

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365880	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2025
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Coshocton		STREET ADDRESS, CITY, STATE, ZIP CODE 100 South Whitewoman Street Coshocton, OH 43812	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28701</p> <p>Based on medical record review and staff interview the facility failed to ensure weekly skin inspections were completed as indicated in the resident's comprehensive care plan. This affected one (Resident #54) of three residents reviewed for skin impairment. The facility census was 53.</p> <p>Findings include:</p> <p>Review of the Resident #54's closed medical record revealed an admitted [DATE] with diagnoses that included fall with nasal fracture, influenza A, cerebrovascular accident and traumatic brain injury.</p> <p>Further review of the medical record including weekly skin inspections revealed inspections completed upon admission and again on 01/15/25. No further skin inspections were completed. Resident #54 discharged home from the facility on 02/01/25.</p> <p>Review of the care plan titled potential for altered skin integrity indicated an intervention of weekly skin inspections to be completed.</p> <p>On 04/07/25 at 1:10 P.M. interview with the Director of Nursing verified weekly skin inspections were not completed for Resident #54 on 01/22/25 and 01/29/25 as indicated in the care plan.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00162463.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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