

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365890	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/08/2025
NAME OF PROVIDER OR SUPPLIER  Altercare Coshocton Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE  1991 Otsego Avenue 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>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</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
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and review of facility policy, the facility failed to implement an adequate and effective pressure ulcer prevention program to prevent the development of pressure ulcers. This affected one (#83) of three residents reviewed for pressure ulcers. The facility census was 71. Findings include: Review of the medical record for Resident #83 revealed an admission date of 10/30/25 with diagnoses including metabolic encephalopathy, chronic respiratory failure with hypoxia, and chronic obstruction pulmonary disease (COPD). Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 10. The resident was assessed to require dependent on staff for toileting, showering/bathing, and transfers, and substantial/maximal assistance with turning and repositioning. Review of Resident #83's care plan dated 11/14/25 revealed Resident #83 had a pressure injury to left buttock and was at risk for skin breakdown related to impaired mobility, edema, urinary incontinence, bowel incontinence, COPD, lung cancer, renal disease, poor sensory perception, friction concerns and shearing concerns. Interventions included pressure re-distribution cushion to wheelchair, assist resident as needed with turning and positioning frequently when in bed and/or shift weight to reposition when in chair as tolerated, encourage resident not to slide/scoot when in bed/chair, observe resident for any incontinence episodes and provide incontinent care as needed, apply protective barrier after each incontinent episode, observe for any noncompliance with preventative skin care and notify physician as needed, observe/report any signs and symptoms of skin irritation and provide nutritional support as ordered. Subsequent review of the medical record revealed an initial wound grid documentation dated 12/02/25, indicated Resident #83 was found with a new Stage 2 pressure ulcer (partial-thickness loss of skin with exposed dermis, presenting as a shallow open ulcer) to the right buttock measuring 1.5 centimeters (cm) long by 2.0 cm wide by 0.1cm deep. Review of Resident #83's physician orders dated 11/13/25 revealed an order for Triad wound dressing (OTC) over the counter, apply a thin layer to the left buttock wound every shift and as needed. A physician's order dated 12/02/25 revealed an order for Triad wound dressing (OTC) over the counter, apply a thin layer to the right buttock wound every shift and as needed. Physician's orders revealed an order for Prosource No carb liquid 30 milliliters (mL), twice daily dated 11/18/25 and on 12/02/25 an order for sugar free house supplement 4 ounces daily was ordered. Observations throughout the survey on 12/02/25 at 11:00 A.M., 1:30 P.M., 3:15 P.M., and 4:00 P.M. and on 12/03/25 at 8:00 A.M. and 10:00 A.M. revealed Resident #83 positioned on his back in bed. Interview on 12/02/25 at 3:24 P.M. with RN #151 revealed she measures wounds on Mondays and Thursdays. The wound physician comes in weekly on Thursdays. Resident #83 returned from the hospital with the pressure ulcer to his left buttock and the right buttock wound was in house acquired. He has pressure relieving cushion to wheelchair, protein supplement, and standard turning and repositioning every 2 hours. A new intervention was added for house supplement for the new pressure ulcer. RN#151 verified Resident #83 has not been evaluated by the wound physician and no other interventions were in place for Resident #83 for prevention of pressure ulcers. Review of facility policy titled Pressure Injuries: Assessment, Prevention, and Treatment dated 05/01/25 revealed, it is the facility's policy to identify residents at risk for developing pressure injuries, implement interventions to prevent the development of pressure injuries and provide care for existing pressure injuries. This deficiency represents non-compliance investigated under Complaint Number 2667472.</p>		