STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365750	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altercare Somerset Inc.	411 South Columbus Street Somerset, OH 43783

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and closed record review, the facility failed to ensure a resident received showers or bed baths at least twice weekly. This affected one resident (#70) of six residents sampled for showering. The facility census was 68.Findings include:Review of Resident #70's closed medical record revealed an admission date of 04/21/26, a discharge date of 05/16/26 and diagnoses including age-related osteoporosis with current pathological fracture, right lower leg, subsequent encounter for fracture with routine healing, paroxysmal atrial fibrillation, cerebral infarction, congestive heart failure, anemia, asthma, hypothyroidism, and pulmonary hypertension.Review of Resident #70's admission Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident was cognitively intact. Further review of the MDS revealed Former Resident #70 used a wheelchair for mobility and required partial/moderate assistance with toileting hygiene, showering/bathing, and bed mobility and substantial/maximal assistance for transfers. Review of Resident #70's facility shower sheets revealed the resident received a shower on 04/28/26, 05/06/26 and on 05/12/26. Resident #70 was offered and refused a shower on 05/07/26. Further review of the facility shower sheets revealed no documentation Resident #70 received a shower/bed bath on 04/22/26, 04/23/26, 04/24/26, 04/25/26, 04/26/26, 04/27/26, 04/29/26, 04/30/26, 05/01/26, 05/02/26, 05/03/26, 05/04/26, 05/08/26, 05/09/26, 05/10/26, or 05/11/26. Review of Resident #70's occupational therapy notes dated 04/25/26 written by Certified Occupational Therapy Assistant (COTA) #200 revealed that with full set up the resident was able to complete oral care/denture care, wash her hands and face and upper body with supervision.Review of Resident #70's occupational therapy notes dated 05/05/26 written by COTA #201 revealed Resident #70 was able to complete activity of daily living tasks with supervision to maximum assist.During an interview on 05/19/26 at 1:08 P.M. the Director of Nursing (DON) stated the Certified Nursing Assistants (CNAs) are to offer showers to the residents on their scheduled shower days and then a bed bath if the resident does not want a shower to allow the residents to pick their preferred bathing method. Residents are care planned for two showers a week but are scheduled for and offered three.During an interview on 05/19/26 at 1:50 P.M. the Administrator verified there was no other documentation of showers/bed baths being completed on 04/22/26, 04/23/26, 04/24/26, 04/25/26, 04/26/26, 04/27/26, 04/29/26, 04/30/26, 05/01/26, 05/02/26, 05/03/26, 05/04/26, 05/08/26, 05/09/26, 05/10/26, or 05/11/26.This deficiency represents non-compliance investigated under Complaint Number 3007427.

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