44 A.M., Resident #54 was observed with facial hair.</p> <p>On 10/24/24 at 7:40 A.M., observation revealed Resident #54 had heavy facial hair stubble.</p> <p>On 10/24/24 at 10:20 A.M., interview with regional Regional Nurse #714 verified there was no evidence Resident #54's showers were completed as required and there was no additional information to provide.</p> <p>Review of the policy: Personal Care (revised August 2023) revealed a shower was typically scheduled twice a week unless the resident request additional showers. A bed bath should be offered or encouraged on days a resident does not get a shower and assist as needed to shave, comb/brush hair etc. If a resident refuses after repeated attempts to shower or bathe, notify the charge nurse.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 - Some</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> 28704</p> <p>Based on observation, medical record review, policy review and interview, the facility failed to identify and address changes in weight, non-pressure skin conditions, and failed to follow physician orders. This affected two (#15 and #43) of two residents with non-pressure skin alterations, one (#35) resident reviewed for change of condition, and one (#3) of five residents reviewed for unnecessary medications. The census was 75.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Medical record review revealed Resident #3 was admitted on [DATE] with diagnoses including hypertension, non-ST elevation myocardial infarction and obsessive compulsive disorder.</li> </ol> <p>Review of the Physician Orders (dated August 2024 and September 2024) revealed the following medications were scheduled to be administered in the A.M. with physician parameters that included to hold the medications if systolic blood pressure (SBP) was below a specific value or if the resident's pulse was less than 60 beats per minute:</p> <ol style="list-style-type: none"> <li>a. Hydralazine 25 milligrams (mg) hold if SBP was less than 100.</li> <li>b. Toprolol Tartrate 25 mg hold if SBP was less than 110.</li> <li>c. Isosorbide Monomitate ER 60 mg hold if SBP less than 110.</li> <li>d. Lisinopril 20 mg hold if SBP less than 110.</li> <li>e. Amlodipine besylate 10 mg hold if SBP less than 110.</li> </ol> <p>Review of the electronic Medication Administration Record (MAR) (dated August 2024) revealed Resident #3's pulse was 55 on the morning of 08/08/24 and her SBP was 100 the morning of 08/11/24. Further review revealed hydralazine, toprolol tartrate, isosorbide monomitate ER, lisinopril and amlodipine besylate were administered during the A.M. medication pass despite the SBP and pulse readings being below the physician ordered parameters.</p> <p>Review of the electronic MAR (dated September 2024) revealed Resident #3's pulse was 58 on 09/24/24 and lisinopril 20 mg was administered.</p> <p>Review of the electronic MAR (dated August, September and October 2024) revealed Resident #3's blood pressure was not checked prior to the administration of hydralazine for the P.M. dose administered between 11:00 A.M. and 2:00 P.M. daily.</p> <p>Review of the care plan: Hypertension (revised 11/09/22) revealed interventions included to give antihypertensive medications as ordered. Monitor for side effects such as orthostatic hypotension and increased heart rate and effectiveness.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 - Some</p>	<p>On 10/23/24 at 11:33 A.M., interview with regional Registered Nurse #714 verified physician parameters were not followed as ordered for Resident #3.</p> <p>2. Medical record review revealed Resident #43 was admitted on [DATE] with diagnoses including pneumonia and hyperlipidemia.</p> <p>Review of the Baseline Care Plan (dated 09/18/24) revealed Resident #43 was at risk for skin alterations and interventions included to reposition frequently, encourage good nutrition and hydration, encourage medication and treatment regimen and keep skin clean and dry.</p> <p>Review of Resident #43's assessments revealed a Skin Check Weekly - V 2 was completed on 10/19/24 with no skin impairments identified.</p> <p>On 10/21/24 at 9:54 A.M., observation of Resident #43 with Laundry #573 revealed a skin tear with active bleeding to the left hand. At the time of the observation, Resident #43 stated he did not know what happened and asked for a band-aid. The surveyor notified Licensed Practical Nurse (LPN) #510 who was standing at her medication cart at the end of the hall.</p> <p>On 10/21/24 at 10:28 A.M., observation revealed the resident's skin tear had dried and fresh blood coming from the left hand. Resident #43 was observed scratching his right forearm.</p> <p>On 10/21/24 at 10:45 A.M., Licensed Practical Nurse #510 was observed exiting Resident #43's room and verified she had just applied a band-aid to the resident's skin tear.</p> <p>On 10/22/24 at 11:04 A.M., observation revealed Resident #43 was sitting up in a straight back chair in his room. Two new circular areas approximately 0.4 centimeters in diameter were observed to the back of his left hand, as well as a linear scab between his left thumb and finger. Resident #43 also had a scant bleeding from an area to the right forearm. Resident #43 stated he did not know what had happened, but his skin did not itch.</p> <p>Review of the medical record revealed no treatment or assessments for the above skin impairments.</p> <p>Review of the progress note dated 10/23/24 at 9:10 A.M. revealed staff went in to assess a new skin area on Resident #43 with the wound nurse practitioner.</p> <p>Review of the care plan: Potential Impairment to Skin Integrity related to weakness and impaired mobility (dated 09/19/24) revealed interventions including avoid scratching, keep hands and body parts from excessive moisture, keep fingernails short, skin clean and dry.</p> <p>On 10/23/24 at 10:28 A.M., interview with regional Registered Nurse #714 verified skin impairments and treatments should be documented in the medical record.</p> <p>On 10/24/24 at 1:37 P.M., interview with the Director of Nursing verified Resident #43's skin impairments were not addressed timely.</p> <p>Review of policy: Wound Care (revised October 2021) revealed guidelines for the care of wounds to promote healing included recording documentation in the medical record of the type of wound care given and the name/title of the individual performing the wound care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 - Some</p>	<p>22653</p> <p>3. Review of Resident #35's medical record revealed diagnoses including cognitive communication deficit, type two diabetes mellitus, chronic respiratory failure, cerebral infarction, anxiety disorder, depression, and atrial fibrillation. On 09/04/24 Resident #35 had a weight of 225.9 pounds recorded. Review of a nursing note dated 09/30/24 at 11:49 A.M. indicated Resident #35 was seen by a nurse practitioner related to cough and chest discomfort. New orders were obtained for a chest x-ray and cardiology consult. An interdisciplinary team note dated 10/03/24 at 1:50 P.M. indicated Resident #35 was reviewed and had a cardiology appointment pending. On 10/10/24, a weight of 256.2 pounds was recorded. There was no further record of a cardiology appointment being made.</p> <p>Review of a dietary note dated 10/10/24 at 11:33 A.M. revealed Resident #35 was having an annual review completed. The note revealed the dietitian reviewed Resident #35 based on the weight obtained 09/04/24. The monthly weight was pending. No recommendations were made.</p> <p>On 10/22/24 at 1:21 P.M., the Administrator verified staff had not identified the significant weight gain until it was addressed by the survey team. The Administrator stated Resident #35 had been re-weighed to determine the accuracy of the 10/10/24 weight and it was determined to be accurate. The physician was notified on 10/22/24. The weight gain was believed to be related to increased caloric intake.</p> <p>A weight recorded on 10/22/24 was 262.3 pounds.</p> <p>On 10/24/24 at 8:53 A.M., Licensed Practical Nurse (LPN) #583 stated there was nothing on the resident calendar for a cardiologist appointment for Resident #35.</p> <p>On 10/24/24 at 8:54 A.M., Certified Nursing Assistant (CNA) #544. the staff responsible to schedule appointments and provide transportation, stated since Resident #35 had the cardiology referral on 09/30/24 she had made a couple referrals but was waiting on a response. CNA #544 stated she had contacted one of the cardiologist's office again the week of 10/13/24 to 10/19/24 and was told to re-fax Resident #35's information but she had not received a response. On 10/24/24 at 9:30 A.M., CNA #544 provided the name of two cardiologists she had contacted but had no documentation of when the attempts had been made. CNA #544 indicated she attempted to contact a different cardiologist after the discussion with the surveyor at 8:54 A.M. and was informed if she faxed the paper work for review, Resident #35 could potentially have an appointment the following week. The faxed information was provided.</p> <p>On 10/24/24 at 10:07 A.M., Registered Nurse (RN) #714 reported there should have been documentation to indicate what attempts were made to schedule a cardiology appointment. CNA #544 was new to the position and there was no documentation regarding what attempts were made and when.</p> <p>On 10/24/24 at 10:45 A.M., Registered Dietetic Technician (DTR) #901 reported he completed Resident #35's annual review on 10/10/24 but monthly weights had not been completed. The electronic health record did not send him an alert when the weight of 256.2 pounds was recorded. Without the alert, he was unaware of the significant weight gain. Without the system alerting him, it could have potentially been three months before another review. DTR #901 was unable to state if anybody but him reviewed weights to review for significant changes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 - Some</p>	<p>On 10/24/24 at 1:45 P.M., CNA #544 revealed a cardiology appointment was made for 10/28/24 at 12:40 P. M.</p> <p>32801</p> <p>4. Medical record review revealed Resident #15 was admitted to the facility on [DATE] with diagnosis including cognitive communication deficit, heart failure, and vascular dementia.</p> <p>Review of Resident #15's risk for skin impairment plan related to fragile skin dated 09/24/24 revealed interventions to avoid scratching and keep hands and body parts from excessive moisture. Keep fingernails short.</p> <p>Review of Resident #15's current orders revealed no evidence of orders to monitor or treat skin alteration on the nose or right outer foot.</p> <p>Observation on 10/21/24 at 10:34 A.M. of Resident #15 revealed the resident had several small open and some small scabbed areas on her nose that were actively bleeding and running down the side of her nose.</p> <p>Observation on 10/22/24 at 11:35 P.M. of Resident #15 with CNA #558, confirmed the resident had open and scabbed areas on her nose and a scabbed area the size of a pea on the right lateral foot. The CNA did not know how the resident obtained the skin alterations. The resident reported she didn't know how she acquired the skin alteration on her nose or foot.</p> <p>Observation on 10/23/24 at 8:08 A.M., of Resident #15 with Registered Nurse (RN) #574 and the visiting wound Nurse Practitioner (NP) #716 revealed they had just noted the skin alteration to the resident's nose this morning. RN #574 and NP #716 confirmed they were not aware or monitoring the areas on the right outer foot area or nose. The NP reported she didn't think the area on the right outer foot was pressure, but may be an abrasion. The resident reported she didn't know how she got the area in her foot when staff inquired. The resident's fingernails were noted to be long, and the resident reported staff had just cleaned them this morning. Observed on the resident's nose was dried blood.</p> <p>Review of Resident #15's progress notes dated 10/01/24 to 10/23/24 revealed no evidence of skin alterations on the nose and right outer foot, until the surveyor had confirmed the areas with Registered Nurse (RN) #574 and NP #716.</p> <p>Review of Resident #15's assessments revealed no evidence of a skin assessment for the skin alteration area on the nose, until surveyor verified with staff.</p> <p>Review of Resident #15's progress note dated 10/23/24 and created at 10:24 A.M., revealed the resident was observed scratching at the top of her nose with her nails. Dried blood was noted under the fingernails. Resident stated I just scratched my nose. The area measured 0.5 centimeters (cm) by 0.1 cm by 0.1 cm. The visiting wound Nurse Practitioner (NP) was in and gave orders to cleanse with normal saline, apply A&amp;D ointment twice daily until healed. The resident aware of orders and nail care provided.</p> <p>Review of skin assessment dated [DATE] at 10:25 A.M. revealed the area to the resident's nose measured 0.5 centimeter (cm) by 0.1 cm by 0.1 cm.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 - Some</p>	<p>Review of a progress note dated 10/23/24 at 12:26 P.M. revealed the resident was observed resting her right foot against the wheelchair. The resident has a 0.4 cm x 0.4 cm abrasion to (the) right lateral foot. The visiting wound NP (was) here and gave orders to cleanse with normal saline, apply foam dressing three times weekly, feet being floated while in bed and heel protectors on while in bed as resident tolerates. Resident aware.</p> <p>Review of skin assessment completed on 10/23/24 at 12:27 PM revealed there was an abrasion on the right lateral foot measuring 0.4 cm by 0.4 cm.</p> <p>Interview on 10/23/24 at 12:41 P.M., with RN #714 confirmed there was no documented evidence staff were monitoring the area on Resident #15's nose or the abrasion on the right outer foot prior to this date. The RN confirmed staff would address the areas today and new orders would be implemented.</p> <p>Review of the facility's policy and procedure titled Wound Care dated 10/2021 revealed to review the resident's care plan to assess for any special needs of the resident. The following information may be recorded in the resident medical record: the type of wound care given, any changes in the resident's condition, all assessment data, any problems or complaints made by the resident related to the procedure. Report other information in accordance with facility policy and professional standards of practice.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32801</b></p> <p>Based on medical record review, observations, interviews, and policy review the facility failed to ensure a decline in pressure ulcer was timely identified and adequately treated. This affected one (Resident #15) of two residents reviewed for pressure ulcers.</p> <p>Findings included:</p> <p>Medical record review revealed Resident #15 was admitted to the facility on [DATE] with diagnosis including cognitive communication deficit, heart failure, and vascular dementia.</p> <p>Review of Resident #15's current plan of care revealed the resident had pressure ulcers (left and right heel) related to mobility, dementia, edema, weakness, and chronic heart failure. Interventions included to monitor, document, and report to physician any changes in skin status (appearance, color, wound healing, signs and symptoms of infection and wound size). Notify nurse immediately of any new areas of skin breakdown noted during bath or daily care.</p> <p>Review of Resident #15's pressure ulcer assessment dated [DATE] revealed the left heel was a stage I (intact skin with non-blanchable redness) measuring 0.4 centimeters (cm) by 0.7 cm and depth was undetermined. The area was consisting of non-blanchable tissue. There were no signs of infection, no pain, no drainage. The peri wound was flesh tone. The area was cleansed with normal saline, and heel floated off the bed. The pressure ulcer was facility acquired.</p> <p>Observation on 10/22/24 at 11:35 P.M. of Resident #15 with Certified Nursing Assistant (CNA) #558 confirmed the resident had a scabbed area the size of a pea on the right heel.</p> <p>Observation on 10/23/24 at 8:08 A.M., of Resident #15 with Registered Nurse (RN) #574 and the visiting wound Nurse Practitioner (NP) #716. revealed the area on the right heel was a stage I and now the right heel was a suspected deep tissue injury (purple or maroon localized area of discolored intact skin or blood-blister). RN #574 confirmed staff had not reported the decline to her. The area measured 0.4 cm by 0.6 cm and depth was undetermined. The area was cleaned with normal saline and a foam dressing applied.</p> <p>Review of Resident #15's pressure ulcer assessment dated [DATE] revealed the facility acquired pressure ulcer to the right heel had deteriorated. The area measured 0.4 cm by 0.6 cm and depth was undetermined. The area was now a suspected deep tissue injury.</p> <p>Review of the facility's policy and procedure titled Wound Care dated 10/2021 revealed to review the resident's care plan to assess for any special needs of the resident. The following information may be recorded in the resident medical record: the type of wound care given, any changes in the resident's condition, all assessment data, any problems or complaints made by the resident related to the procedure. Report other information in accordance with facility policy and professional standards of practice.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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> 32801</p> <p>Based on medical record review, observation, and interviews the facility failed to implement interventions to prevent foot drop/contractures/limited range of motion. This affected two (Resident #30 and #59) of two residents reviewed for mobility/positioning.</p> <p>Findings included:</p> <p>1. Medical record review revealed Resident #30 was admitted to the facility on [DATE] with diagnoses including palliative care, encephalopathy, sequelae of cerebral infarction, hemiplegia and hemiparesis, aphasia, and depression. There was no evidence the resident's diagnoses list included contractures.</p> <p>Review of Resident #30's Physical Therapy (PT) notes dated 01/22/24 revealed the resident had functional limitation of the knee, hip, and ankle on the right lower extremity due to contractures.</p> <p>Review of Resident #30's Occupation Therapy (OT) notes dated 01/20/24 to 01/26/24 revealed gentle passive range of motion (PROM) and stretching was completed to bilateral upper extremities to increase ROM and to decrease the risk for further contractures. A small foam roll/washcloth was placed in resident's hand to increase positioning and to decrease skin breakdown. The OT discharge recommendations included to position in geri chair (a special wheeled chair that can be reclined for comfort) and foam roll to right hand.</p> <p>Review of Resident #30's range of motion (ROM) assessment dated [DATE] revealed the resident had full loss of voluntary movement of the legs including hip and knee, foot including ankle and toes, neck, arms including shoulder and elbow, and hand including wrist and fingers on one side of the body.</p> <p>Review of Resident #30's current plan of care revealed the resident was at risk for decline in current status for range of motion and contracture development, however, did not indicate the resident had range of motion impairment or contractures or location of impairments. In addition, there was no evidence the resident was receiving a range of motion program or splint/device (foam roll) to prevent further decline to the right hand or right lower extremities.</p> <p>Review of Resident #30's Minimum Data Set Assessment (MDS) dated [DATE] revealed the resident had limited range of motion to one side of the upper extremities and impairment on both sides of the lower extremities.</p> <p>Observation on 10/21/24 at 10:18 A.M., 10/22/24 at 11:11 A.M., and 10/24/24 at 8:15 A.M. of Resident #30 revealed the resident's right hand was contracted and there was no evidence an intervention was in place. The resident was in a geri chair during all three observations.</p> <p>Review of Resident #30's tasks dated 09/24/24 to 10/24/24 revealed the resident was to receive floor maintenance for passive range of motion (PROM) to the right upper extremity during dressing and personal care/bathing. Further review revealed no evidence PROM was provided on 09/24/24, 09/26/24, 09/28/24, 09/29/24, 10/05/24, 10/06/24, 10/17/24, 10/19/24, 10/20/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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>Further review of Resident #30's tasks revealed no evidence an intervention was implemented to address the resident limited ROM to the lower extremity.</p> <p>Interview on 10/24/24 at 8:21 A.M., with Certified Nursing Assistant (CNA) #554 confirmed Resident #30 had limited range of motion to the right hand, however she was not aware the resident had any splints/hand guards/etc.</p> <p>Interview on 10/24/24 at 8:21 A.M., with hospice CNA #718 confirmed Resident #30 had a right-hand contracture/limited range of motion and she had observed a hand splint in the resident's room, however she had never seen the splint on the resident.</p> <p>Interview on 10/24/24 at 11:24 A.M. and 12:07 P.M., with Registered Nurse (RN) #714 revealed the nurse re-assessed Resident #30's lower extremity range of motion (ROM) and there was only impairment on the right lower extremity. The resident has contractures in the right knee and foot, and limited range of motion in the right hip. The left lower extremity had no limited range of motion. RN #714 reported she will have MDS staff correct the MDS dated [DATE] to reflect limited range of motion to one side of the lower extremities not both sides. RN #714 also confirmed the staff found a hand roll in the resident's room. The RN had showed the surveyor the hand roll. The hand roll had the residents last name on the label. The resident was receiving hospice services, however she was going to have therapy screen the resident due to, at that time, staff could not get the hand roll in the resident's right hand due to the contracture and she may need some other type of device, however later RN #714 (12:07 P.M.) reported staff were able to get the resident hand open far enough to place the hand roll in her hand. RN #714 reported she was also going to ask therapy to screen the resident's lower right extremity limited range of motion. The RN confirmed there was no program in place for the resident's lower extremity limited range of motion/contractures and there were several days the resident didn't receive PROM to the right hand per the task documentation in the last 30 days.</p> <p>Interview on 10/24/24 11:41 A.M. with Therapy Director (TD) #549 confirmed therapy had recommended a foam roll to Resident #30's right hand for positioning for the contracture and to prevent skin breakdown on 01/22/24.</p> <p>28704</p> <p>2. Medical record review revealed Resident #59 was admitted on [DATE] with diagnoses including cerebral vascular accident, altered mental status, vascular dementia, muscle wasting and atrophy.</p> <p>Review of the hospital Discharge Summary (dated 06/27/24) revealed a physical exam of Resident #59 revealed encephalopathic, left-sided hemiplegia and contractures.</p> <p>Review of the Physical Therapy (PT) Discharge Summary (dated 06/28/24 to 07/11/24) revealed Resident #59 was dependent for all care, did not ambulate and no discharge recommendations were made.</p> <p>Review of the Occupational Therapy (OT) Discharge Summary (dated 06/28/24 to 07/10/24) revealed contracture recommendations included a hand roll to his left hand. OT did not recommend range of motion or restorative nursing services.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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>Review of the quarterly Minimum Data Set 3.0 assessment (dated 08/30/24) revealed Resident #59 was severely impaired for daily decision-making with no functional impairments of the lower extremity (hip, knee, ankle, foot). Functional impairments were noted to one side of the upper extremities.</p> <p>Review of the record revealed no evidence ROM was provided to the upper or lower extremities, or a hand roll was applied to the resident's left hand prior to 10/23/24.</p> <p>On 10/23/24 at 9:01 A.M., interview with CNA #565 revealed Resident #59 did not receive any ROM, splints or hand rolls. CNA #565 stated she did not know of any residents who were receiving restorative programs.</p> <p>On 10/23/24 at 9:45 A.M., observation revealed Resident #59 was positioned in a reclined geri-chair wearing gripper socks and left foot drop was observed. The resident's left hand was in a clinched position with no hand roll observed.</p> <p>On 10/23/24 at 2:24 P.M., interview with the Director of Nursing verified there was no documented evidence of range of motion services or use of the hand roll as recommended by therapy to prevent decline.</p> <p>On 10/23/24 at 2:53 P.M., interview with Director of Rehab (DOR) #549 and Assistant Director of Nursing #541 revealed Resident #59 had an upper extremity contracture and had been on therapy services in June and July 2024. No restorative or ROM program was recommended as staff was to perform ROM with daily ADL's. DOR #549 verified a hand roll was recommended for the resident's left hand and there was no evidence this was being completed. DOR #549 stated nursing had not notified the therapy department of Resident #59's left foot drop and she would complete a screen to see if any recommendations or therapy was needed.</p> <p>On 10/23/24 at 3:16 P.M., interview with ADON #541 stated the facility currently had no restorative programs. ADON #541 stated it was the expectation that ROM was to be completed with ADL care.</p> <p>On 10/23/24 at 4:29 P.M., interview with the DOR #549 stated she found the hand roll in the top drawer of Resident #59's storage. DOR #549 stated the resident was admitted from another facility with the hand roll and just assumed it would be continued. DOR #549 stated after the earlier discussion with the surveyor, she screened the resident and he does have new onset of left foot drop. She was having a PT evaluation completed tomorrow to get an intervention, as well as, implement a program for the hand roll. DOR #549 stated Resident #549 did have a two degree very minimal contracture of the right lower extremity now and will recommend a restorative program to try to prevent further decline.</p> <p>On 10/24/24 at 7:45 A.M., observation revealed Resident #59 was positioned in a geri-chair wearing gripper socks in the lobby of the South hall. The resident's left hand was clinched without a splint or hand roll, and left foot drop was observed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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>Review of the OT Evaluation and Plan of Treatment (dated 10/25/24) revealed left upper extremity contracture management with no significant change noted. Recommendations included to continue the hand roll on left hand four hours on and four hours off, in order to allow for ROM of hand, adequate hygiene and develop/establish wearing schedule. The resident was unable to tolerate ROM/gentle stretch to elbow or wrist without exhibiting pain related behavior. Resident was able to tolerate gentle stretch to digits to apply hand roll with good tolerance noted.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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> 28704</p> <p>Based on observation, medical record review, policy review and interview, the facility failed to ensure fall prevention interventions were in place as ordered and fall investigations were completed after a fall. This affected two (#3 and #54) of four residents reviewed for accidents. The census was 75.</p> <p>Findings include:</p> <p>1. Medical record review revealed Resident #3 was admitted on [DATE] with diagnoses including coronary artery disease, cerebral infarction, hemiplegia, anxiety disorder, depression and obsessive compulsive disorder.</p> <p>a. Review of the general note (dated 07/03/23) revealed a nurse had taken Resident #3 her breakfast tray and observed a dark purple/deep red bruise to her left eye. Resident #3 stated she fell out of bed and hit her face. Education was provided to the resident to utilize her call light and to ask for assistance.</p> <p>Review of the IDT (Interdisciplinary Team) Note dated 07/04/23 revealed Resident #3 reports she had a fall from bed. New intervention was a mat to the floor, on window side of bed.</p> <p>There was no evidence of a comprehensive fall investigation for Resident #3's fall on 07/03/23.</p> <p>Review of the Fall Risk Assessment (dated 08/11/23) revealed Resident #3 was at high risk for falls.</p> <p>b. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment (dated 08/18/24) revealed Resident #3 was moderately impaired for daily decision-making, required partial/moderate assistance with toileting hygiene and toilet transfers, and had one fall since the prior assessment.</p> <p>Review of the Fall Risk Assessment (dated 09/24/24) revealed Resident #3 was at high risk for falls.</p> <p>Review of the Incident &amp; Accident Investigation Form (dated 10/14/24) revealed Resident #3 fell in the bathroom after staff witnessed the resident attempting self transfer in the bathroom. Attempted to help the resident upon the entering room and resident fell . The resident's wheelchair was outside the bathroom and the new intervention implemented was to post a reminder sign on the bathroom door.</p> <p>Review of the general note (dated 10/14/24) revealed Resident #3 was found on the bathroom floor by staff. Resident has impaired memory and was reminded to ask for assistance.</p> <p>There was no evidence a fall risk assessment was completed after the fall on 10/14/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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>Review of the general note (dated 10/15/24) revealed the IDT met to review the resident's fall from 10/14/24. Resident had been taking self to the bathroom, lost her balance and fell . Visual aide to bathroom door to call for assistance was implemented.</p> <p>Review of nurse practitioner #901's monthly progress note (10/15/24) revealed Resident #3 had frequent falls including a fall on 10/14/24. The plan was to continue her current medications, frequent toileting and fall precautions.</p> <p>On 10/21/24 at 9:41 A.M., observation revealed Resident #3 was laying in bed with her eyes closed. The call light was observed on the floor and not within reach.</p> <p>On 10/21/24 at 9:47 A.M., observation revealed Resident #3 was laying in bed awake and stated she was tired. The resident was unable to locate her call light as it was observed on the floor. The above observation was verified by Laundry #573.</p> <p>On 10/21/24 at 2:33 P.M., Resident #3 was observed self-propelling in a manual wheelchair, wearing blue gripper socks. Half of the gripper socks extended past her toes and was folded over. Interview with Licensed Practical Nurse (LPN) #510 verified the above and stated they were stretched out, too big and posed a risk if the resident would attempt to get up without assistance.</p> <p>On 10/22/24 at 11:02 A.M., observation of Resident #3's room revealed no mat could be located in the room, the call light was laying on the floor and there was no sign observed on the bathroom door.</p> <p>On 10/22/24 at 11:30 A.M., observation revealed yellow tape wrapped around the call light cord that was on the floor next to the bed and a sign was posted above the head of the bed stating Have staff present in room while making bed for safety. One floor strip was observed between the bed and wall. The other gripper strip was under the bed. Resident #3's wheelchair was positioned in the doorway of the bathroom, Resident #3 was attempting to get off the toilet per herself. No staff was observed in Resident #3's bedroom or bathroom. Observation of Resident #3's bathroom door revealed no sign was posted.</p> <p>On 10/28/24 at 7:34 A.M., observation revealed a fall mat next to the resident's bed, call light was clipped to her sheets, a red sign was posted on the bathroom door in a clear page protector.</p> <p>On 10/28/24 at 9:52 A.M., interview with regional Registered Nurse #714 stated there was no comprehensive fall investigation for Resident #3's fall that occurred on 07/03/23 for review.</p> <p>Review of the care plan: At Risk for Falls (revised 10/14/24) revealed the resident had impaired mobility and balance, a history of cerebral vascular accident, difficulty walking and osteoarthritis. Interventions included a visual cue on the bathroom door for assistance, ensure the resident's call light was within reach, encourage the resident to use the call light for assistance as needed, nonskid strips to floor between bed and wall, and a sign to remind resident to have staff in room while making the bed for safety.</p> <p>2. Medical record review revealed Resident #54 was admitted on [DATE] with diagnoses including Creutzfeldt-[NAME] disease (a rare brain disease), diabetes mellitus type-2, anxiety disorder and dementia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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>Review of the Incident &amp; Accident Investigation Form dated 01/25/24 revealed Resident #54 was found sitting on the floor on their buttocks with one nonskid sock on and one off. The fall was unwitnessed in his room and the call bell was not within reach.</p> <p>Review of the nurse practitioner progress note (dated 07/16/24) revealed Resident #54 had a recent fall on 06/25/24 and the plan was to monitor for falls and continue current medications/treatment.</p> <p>Review of the care plan: At Risk for Falls related to weakness, confusion, impaired mobility and medications (dated 07/26/24) revealed interventions included to be sure the resident's call light was within reach and encourage the resident to use it for assistance as needed.</p> <p>Review of the quarterly MDS 3.0 assessment (dated 09/04/24) revealed Resident #54 was severely impaired for daily decision-making and had no falls since the last assessment.</p> <p>On 10/21/24 at 10:27 A.M., observation revealed Resident #54 was laying in bed covered with a sheet with his call light on the floor and not within reach. LPN #510 verified the above at the time of the observation.</p> <p>Review of the Fall Policy (revised April 2023) revealed it was the policy to assure proper review of resident fall risk and implementation of interventions to attempt to prevent or reduce falls/accidents and injuries related to falls. Facility staff works with the resident/resident representative to determine risk factors for falls and appropriate interventions that promote independence while reducing the risk of falls/ injuries from falls.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28704</b></p> <p>Based on medical record review, policy review and interview, the facility failed to provide care and services to restore bladder function and treat urinary tract infections (UTI) timely. This affected four (#3, #11, #44 and #52) of four residents reviewed for UTI's, and one (#57) resident reviewed for an indwelling urinary catheter. The census was 75.</p> <p>Findings include:</p> <p>1. Medical record review revealed Resident #3 was admitted on [DATE] with diagnoses including cerebral infarction and a history of urinary tract infections.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #3 was moderately impaired for daily decision-making and had no urinary infections within the last 30 days.</p> <p>Review of the progress note (dated 03/02/24 at 1:03 P.M.) revealed Resident #3 complained of burning with urination and a foul smelling odor (with urination). Nurse Practitioner (NP) #901 ordered a urinalysis and culture to be obtained on 03/04/24. No progress notes were documented on 03/03/24. On 03/04/24, NP #901 documented the resident had also developed suprapubic tenderness and the plan was to obtain a urinalysis/culture and encourage clear fluids. No progress notes were documented on 03/05/24. On 03/06/24, NP #901 documented Resident #3 was incontinent, had dysuria (painful urination), urinary frequency, and suprapubic tenderness. The urine culture result was received indicating an infection with Escherichia Coli (e-coli) and Resident #3 was started on Macrobid (antibiotic).</p> <p>Review of the Urinalysis/Culture Urine Report revealed Resident #3's urine was collected on 03/04/24 at 12:00 A.M., and the urine specimen was received at the laboratory on 03/04/24 at 12:24 P.M. The urine culture result was reported on 03/06/24 at 2:54 P.M</p> <p>On 10/28/24 at 10:37 A.M., interview with Assistant Director of Nursing (ADON) #541 verified Resident #3 developed urinary symptoms on 03/02/24 (Saturday) and the urinalysis/culture was ordered not to be obtained until 03/04/24. ADON #541 stated labs can be sent out for analysis any day of the week and resident concerns over the weekend are addressed with NP #901 on Monday mornings. ADON #541 stated NP #901 saw the resident on 03/04/24 and treatment was initiated once the urine culture result was received. The ADON was unable to provide any additional information to support why the urinalysis was ordered to be obtained on a Monday and not the weekend resulting in delay in treatment for a symptomatic UTI.</p> <p>2. Medical record review revealed Resident #11 was admitted on [DATE] with diagnoses including non-traumatic brain dysfunction and pneumonia.</p> <p>Review of the care plan: Bladder incontinence related to impaired mobility and overactive bladder (dated 05/06/24) revealed interventions including to monitor/document signs and symptoms of UTI , altered mental status, changes in behavior, and notify physician if foul odor or cloudy urine was observed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Infection Surveillance Checklist (dated 08/30/24) revealed Resident #11 met criteria for a urinary tract infection (UTI) as of 09/03/24.</p> <p>Review of the Laboratory Report (dated 09/03/24) revealed Resident #11's urine culture revealed greater than 100,000 colony forming units (cfu) per milliliter of urine with the bacteria, Klebsiella Pneumoniae. (clean catch samples that are properly collected, cultures with greater than 100,000 cfu per ml of one type of bacteria usually indicates infection).</p> <p>Review of the progress notes (dated 09/05/24 and 09/06/24) indicated Resident #11 was tolerating treatment with intravenous (IV) antibiotics for a UTI.</p> <p>Review of the Medication Administration Record (MAR) (dated September 2024) revealed Resident #11 was ordered to receive meropenem (antibiotic) one gram IV twice a day for urinary tract infection between 09/04/24 and 09/17/24. Further review of the record revealed no evidence IV meropenem was administered as ordered on 09/05/24 (one dose), 09/06/24 (two doses) or 09/08/24 (one dose).</p> <p>Review of the MAR (dated October 2024) revealed Resident #11 was ordered to receive meropenem one gram IV three times a day for a UTI between 10/10/24 and 10/20/24. Further review of the record revealed no evidence IV meropenem was administered as ordered on 10/17/24 (one dose) or 10/19/24 (two doses).</p> <p>On 10/23/24 at 7:58 AM interview with ADON #541 verified Resident #11's medical record did not indicate all IV antibiotics were administered to treat his UTI. ADON #541 stated she believed the nursing staff did administer the IV but they did not document it on the MAR. ADON #541 verified medications were to be documented at the time of administration and this was not done. ADON #541 also stated there was a progress note in the electronic record indicating the administration of IV antibiotics; however, this note did not indicate the actual administration of the medication but how the resident was tolerating the antibiotic use.</p> <p>3. Medical record review revealed Resident #44 was admitted on [DATE] with diagnoses including dementia, diabetes mellitus, impaired balance and history of fractures.</p> <p>Review of the significant change in status Minimum Data Set (MDS) 3.0 assessment (dated 07/18/24) revealed Resident #44 was occasionally incontinent of urine and frequently incontinent of bowel with no toileting programs.</p> <p>Review of the care plan: Bladder and Bowel Incontinent related to impaired mobility (revised 07/26/24) revealed interventions including to assist with being clean, dry and comfortable with briefs, assist with toileting as needed, monitor for signs of an UTI, and apply skin protectant to perineum and buttocks. There was no evidence of a toileting program or type of bladder incontinence identified in the care plan.</p> <p>Review of the quarterly MDS 3.0 assessment (dated 09/04/24) revealed Resident #44 was cognitively intact for daily decision-making and was always continent of bowel and bladder with no toileting program.</p> <p>Review of the Bowel &amp; Bladder Assessment -V 3 (dated 10/07/24) revealed Resident #44 was always continent of bowel and bladder with no toileting program.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Task: Bowel and Bladder Continence/Frequency (dated 09/29/24 to 10/27/24) revealed Resident #44 was incontinent of bowel on 10/07/24 and 10/21/24, and was incontinent of bladder on 10/21/24 and 10/24/24.</p> <p>Review of the record revealed no evidence interventions were implemented to restore bladder and bowel function after incontinence episodes on 10/07/24, 10/21/24 and 10/24/24.</p> <p>On 10/22/24 at 8:18 A.M., interview with Licensed Practical Nurse (LPN) #536 revealed Resident #44 did have episodes of incontinence, she did not know what type of incontinence the resident had and was unaware of any interventions currently in place to restore bladder function. LPN #536 stated the aides check everyone for incontinence and she would have to ask her supervisor who was responsible for completing those types of assessments, as she primarily administers medications.</p> <p>Observations of Resident #44 on 10/22/24 at 10:52 A.M., on 10/24/24 at 7:52 A.M., and on 10/28/24 at 7:30 A.M. revealed no signs of incontinence.</p> <p>On 10/28/24 at 8:50 A.M., interview with Assistant Director of Nursing #541 verified there was no assessment to identify the type of bladder incontinence or interventions implemented to restore continence for Resident #44.</p> <p>On 10/28/24 at 10:15 A.M., interview with Registered Nurse #900 stated currently there were no toileting programs in the facility. When a decline was noted, an assessment would be completed and staff were expected to prompt the resident frequently; however, there was nothing documented regarding this. RN #900 stated she had not been informed about Resident #44's incontinence and she works primarily offsite which makes it difficult at times to be aware of everything going on. RN #900 verified a new bowel and bladder (B&amp;B) assessment should have been completed since there was a change in continence status to try to determine why the resident was incontinent and what interventions could be implemented to restore function.</p> <p>On 10/29/24 at 9:32 A.M., interview with Certified Nursing Assistant (CNA) #565 and CNA #650 revealed the facility does not have restorative programs for toileting, all residents are checked every two hours for incontinence and incontinence care provided. CNA #565 and #650 stated there were a lot of dependent residents on the South Hall and it sometimes gets very busy but everyone does get checked.</p> <p>Review of the policy: Bowel and Bladder (B&amp;B) Management (dated 2018) revealed the intent was to help the resident maintain or improve B&amp;B incontinence for their quality of life. Actions included to complete a B&amp;B assessment upon admission, readmission, significant change and on a quarterly basis. Appropriate interventions shall be put in place when appropriate and may include: assistive devices will be utilized as appropriate, encourage to utilize or assist the resident to the bathroom at strategic periods of the day for that resident i.e. of need if resident is frequently incontinent of B&amp;B and does not have the cognitive ability to follow directions, nursing will anticipate the need to void and assist the resident to bathroom more frequently. Therapy screen for bladder exercises and e-stimulation and incontinence care will be provided during repositioning.</p> <p>32801</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Medical record review revealed Resident #52 was admitted to the facility on [DATE] with diagnosis including indwelling urinary catheter, metabolic encephalopathy, urinary tract infection, Parkinson's, cognitive communication deficit, obstructive and reflux uropathy, malignant neoplasm of prostate, dementia, major depression, anxiety, constipation, and benign prostatic hyperplasia without lower urinary tract symptoms.</p> <p>Review of Resident #52's MDS dated [DATE] revealed the resident had an indwelling urinary catheter.</p> <p>Review of Resident #52's current plan of care revealed the resident had an indwelling (urinary) catheter related to outlet obstruction. Intervention included to monitor/record/report to physician for signs and symptoms of urinary tract infections (UTI): pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, and change in eating patterns.</p> <p>a. Review of Resident #52's urine culture results dated 05/29/24 and reported on 05/31/24 revealed the resident's urine culture grew greater than 100,000 cfu/ml of pseudomonas aeruginosa (bacteria). The antibiotic imipehem-cilastatin was sensitive (the bacteria identified in the sample are likely to be effectively killed or inhibited by that specific antibiotic). There was a handwritten note dated 06/03/24 (three days after the results were reported) to start imipehem-cilastatin 500 mg IV every six hours for five days.</p> <p>Review of Resident #52's orders and Medication Administration Record (MAR) dated 06/2024 revealed on 06/04/24 the resident was started on imipehem-cilastatin (antibiotic) 500 milligrams (mg) intravenously every six hour for five days for a urinary tract infection (UTI). There was no evidence the last dose was administered on 06/09/24 at 6:00 A.M. The note indicated the medication was not available.</p> <p>Review of Resident #52's medical record revealed no evidence the provider was notified the last dose of imipehem-cilastatin was not administered.</p> <p>Further review revealed the resident was hospitalized from 06/13/24 to 06/21/24 for sepsis, not secondary to UTI, encephalopathy, anemia, depression, gastric reflux disease, hyperlipidemia, hypertension, and Parkinson's disease.</p> <p>Interview on 10/29/24 at 7:40 A.M., with Registered Nurse (RN) #714 confirmed Resident #52 did not receive the last dose of imipehem-cilastatin on 06/09/24 due to it was not available to be administered and there was no evidence the provider was notified the last dose was not administered.</p> <p>b. Review of Resident #52's orders and Medication Administration Record (MAR) dated 06/2024 revealed on 06/21/24 (date resident returned from hospital) the resident was ordered Zosyn (antibiotic) 4.5 grams intravenously every six hour for 12 days for UTI. There was no documented evidence the medication was administered at 6:00 P.M. on 06/21/24, 06/24/24, and 06/26/24 and midnight on 06/22/24 nor was there evidence the medication was extended to cover the missed doses to ensure the resident received 12 days of the antibiotics.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #52's medical record revealed no evidence the provider was notified of the missing doses.</p> <p>Interview on 10/29/24 at 7:40 A.M., with RN #714 confirmed the resident did not receive Zosyn on 06/21/24, 06/24/24, and 06/26/24 at 6:00 P.M. and midnight on 06/22/24. The RN reported on the 06/21/24 the resident would have not received it because he didn't arrive to the facility until 3:46 P.M. and the facility would have not had the medication at that time. On 06/22/24 staff had documented the medication was not available and 06/24/24 and 06/26/24 there were no notes indicating why the medication was not administered. RN #714 confirmed there was no documented evidence the provider was notified of the missed doses nor was the medication extended to account for the missing doses.</p> <p>c. Review of Resident #52's orders and Medication Administration Record (MAR) dated 06/2024 revealed on 06/22/24 the resident was ordered Macrobid 100 mg twice daily for five days for UTI. There was no evidence the Macrobid was administered on 06/22/24 at 8:00 P.M., nor was the order extended to ensure the resident received five full days of Macrobid.</p> <p>Review of Resident #52's medical record revealed no evidence the resident's provider was notified the resident didn't receive Macrobid on 06/22/24.</p> <p>Interview on 10/29/24 at 7:40 A.M., with RN #714 confirmed the resident did not receive Macrobid on 06/22/24 due to the medication was not available. The RN also confirmed there was no documented evidence the provider was notified nor was the order extended to cover the missing dose.</p> <p>d. Review of Resident #52's urine culture dated 08/30/24 and resulted on 09/02/24 revealed the resident urine culture grew greater than 100,000 cfu/ml pseudomonas aeruginosa (bacteria). There as documentation on the culture report dated 09/02/24 at 5:06 P.M. from lab to call the nursing home due to the resident had a UTI and may need intravenous antibiotics. An additional note dated 09/03/24 at 11:25 A.M., revealed the lab called the nursing facility to ensure the facility could administer intravenous therapy and notify the facility of the results.</p> <p>Review of Resident #52's orders and MAR dated 09/2024 reveled the resident was ordered cefdinir 300 mg twice daily by mouth (not intravenous per labs recommendation) on 09/03/24, however not administered until 8:00 P.M., 09/04/24 then it was discontinued and switched to meropenem one gram intravenously every eight hours for 21 doses on 09/05/24 at 4:00 P.M.</p> <p>Interview on 10/29/24 at 7:40 A.M., with RN #714 confirmed there was a delay in treatment due to the laboratory never called report to the facility until 09/03/24. The RN confirmed the provider prescribed cefdinir which was not an appropriate antibiotic, however the following day another provider reviewed the results and changed the antibiotics to intravenous and an appropriate medication per the culture results recommendation.</p> <p>Review of the facility's policy titled Administration and documentation of medication undated revealed the facility policy was to ensure every resident received medication by a licensed nurse as prescribed by a licensed physician or other healthcare provider legally permitted to prescribe medication, safely, properly, and in a timely manner, and that medication shall be accurately and completely documented.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Record review revealed Resident #57 was admitted to the facility on [DATE] with diagnoses including acute kidney disease, cognitive communication deficit, need assistance with personal care, obstructive and reflux uropathy, hydronephrosis, retention of urine, benign prostatic hyperplasia with lower urinary tract symptoms, intellectual disabilities, and ileus.</p> <p>Review of Resident #57 MDS dated [DATE] revealed the resident had an indwelling urinary catheter.</p> <p>a. Observation on 10/21/24 at 2:02 P.M. and 2:20 P.M., and 10/23/24 at 12:52 P.M., of Resident #57 revealed the resident was sitting in a recliner and his urinary catheter was hanging from a trash can (which was shared with the roommate) that was filled with trash. The urinary catheter was also noted to be touching the floor.</p> <p>Review of the Resident #57's current plan of care for enhanced barrier precautions revealed the resident preferred to have catheter bag hung from the trash can for comfort.</p> <p>Interview and observation on 10/23/24 at 12:53 P.M. with Licensed Practical Nurse (LPN) #583 confirmed the resident's urinary catheter bag was hanging from a dirty trash can and it was touching the floor.</p> <p>Interview on 10/23/24 at 2:30 P.M., with the Infection Preventionist (IP) #541 revealed the resident's care plan did indicate the resident requested to have the catheter bag hung from the trash can, however the trash can should not have trash in it, and it should not be touching the floor. Staff should place a barrier between the catheter bag and the floor. The IP reported she didn't know if the facility had attempted to hang the catheter bag from anything else other than the trash can for the resident's comfort.</p> <p>Interview on 10/23/24 at 3:00 P.M., with Certified Nursing Assistant (CNA) #597 and #528 confirmed Resident #57 catheter bag should not be placed in the dirty trash can be due to there was only one trash can in the room for both residents to use. The CNAs reported they should have got a basin and placed the catheter bag in the basin.</p> <p>Interview on 10/24/24 at 11:25 A.M., with Registered Nurse (RN) #714 revealed the facility purchased a separate trash can and labeled it not for use for trash so the resident could hang his catheter bag from that trash can to prevent contamination.</p> <p>b. Review of Resident #57's urine culture results dated 06/30/24 revealed the urine culture had three or more bacterial isolated and suggest recollecting urine specimen to conclusively evaluate the resident's urine culture results.</p> <p>Review of Resident #57's medical record revealed no evidence the urine was recollected; however, the resident was treated with Macrobid 100 mg twice daily for seven days for a UTI per the Medication Administration records from 07/01/24 to 07/08/24.</p> <p>Review of Resident #57 McGeer criteria form dated 06/30/24 revealed the resident did not meet criteria for treatment using an antibiotic. A handwritten note indicated the resident had a fall and it was discussed with the provider and to continue antibiotic series.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 10/24/24 at 4:31 P.M., with IP #541 confirmed the resident did not meet criteria for treatment on 06/30/24 and the urine was not re-collected to ensure the resident was treated with the correct antibiotic.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>22653</p> <p>Based on medical record review and interview, the facility failed to ensure weekly weights were monitored for a resident who had significant weight loss. This affected one (Resident #73) of two residents reviewed for nutrition.</p> <p>Findings include:</p> <p>Review of Resident #73's medical record revealed diagnoses including Parkinson's disease, muscle wasting, neurocognitive disorder, and gastroesophageal reflux disease. A weight of 189.4 pounds was recorded on 09/20/24. A weight of 179.2 was recorded on 10/09/24 and 10/10/24.</p> <p>Review of a weight change note dated 10/10/24 at 12:49 P.M. indicated Resident #73 had a significant weight loss of 5% (10.2 pounds) in one month. Weight loss was likely due to fluid shifts from resolving edema. The note indicated Resident #73 would be added to the weekly weight list.</p> <p>No additional weights were located.</p> <p>On 10/23/24 at 12:30 P.M., Registered Nurse (RN) #541 provided a list of weekly weights dated 10/14/23 in which Resident 73's weight was recorded as 180.4. RN #541 verified the weight had been obtained on 10/23/24 as she was unable to locate a weight since 10/10/24.</p> <p>On 10/24/24 at 10:45 A.M. Registered Dietary Technician (DTR) #902 stated residents on weekly weights were reviewed every Thursday. DTR #902 was unable to provide an explanation regarding why Resident #73's lack of a weekly weights was not identified/addressed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32801</p> <p>Based on medical record review, observation, interview, policy review and manufacturer guideline review the facility failed to ensure oxygen was administered per orders and respiratory equipment was stored properly. This affected two (Resident #15 and #229) residents of four residents reviewed for respiratory care.</p> <p>Findings include:</p> <p>1. Record review revealed Resident #15 was admitted to the facility on [DATE] with diagnosis including heart failure, asthma, and anxiety.</p> <p>Review of Resident #15 Minimum Data Set (MDS) dated [DATE] revealed the resident utilized oxygen therapy and had asthma or chronic lung disease.</p> <p>Review of Resident #15's oxygen orders dated 09/20/24 revealed the resident was ordered oxygen at three liters per minute via nasal cannula continuously for congestive heart failure.</p> <p>Review of Resident #15's progress note dated 09/20/23 revealed the resident arrived via ambulette on a stretcher with three liters oxygen continuous via nasal cannula.</p> <p>Review of Resident #15's altered respiratory status/difficulty breathing related to asthma plan of care dated 09/25/24 revealed oxygen setting via nasal cannula per orders.</p> <p>Observation on 10/21/24 at 10:32 A.M. revealed Resident #15's oxygen was running at five liters per minute via nasal cannula.</p> <p>Observation on 10/22/24 at 11:35 A.M. of Resident #15 with Certified Nursing Assistant (CNA) #558 confirmed the resident was resting in bed with oxygen administered at five liters via nasal cannula.</p> <p>Observation on 10/23/24 at 8:08 A.M., of Resident #15 with Registered Nurse (RN) #574 confirmed the resident's oxygen concentrator was set to deliver oxygen at five liters per minute.</p> <p>Review of the facility's policy titled Oxygen Handling dated 01/2021 revealed it is the policy of this center to administer and handle oxygen in a safe and responsible manner at all times. A physician's order was required for routine and as needed use of oxygen. Licensed nurse would have oversight and monitoring of oxygen concentrators and cylinders.</p> <p>28704</p> <p>2. Medical record review revealed Resident #229 was admitted on [DATE] with diagnoses including diabetes, sleep apnea, congestive heart failure, atrial fibrillation and hypothyroidism.</p> <p>Review of the Baseline Care Plan v3-V1 dated 10/11/24 revealed goals to maintain safe new surroundings and provide necessary support in achieving ancillary needs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the electronic Physician Orders (October 2024) included CPAP (continuous positive airway pressure that treats sleep-related breathing disorders) via nose mask bleed in two liters of oxygen at bedtime for sleep apnea.</p> <p>Review of the Treatment Administration Record dated October 2024 revealed CPAP via nose mask was documented completed 10/11/24 through 10/23/24 except no documentation indicating it was completed on 10/21/24.</p> <p>On 10/21/24 at 10:05 A.M., observation revealed Resident #229's CPAP mask was observed on the floor under the resident's bed near the wall with the face piece pressed against the floor. At the time of the observation, Resident #229 stated she cared for the CPAP equipment and uses it daily.</p> <p>On 10/21/24 at 10:45 A.M., observation of Resident #229's room revealed the CPAP mask was still on the floor. Licensed Practical Nurse (LPN) #510 was observed coming out of another resident room and entered Resident #229's room. LPN #510 verified the oblong shaped CPAP mask was face down on the floor, against the wall between the bed and the night stand. LPN #510 verified it should not be on the floor and stated the CPAP masks were to be kept in a bag after use. LPN #510 picked up the mask off the floor and placed it in the top drawer of the night stand.</p> <p>On 10/23/24 at 11:25 A.M., interview with Registered Nurse #670 revealed the facility follows the manufacturer guidelines for cleaning CPAP equipment including mask.</p> <p>Review of the manufacturer guideline user manual (dated 2018) revealed the tubing and mask adaptor should be hand washed. For daily cleaning, disconnect the tubing from the device and the mask, and, if included, disconnect the mask adaptor from the tubing. Gently wash the tubing and mask adaptor in a solution of warm water and a liquid dish soap. Rinse thoroughly, air dry and inspect.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 22653</p> <p>Based on medical record review and interview, the facility failed to provide pain medication as ordered, obtain clarification regarding medication administration, and offer non-pharmacological interventions prior to the administration of pain medication ordered on an as needed basis. This affected two (Residents #29 and #178) of four residents reviewed for pain management.</p> <p>Findings include:</p> <p>1. Review of Resident #29's medical record revealed diagnoses including osteoarthritis and type two diabetes mellitus. A care plan initiated 10/04/23 indicated Resident #29 was at risk for pain related to arthritis, depression, migraines, generalized discomfort and diabetes mellitus. An intervention dated 10/04/23 provided instructions to administer pain medication as ordered. Resident #29 had orders for the administration of tylenol 650 milligrams four times a day dated 08/21/24.</p> <p>Review of the September 2024 Medication Administration Record (MAR) revealed tylenol was not administered at midnight on 09/09/24 or 09/20/24 with the rationale documented as Resident #29 was sleeping.</p> <p>The September MAR also indicated tylenol was not administered at 6 A.M. on 09/03/24, 09/05/24, 09/06/24, 09/07/24, 09/08/24, 09/09/24 or 09/20/24 with a code indicating Resident #29 was sleeping.</p> <p>Review of an annual Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #29 was able to make herself understood and was able to understand others. Resident #29 was assessed as cognitively intact and reported she had experienced pain or hurting almost constantly over the prior five days. The pain had occasionally made it hard for her to sleep at night and occasionally limited her day to day activities. On a scale of 0-10, the worst pain was rated as an eight over the prior five days.</p> <p>During an interview on 10/21/24 at 4:59 P.M., Resident #29 reported she had osteoarthritis and was in pain all the time. Resident #29 indicated she had an order for tylenol four times a day. Resident #29 indicated she did not always received the tylenol as ordered.</p> <p>On 10/28/24 at 9:08 A.M., Registered Nurse (RN) #541 stated residents should be awakened for scheduled medications unless they had requested not to be. On 10/28/24 at 9:23 A.M., RN #541 stated she was unable to find a valid reason the tylenol was not administered as ordered in September 2024.</p> <p>2. Review of Resident #178's medical record revealed diagnoses including left hip fracture and type two diabetes mellitus. Resident #178 had a physician order dated 10/07/24 for acetaminophen 650 milligrams (mg) every six hours as necessary for general pain.</p> <p>Review of a care plan initiated 10/08/24 indicated Resident #178 was at risk for pain related to left femur fracture and generalized discomfort. The goal was for Resident #178 to have no interruption in normal activities due to pain. Interventions included administering pain medication in accordance with orders.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An admission MDS dated [DATE] revealed Resident #178 was able to make herself understood and was able to understand others. Resident #178 was assessed as cognitively intact. Resident #178 received pain medication on an as necessary basis administered or it was offered and declined. Resident #178 reported almost constant pain over the prior five days. Pain frequently interfered with sleep, occasionally interfered with therapeutic activities and frequently interfered with day to day activities. The worst pain was rated a ten on a scale of 0-10.</p> <p>On 10/21/24 an order was written for one tablet of oxycodone-acetaminophen (narcotic pain medication) 5-325 milligrams every eight hours as needed for severe pain for two weeks. There was no clarification as to what was considered severe pain.</p> <p>Review of the October 2024 MAR indicated five doses of tylenol were received for pain ranging from a severity of 2-8 on a scale of 0-10. Twelve doses of percocet were administered for pain rated 4-10.</p> <p>There was a lack of documentation regarding non-pharmacological interventions being attempted prior to the administration of the pain medication.</p> <p>On 10/28/24 at 12:57 P.M., Registered Nurse (RN) #670 verified there were no parameters to address when the tylenol and oxycodone/acetaminophen should be ordered. The order regarding administration of the oxycodone/acetaminophen for severe pain was vague and did not provide concise guidelines. RN #670 verified there was a lack of documentation regarding attempts to provide non-pharmacological interventions for pain relief prior to the administration of pain medication.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159135.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>28701</p> <p>Based on review of the facility Payroll Based Journal information, facility assessment, staffing schedule information and staff interviews the facility failed to ensure sufficient staffing levels were maintained to provide resident care and services. This had the potential to affect all 75 residents within the facility.</p> <p>Findings include:</p> <p>Review of the facility Payroll Based Journal (PBJ) data report for the third quarter (April 1 to June 30, 2024) revealed the facility had a one star staffing rating and low weekend staffing levels.</p> <p>The facility assessment with a reviewed date of 08/28/24 indicated a minimum staffing level plan of five to ten direct care nurses per day and seven to 14 State tested Nurse Aides (STNA) per day. The facility assessment indicated a daily average resident census of 71 to 78.</p> <p>Review of the facility staffing schedules for the dates of 05/10/24 to 05/12/24, 06/14/24 to 06/16/24 and 09/12/24 to 09/18/24 revealed the following dates and shift with low staffing levels:</p> <p>05/12/24 (Sunday) census of 78 residents, dayshift one Registered Nurse (RN), four Licensed Practical Nurse (LPN), four CNA and night shift one RN, five LPN and three CNA for a total of two RN, nine LPN and seven CNA.</p> <p>06/15/24 (Saturday) census of 68 residents, dayshift one RN, three LPN and three CNA and night shift one RN, one LPN and four CNA for a total staffing for the day of two RN, four LPN and seven CNA.</p> <p>06/16/24 (Sunday) census of 68 residents, dayshift one RN, two LPN and five CNA and night shift two LPN and two CNA for a total staff for the day of one RN, four LPN and seven CNAs.</p> <p>09/14/24 (Saturday) census of 78 residents, dayshift one RN, three LPN, four CNA and night shift one RN, two LPN and two CNA for a total staffing for the day of two RN, five LPN and six CNA.</p> <p>09/16/24 (Monday) census of 78 residents, dayshift two RN, two LPN and three CNA and night shift three LPN and three CNA for a total staffing for the day of two RN, five LPN and six CNA.</p> <p>09/18/24 (Wednesday) census of 79 residents, dayshift one RN, four LPN and three CNA and night shift two RN, three LPN and three CNA for a total staffing for the day of three RN, seven LPN and six CNA.</p> <p>On 10/22/24 at 6:11 A.M. interview with Licensed Practical Nurse (LPN) #532 revealed majority of time felt had enough staff but when dementia residents having behaviors it was difficult to provide care related to need for increased supervision.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 10/22/24 at 7:09 A.M. interview with CNA #610 revealed not enough staff because south wings has a lot of behaviors and lot of residents who required two assists. If there were only three aides it was hard to get help.</p> <p>On 10/22/24 at 7:18 A.M. interview with CNA #518 revealed not enough staff a lot of times there were three aides for the facility at night. Residents complain of wait times but if two aides were transferring a resident or giving a shower it left only the nurse to monitor the halls/call lights and often passing meds. Some nurses would help and answer call lights but some did not. It was difficult to say with certainty how long residents had to wait as staff did not always hear or see them when they were in rooms providing care to other residents but residents would complain how long it took.</p> <p>On 10/22/24 at 7:26 A.M. interview with LPN #524 indicated some nights it was difficult to provide care per residents' needs. There were generally two nurses working at night. Average number of aides on night shift was three. South wing had a lot of residents who required two assists related to dementia. Stated when two aides were tied up using the hooyer and she was passing medications on one hall a resident on the other hall could potentially have their call light going off for a while without staff knowing it. Residents did complain about wait time. She tries to help the aides when she can but that meant medications not being administered in a timely manner. Stated she worked three days a week and at least two of the three days she only had three aides in the facility.</p> <p>On 10/22/24 at 7:40 A.M. CNA #502 indicated most of the time there was not enough staff on night shift. Usually three to four aides for over 70 residents. Getting rounds done every two hours is difficult. When aides were giving showers call lights were going off and it could leave two halls uncovered.</p> <p>On 10/22/24 at 2:40 P.M. interview with the facility administrator and staffing scheduler #545 revealed minimum staffing schedules are four nurses and five CNAS on dayshift and two nurses and four CNA on night shift. The Administrator indicated the facility found this was insufficient staffing levels and have recently requested corporate office to approve increasing minimum staffing levels to four nurses and seven CNA on dayshift and three nurses and five CNA on night shift. Administrator verified the facility did not meet PBJ minimum staffing level requirements for the third quarter of 2024.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28704</p> <p>Based on medical record review, policy review and interview, the facility failed to develop individualized comprehensive dementia care plans and policies related to dementia care. This affected one (#48) of one resident reviewed for dementia care. The census was 75.</p> <p>Findings include:</p> <p>Medical record review revealed Resident #48 was admitted on [DATE] with diagnoses including Alzheimer's disease, dementia and urosepsis.</p> <p>Review of the admission Minimum Data Set 3.0 assessment (dated 09/24/24) revealed Resident #48 was moderately impaired for daily decision-making and was receiving antipsychotic medications on a routine basis.</p> <p>Review of the electronic Physician Orders (dated 09/17/24) included to administer risperidone (antipsychotic) 0.5 milligrams twice a day for dementia and Memantine (treats dementia associated with Alzheimer's disease) 10 mg twice a day for dementia. On 10/21/24, the diagnosis for the use of risperidone was changed to restlessness, yelling out and impulsiveness; however, there was no documented episodes of the above behaviors.</p> <p>Review of the care plan: Uses Psychotropic medications related to dementia dated 09/19/24 revealed interventions to administer medications as ordered, consider dosage reduction when clinically appropriate, monitor/document/report as needed any adverse reactions and monitor/record occurrence of for target behavior symptoms and document per facility protocol. No target behavior symptoms were identified prior to 10/29/24.</p> <p>Review of the Task: Behavior Monitoring &amp; Interventions (dated 09/30/24 through 10/29/24) revealed Resident #48 exhibited no behaviors.</p> <p>Review of the medical record revealed no documented evidence of target behaviors or interventions to implement and no comprehensive dementia care plan developed.</p> <p>On 10/28/24 at 3:43 P.M., interview with the Director of Nursing (DON) verified the facility did not have a dementia care policy to reference as they do not have a specialized dementia care unit but all staff were trained annually and upon hire on dementia.</p> <p>On 10/29/24 between 8:57 A.M. and 9:12 A.M., interview with Registered Nurse (RN) #900 stated care planning for dementia residents should address those at risk for cognition deficits, maintaining consistent care and services, as well as, keeping the family involved. RN #900 stated interventions should focus on concerns identified during resident review, identify specific target behaviors and how staff should address those behaviors. RN #900 verified Resident #48's care plans did not identify specific target behaviors or appropriateness use of an antipsychotic medication.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28704</b></p> <p>Based on medical record review, policy review and interview, the pharmacist failed to identify irregularities in the medical record. This affected two (#3 and #48) of five residents reviewed for unnecessary medications. The census was 75.</p> <p>Findings include:</p> <p>1. Medical record review revealed Resident #48 was admitted on [DATE] with diagnoses including Alzheimer's disease, dementia and urosepsis.</p> <p>Review of the admission Minimum Data Set 3.0 assessment (dated 09/24/24) revealed Resident #48 was moderately impaired for daily decision-making and was receiving antipsychotic medications on a routine basis.</p> <p>a. Review of the Physician Order (dated 09/18/24) revealed to repeat a complete blood count and obtain Vitamin D level in one week.</p> <p>Review of the Lab Results Report (dated 09/23/24) revealed the following abnormal lab values: red blood cell 2.92 M/cmm (normal 3.9-5.4), hemoglobin 9.4 g/dL (normal 12-16), hematocrit 26.9% (normal 36-48) and Vitamin D25-OH Total 8 ng/mL (normal 30-100).</p> <p>Review of the medical record revealed no documented evidence the physician was notified and/or addressed the abnormal laboratory results.</p> <p>Review of the Pharmacist's Recommendation to Prescriber's (dated 09/29/24 and 10/24/24) revealed no evidence recommendations were made by the pharmacist regarding the above.</p> <p>b. Review of the electronic admission Physician Orders (dated 09/17/24) included to administer risperidone (antipsychotic) 0.5 milligrams twice a day for dementia. On 10/21/24, the diagnosis for the use of risperidone was changed to administer risperidone for restlessness, yelling out and impulsiveness.</p> <p>Review of the Pharmacist's Recommendation to Prescriber (dated 09/29/24 and 10/24/24) revealed no pharmacy recommendations regarding the documented indication of use for risperidone.</p> <p>2. Medical record review revealed Resident #3 was admitted on [DATE] with diagnoses including coronary artery disease, cerebral infarction, hemiplegia, anxiety disorder, depression and obsessive compulsive disorder. The resident was not receiving end-of-life or palliative care services.</p> <p>Review of the Physician Orders (dated September 2024) PRN Morphine Sulfate 100 MG (milligram)/ 5 ML(milliliters) orders with no parameters as to when which dose was to be administer:</p> <p>a. 5 mg by mouth every 4 hours as needed for Pain/shortness of breath (sob).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. 10 mg by mouth every 4 hours as needed for Pain/sob.</p> <p>c. 15 mg by mouth every 4 hours as needed for Pain/sob.</p> <p>d. 20 mg by mouth every 4 hours as needed for Pain/sob.</p> <p>Review of the electronic Medication Administration Record (MAR) (dated September 2024 and October 2024) revealed pain was assessed once a shift. Resident #3 rated pain a one-out-of-10 on 09/18/24, 09/19/24 and 10/21/24 and had received Tylenol 650 mg on 09/04/24 for pain rated a three-out-of-10. This was documented as being effective. No other PRN pain medications were administered between 09/01/24 and 10/22/24.</p> <p>Review of the MAR (dated September and October 2024) revealed no morphine had been administered. There was no evidence the pharmacist identified or made recommendations for the facility to address appropriateness of morphine or lack of parameters for the as needed morphine.</p> <p>Review of the Pharmacist's Recommendation to Prescriber (dated 12/26/23 through 09/29/24) revealed no evidence the pharmacist addressed the multiple orders and lack of physician parameters of when to administer morphine 5 mg, 10 mg, 15 mg or 20 mg.</p> <p>On 10/28/24 at 8:49 A.M., interview with Assistant Director of Nursing (ADON) #541 verified pharmacy had not identified any irregularities regarding as needed morphine for Resident #3.</p> <p>On 10/29/24 at 10:40 A.M., interview with ADON #541 verified no additional pharmacy recommendations for Resident #3 or #48.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28704</p> <p>Based on medical record review, National Library of Medicine review and interview, the facility failed to address abnormal laboratory results. This affected one (Resident #48) of five residents reviewed for unnecessary medications. The census was 75.</p> <p>Findings include:</p> <p>Medical record review revealed Resident #48 was admitted on [DATE] with diagnoses including Alzheimer's disease, dementia and urosepsis.</p> <p>Review of the admission Minimum Data Set 3.0 assessment (dated 09/24/24) revealed Resident #48 was moderately impaired for daily decision-making.</p> <p>Review of the Physician Order (dated 09/18/24) revealed to repeat laboratory blood work including a CBC (complete blood count) and Vitamin D level in one week.</p> <p>Review of the Lab Results Report (dated 09/23/24) revealed the following abnormal lab values: red blood cell 2.92 M/cmm (normal 3.9-5.4), hemoglobin 9.4 g/dL (normal 12-16), hematocrit 26.9% (normal 36-48) and Vitamin D 25-OH Total 8 ng/mL (normal 30-100).</p> <p>Review of the medical record revealed no documented evidence the physician or dietitian was notified and/or addressed the above abnormal laboratory results.</p> <p>Review of the Physician Orders and Medication Administration Record (dated September 2024 and October 2024) revealed no evidence Resident #48 was receiving a Vitamin D supplement.</p> <p>Review of the electronic National Library of Medicine: Vitamin D Deficiency (updated 07/17/23) revealed vitamin D is a fat-soluble vitamin used for normal bone development and maintenance by increasing the absorption of calcium, magnesium and phosphate. Moderate deficiency is defined as less than 10 ng/mL 25-hydroxyvitamin D and severe deficiency is less than 5 ng/mL.</p> <p>On 10/29/24 at 10:25 A.M., interview with the Director of Nursing verified there was no evidence the physician was notified of abnormal laboratory monitoring dated 09/23/24 for Resident #48.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28704</p> <p>Based on medical record review, policy review and interview, the facility failed to ensure residents receiving antipsychotic medications had adequate indications of use and behavioral interventions. This affected one (#48) of five residents reviewed for unnecessary medications. The census was 75.</p> <p>Findings include:</p> <p>Medical record review revealed Resident #48 was admitted on [DATE] with diagnoses including Alzheimer's disease, dementia and urosepsis.</p> <p>Review of the admission Minimum Data Set 3.0 assessment (dated 09/24/24) revealed Resident #48 was moderately impaired for daily decision-making and was receiving antipsychotic medications on a routine basis.</p> <p>Review of the electronic Physician Orders (dated 09/17/24) included to administer risperidone (antipsychotic) 0.5 milligrams twice a day for dementia. On 10/21/24, the diagnosis for the use of risperidone was changed to administer risperidone for restlessness, yelling out and impulsiveness.</p> <p>Review of the medical record revealed no documented evidence the facility obtained consent for the use of risperidone or reviewed the potential risks/benefits with Resident #48 and/or the responsible party. There was also no evidence the resident had been seen by the psychologist since admission.</p> <p>Review of the Pharmacist's Recommendation to Prescriber (dated 09/29/24 and 10/24/24) revealed no pharmacy recommendations regarding the use and appropriateness of risperidone.</p> <p>Review of the Task: Behavior Monitoring &amp; Interventions (dated 09/30/24 through 10/29/24) revealed Resident #48 exhibited no behaviors.</p> <p>Review of the Medication Administration Record (dated 10/27/24 at hs 8 and on 10/28/24 in AM) indicated a behavior was observed; however, there was no documentation of what the behavior was.</p> <p>Review of the care plan: Uses Psychotropic medications related to dementia (dated 09/19/24) revealed interventions to administer medications as ordered, consider dosage reduction when clinically appropriate, monitor/document/report as needed any adverse reactions and monitor/record occurrence of for target behavior symptoms and document per facility protocol. No target behavior symptoms were identified prior to 10/29/24.</p> <p>On 10/28/24 at 3:43 P.M., interview with the Director of Nursing (DON) verified Resident #48 had not yet been seen by the psychologist but was on the list to be seen in November 2024. The DON verified Resident #48 did not have an appropriate diagnosis for the use of risperidone, the documentation did not support the presence of behaviors and specific documentation related to behaviors should be documented in the notes.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/29/24 between 8:57 A.M. and 9:12 A.M., interview with Registered Nurse (RN) #900 stated care planning for dementia residents should address those at risk for cognition deficits, maintaining consistent care and services, as well as, keeping the family involved. RN #900 stated interventions should focus on concerns identified during resident review, identify specific target behaviors and how staff should address those behaviors. RN #900 verified Resident #48's care plans did not identify specific target behaviors or appropriateness use of an antipsychotic medication.</p> <p>On 10/29/24 at 10:25 A.M., interview with the DON verified the facility does not have signed consents or evidence of review of risks/benefits for residents receiving antipsychotic medications.</p> <p>On 10/29/24 at 10:40 A.M., interview with Assistant Director of Nursing #541 verified the facility had no additional information regarding risperidone to provide.</p> <p>Review of the policy: Antipsychotic Medication Use (revised April 2023) revealed residents were to only receive antipsychotic medications when necessary to treat specific conditions for which they are indicated and ineffective. Resident who are admitted from the community or transferred from a hospital and who are already receiving antipsychotic medications will be evaluated for the appropriateness and indications for use. Re-evaluate the use of the antipsychotic medication at the time of admission and/or within two weeks (at the initial MDS assessment) to consider whether or not the medication can be reduced, tapered or discontinued. Antipsychotic medications shall generally be used only for the following conditions/diagnoses as documented in the record: schizophrenia, schizo-affective disorder, schizophreniform disorder, delusional disorder, mood disorders, psychosis in the absence of dementia and medical illnesses with psychotic symptoms and/treatment related psychosis or mania, tourette's disorder, Huntington Disease, hiccups, or nausea/vomiting associated with cancer or chemotherapy. Diagnoses alone do not warrant the use of antipsychotic medication and will generally only be considered if the following conditions are also met: the behavioral symptoms present a danger to the resident or others AND the due to mania or psychosis or behavioral interventions have been attempted and included in the plan of care except in an emergency.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32801</p> <p>Based on medical review, review of infection control log, interviews, observations, and policy review the facility failed to ensure appropriate use of antibiotics and/or assessment were completed accurately. This affected five (Resident #12, #41, #48, #52, and #57) of nine reviewed for urinary tract infection and unnecessary medication review.</p> <p>Findings include.</p> <p>1. Medical record review revealed Resident #52 was admitted to the facility on [DATE] with diagnosis including metabolic encephalopathy, urinary tract infection, Parkinson's, aphasia, cognitive communication deficit, obstructive and reflux uropathy, malignant neoplasm of prostate, sleep terrors, attention and concentration deficit, dementia, major depression, anxiety, spinal stenosis, lower back pain, gastro-esophageal reflux disease, hyperlipidemia, hypertension, pulmonary embolism, constipation, and benign prostatic hyperplasia without lower urinary tract symptoms.</p> <p>a. Review of Resident #52's orders and Medication Administration Records (MAR) dated 07/2024 revealed on 07/17/24 Resident #52 was ordered and received Keflex 500 milligrams (mg) twice daily for two days for preventative due to a new foley catheter replacement.</p> <p>Review of the July 2024 infection control log revealed Resident #52 was ordered and received Keflex for two days. Not applicable was marked for if criteria was met.</p> <p>Interview on 10/29/24 at 7:40 A.M., with Registered Nurse (RN) #714 confirmed the urologist order the Keflex as preventative after replacing the foley, however the resident did not meet criteria for treatment.</p> <p>b. Review of Resident #2's orders dated 10/18/24 revealed the resident was ordered contact precautions for Methicillin-resistant Staphylococcus aureus (MRSA) in the wound. The resident also had order for enhanced barrier precautions related to the urinary foley catheter.</p> <p>Review of Resident #52's progress note dated 10/18/2024 revealed the resident returned to facility from hospital stay. The resident had surgery for stimulator removal. There was a surgical incision to lower back. The resident had a peripherally inserted central catheter (PICC) for intravenous (IV) antibiotics in place. Daughter and physician aware and medications reviewed. Resident to be on contact precautions for MRSA of the surgical site.</p> <p>Review of Resident #52's hospital note dated 10/13/24 to 10/18/24 revealed the resident has a PICC line which was put in two days ago. Cefepime two grams intravenous every 12 hours ordered to start tomorrow (counts as the 1st day for your facility) for urinary tract infection (UTI) and wound.</p> <p>Further review of the hospital records revealed the wound had grown MRSA bacteria and Cefepime was not an antibiotic listed on the culture to treat the MRSA.</p> <p>Review of Resident #52's MAR dated 10/2024 revealed the resident had an order for Cefepime two grams intravenous twice daily for a wound infection for 14 days. The IV was started on 10/19/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of general note dated 10/21/2024 revealed received urine culture results from the hospital. The urine showed pseudomonas aeruginosa 50,000-&lt;100,000. The Nurse Practitioner was notified and wanted IV continued for MRSA of the wound.</p> <p>Interview on 10/24/24 at 8:11 A.M. with the Infection Preventionist (IP) #541 revealed the resident did not meet criteria for treatment for the UTI and the antibiotic ordered would not treat the MRSA according to the culture report. The IP reported she had reached out to the facility's physician yesterday (after the surveyor had inquired) and he was going to change the antibiotic to Vancomycin, which was on the culture report as an appropriate antibiotic to treat the MRSA.</p> <p>2. Record review revealed Resident #57 was admitted to the facility on [DATE] with diagnoses including acute kidney disease, cognitive communication deficit, need assistance with personal care, obstructive and reflux uropathy, hydronephrosis, retention of urine, benign prostatic hyperplasia with lower urinary tract symptoms, intellectual disabilities, and ileus.</p> <p>Review of Resident #57 MDS dated [DATE] revealed the resident had an indwelling catheter.</p> <p>Review of Resident #57's urine culture results dated 06/30/24 revealed the urine culture had three or more bacterial isolated and suggest recollecting urine specimen to conclusively evaluate the resident urine culture results.</p> <p>Review of Resident #57's medical record revealed no evidence the urine was recollected; however, the resident was treated with Macrobid 100 mg twice daily for seven days for a UTI per the Medication Administration records dated 07/2024 from 07/01/24 to 07/08/24.</p> <p>Review of Resident #57 McGeer criteria form dated 06/30/24 revealed the resident did not meet criteria. A handwritten note indicated the resident had a fall and it was discussed with the provider and to continue antibiotic series.</p> <p>Interview on 10/24/24 at 4:31 P.M., with IP #541 confirmed the resident did not meet criteria for treatment on 06/30/24 and the urine was not re-collected to ensure the resident was treated with the correct antibiotic.</p> <p>Review of the facility's policy titled Antibiotic Stewardship dated 12/2023 revealed the Centers for Disease Control (CDC) has reported that antibiotic resistance was one of the major threats to human health, especially because some bacteria have developed resistance to allow classes of antibiotics. The centers would promote appropriate use of antibiotics whole optimizing the treatment of infections, at the same time reducing the possible adverse events associated with antibiotic use. The infection preventionist would collect and review cultures before ordering antibiotics.</p> <p>28701</p> <p>3. Review of Resident #41's medical record revealed an admitted [DATE] with diagnoses that included diabetes mellitus, chronic obstructive pulmonary disease and dementia.</p> <p>Further review of the medical record revealed physician's orders on 01/11/24 for flagyl (antibiotic) 500 milligrams (mg) twice daily for pneumonia for seven days and cefpodoxime proxetil (antibiotic) 200 mg twice daily for seven days for pneumonia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of antibiotic assessments for Resident #41 revealed no evidence of any antibiotic assessment completed to determine appropriate indication for the use of antibiotic.</p> <p>On 10/28/24 at 11:00 A.M. interview with Registered Nurse (RN) #541 verified no antibiotic assessment was completed for the use of flagyl or cefpodoxime proxetil on 01/11/24.</p> <p>4. Review of Resident #12's medical record revealed an admitted [DATE] with diagnoses that included metabolic encephalopathy, dementia and hypertension.</p> <p>Further review of the medical record revealed on 08/03/24 Resident #12 was prescribed the use of cefdinir (antibiotic) 300 milligrams (mg) twice daily for urinary tract infection (UTI) for seven days. A progress note dated 07/29/24 at 11:11 A.M. indicated Resident #12 had pain and burning upon urination. The certified nurse practitioner (CNP) was informed of the symptoms of Resident #12 and ordered a urinalysis with culture and sensitivity. Review of the culture and sensitivity results dated 08/02/24 revealed 60-70,000 CFU/ml (colony forming unit per milliliter) of Escherichia Coli.</p> <p>Review of the antibiotic assessment for the use of cefdinir on 08/05/24 indicated Resident #12 did not meet criteria for use of an antibiotic for treatment of a UTI. The antibiotic assessment indicated to meet antibiotic use criteria Resident #12 only had pain and did not meet criteria based on culture results. Culture results must be greater than 100,000 CFU/ml of no more than two species of organisms in a voided sample.</p> <p>On 10/28/24 at 1:15 P.M. interview with Registered Nurse (RN) #541 verifies Resident #12 did not meet criteria for use of cefdinir for treatment of a UTI.</p> <p>28704</p> <p>5. Medical record review revealed Resident #48 was admitted on [DATE] with diagnoses of Alzheimer's disease, dementia and urosepsis.</p> <p>Review of the admission Minimum Data Set 3.0 assessment (dated 09/24/24) revealed Resident #48 was moderately impaired for daily decision-making and was receiving antibiotics.</p> <p>Review of the electronic Physician Orders (dated 09/17/24) revealed to administer cipro (antibiotic) 500 milligrams (mg) twice a day and metronidazole (antibiotic) 500 mg twice a day for urosepsis.</p> <p>Review of the Medication Administration Record (dated September 2024) revealed Resident #48 received four doses of cipro and metronidazole between 09/17/24 and 09/19/24.</p> <p>Review of the Infection Control Log (dated August/September 2024) revealed Resident #48 received cipro and metronidazole for community acquired septic colitis. There was no evidence the facility completed antibiotic surveillance regarding the appropriateness of the antibiotics upon admission.</p> <p>On 10/29/24 at 10:36 A.M., interview with ADON #541 verified there was no infection control antibiotic surveillance completed for Resident #48 for ciprofloxacin or metronidazole due to the resident had been receiving the antibiotics prior to admission and there was no culture information to review.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32801</p> <p>Based on medical record review, observation, interview, and policy review the facility failed to ensure residents call lights were readily assessable. This affected five residents (#47 Resident #3, #43, #48, #54) observed during the initial tour.</p> <p>Findings included:</p> <p>1. Medical record review revealed Resident #47 was admitted to the facility on [DATE] with diagnosis including hunting disease, scoliosis, epilepsy, anxiety and depression.</p> <p>Observation on 10/21/24 at 4:11 P.M., revealed both of call lights in Resident #47's room were lying on the floor under the resident foot of bed. The resident was observed sitting in bed with back against the wall. There was a sign next to the door to remind the resident to use call light.</p> <p>Interview on 10/21/24 at 4:11 P.M., with the Administrator confirmed the call lights were on the floor. The Administrator placed the call lights next to the resident.</p> <p>Review of Resident #47's activity of daily living (ADL) deficit related to Huntington's plan of care dated 05/08/23 and revised 05/08/24 revealed to place call light within accessible reach and encourage resident to use bell to call for assistance.</p> <p>Review of Resident #47 fall plan of care dated 06/10/22 and revised 07/20/23 revealed to be sure the residents call light was within reach and encourage the resident to use it for assistance and as needed. The resident needs prompt response to all requests for assistance.</p> <p>Review of facility's policy titled Call Light Policy dated 04/2018 revealed the purpose of this procedure was the accessibility and response to the resident's request and needs. When the resident was in bed or chair be sure the call light was within easy reach of the resident.</p> <p>28704</p> <p>2. Medical record review revealed Resident #3 was admitted on [DATE] with diagnoses including cerebral infarction and anxiety disorder.</p> <p>On 10/21/24 at 9:41 A.M., observation revealed Resident #3 was laying in bed with her eyes closed. The call light was observed on the floor and not within reach.</p> <p>On 10/21/24 at 9:47 A.M., observation revealed Resident #3 was laying in bed awake and stated she was tired. Surveyor asked the resident if she knew where her call light was and she was unable to locate it and the call light was observed on the floor. The above was verified at the time of the observation by Laundry #573.</p> <p>3. Medical record review revealed Resident #43 was admitted on [DATE] with diagnoses including pneumonia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/29/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Forest Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Reservoir Road St Clairsville, OH 43950	
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/21/24 at 9:45 A.M., observation revealed Resident #43's call light was looped around the 1/4 siderail attached to the bed closest to the door. Resident #43 was sitting in his recliner chair next to the window and the call light was not within reach.</p> <p>On 10/21/24 at 9:54 A.M., interview with Laundry #573 verified the above.</p> <p>4. Medical record revealed Resident #48 was admitted on [DATE] with diagnoses Alzheimer's dementia.</p> <p>On 10/21/24 at 10:15 A.M., Resident #48 was laying in bed and her call light was observed on the floor wrapped in circle under a straight back chair. The resident stated she did not know where her call light was.</p> <p>On 10/21/24 at 10:21 A.M., the above observation was verified by Licensed Practical Nurse (LPN) #510.</p> <p>5. Medical record review revealed Resident #54 was admitted on [DATE] with diagnoses including Creutzfeldt-[NAME] disease.</p> <p>On 10/21/24 at 10:27 A.M., observation revealed Resident #54 was laying in bed covered with a sheet with his call light on the floor and not within reach. LPN #510 verified the above at the time of the observation.</p> <p>Review of the policy: Call Light (April 2018) revealed the purpose o the procedure was the accessibility and response to the resident's requests and needs. General guideline included When the resident was in bed or chair, be sure the call light was within easy reach of the resident.</p>		