

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 07/25/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43064</p> <p>Based on record review and interview the facility failed to ensure Resident #6, who had a history of weight loss, was provided supplements as ordered. This affected one resident (#6) of two residents reviewed for nutrition. The facility census was 65.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #6 revealed an admitted [DATE] with diagnoses including cerebral atherosclerosis, flaccid hemiplegia affecting left nondominant side, personal history of traumatic brain injury, chronic respiratory failure, hemiplegia affecting right dominant side, obstructive and reflux uropathy, major depressive disorder, unspecified systolic heart failure, epilepsy, dysphagia.</p> <p>Review of Resident #6's physician order dated [DATE] revealed he was on a no added salt and puree textured diet. He was to receive double portions, a divided plate, cups with lids and handles, and a Dycem (prevents sliding) mat under his plate.</p> <p>Review of Resident #6's physician order dated [DATE] revealed an order for house supplement four ounces by mouth three times a day for supplement.</p> <p>Review of Resident #6 comprehensive Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a severe cognitive impairment. The resident was 72 inches tall and weighed 164 pounds. The resident was on a mechanically altered and therapeutic diet.</p> <p>Review of Resident #6's plan of care dated [DATE] revealed he was at risk for altered nutrition related to diagnoses and as of [DATE] the resident had 7.8% weight loss over three months, and he was stable for the last two months. Interventions included no tube feeding or alternative means of nutrition, nutrition education as needed, adaptive equipment as ordered (divided plate, cups with lids and handles, Dycem mat), offering menu alternatives as needed, providing diet as ordered (No added salt and pureed) and supplements as ordered.</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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #6's Medication Administration Record (MAR) from [DATE] to [DATE] revealed Resident #6 consumed 100% of the house supplement from [DATE] to [DATE]. The supplement was marked as drug or item unavailable once on [DATE], once on [DATE], once on [DATE], once on [DATE], three times on [DATE], twice on [DATE], once on [DATE], once on [DATE], three times on [DATE], and once on [DATE]. Twice on [DATE] it was noted it was not administered as the kitchen reported none was available. The resident was marked as consuming none of his supplement twice on [DATE], twice on [DATE], twice on [DATE], and twice on [DATE] by Registered Nurse (RN) Supervisor #363.</p> <p>Review of Resident #6's progress notes from [DATE] to [DATE] revealed no documentation related to the house supplement being unavailable. Additionally, there was no documentation the physician or dietitian were notified.</p> <p>Review of the Dietitian #404's progress note dated [DATE] revealed the resident had been noted to have lost a significant amount of weight over three months and he had been stable for the last two months. He had variable intake of meals. He was provided with four ounces of house supplements three times a day with good acceptance. There was no indication of the house supplement being unavailable.</p> <p>Interview on [DATE] at 3:38 P.M. with Dietitian #401 revealed the facilities dietitian (#404) was on vacation and she was covering for the week. She reported Dietitian #404 worked part time remotely for the facility. Dietitian #401 indicated she would expect to be notified of the house supplement being unavailable/out. She reported the company was recently having problems getting the house supplement (ReadyCare Shake plus) and were substituting it with ReadyCare 2.0.</p> <p>Interview on [DATE] at 3:58 P.M. with Assistant Director of Dietary #400 reported the facility dietary manager was on vacation. He verified the facility had problems getting the house supplement (ReadyCare Shake Plus) and were supposed to substitute it with ReadyCare 2.0, however, for two weeks the shipments they received of that product were expired. He reported they then substituted with a fortified ice cream and fortified pudding. He was unsure how this was communicated to the nursing staff but reported Dietitian #404 was aware. Assistant Director of Dietary #400 reported the first shipment of expired product was on [DATE] and they had probably had some leftovers in the facility at that time.</p> <p>Interview on [DATE] at 4:10 P.M. and [DATE] at 10:34 A.M. and 10:43 A.M. with Regional Nurse Consultant #402 verified the supplements were documented as not available. She additionally reported she was unsure if RN Supervisor #363 was marking 0% because the supplement was unavailable or because the resident did not consume an alternative. RN Supervisor #363 was on vacation. Regional Nurse Consultant #402 reported the facility had no relevant policies to provide for review.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43064</p> <p>Based on observation, interview, and policy review, revealed the facility failed to ensure foods were labeled and not kept past the expiration date. Additionally, the facility failed to ensure unit refrigerators, containing resident food, were kept clean. This had the potential to affect all 63 of 63 residents who consumed food. The facility identified two residents (#10 and #35) who received nothing by mouth. The facility census was 65.</p> <p>Findings include:</p> <p>1. Observation on 07/22/24 from 8:35 A.M. to 8:52 A.M. of the kitchen walk-in refrigerator revealed an opened bag of bologna with a used use by date of 07/18/24, an opened bag of ham with a use by date of 07/22/24, and an opened unlabeled bag of deli turkey or chicken with a use by date 07/13/24. Additionally, there was a large pan of uncooked grilled cheese with a use by date of 07/20/24.</p> <p>Interview on 07/22/24 from 8:35 A.M. to 8:52 A.M. with [NAME] #206 verified the observation and the [NAME] threw the items away.</p> <p>2. Observation on 07/22/24 from 8:35 A.M. to 8:52 A.M. of the memory care refrigerator revealed food debris, splatters, and what looked like hair on the internal surfaces of the fridges and freezer.</p> <p>Interview on 07/22/24 from 8:35 A.M. to 8:52 A.M. with [NAME] #206 verified the observation. She reported she was unsure who was responsible to clean the unit refrigerators.</p> <p>Observation on 07/22/24 from 9:00 A.M. to 9:07 A.M. of the 200 hall unit refrigerator revealed the bottom of the refrigerator and the shelves in the door appeared sticky with some food debris.</p> <p>Interview on 07/22/24 from 9:00 A.M. to 9:07 A.M. with Registered Nurse (RN) Supervisor #306 verified the observation and that resident food was in the refrigerator. RN Supervisor #306 reported she was unsure who was responsible to clean the unit refrigerators.</p> <p>Observation on 07/22/24 from 9:00 A.M. to 9:07 A.M. of the 100 hall unit refrigerator revealed the bottom and doors of the refrigerator had food stains and debris.</p> <p>Interview on 07/22/24 from 9:00 A.M. to 9:07 A.M. with Hospitality Aide #315 verified the observation and that resident food was in the refrigerator. She reported that she was unsure who was supposed to clean the refrigerators but that a nurse should know.</p> <p>Interview on 07/24/24 at 11:00 A.M. with Assistant Director of Dietary #400 revealed he had educated staff on the unit refrigerators and the dietary staff would be cleaning them in the future. He reported that it seemed as though they all thought they someone else was completing it.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility policy 'Food Brought to Residents by Family and Visitors' dated 11/01/17, revealed separate food storage (refrigerator and freezer) and microwave were designated for use for food brought in from outside source. Cleaning procedures for the food storage and microwave areas and monitoring of food items for expiration was to be completed by designated staff.</p>		