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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365947 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/17/2026 |
| NAME OF PROVIDER OR SUPPLIER Ohman Family Living at Holly | | STREET ADDRESS, CITY, STATE, ZIP CODE 10190 Fairmount Rd Newbury, OH 44065 | |
| 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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review and review of facility policy, the facility failed to contain accurate information in medical records. This affected three residents (#132, #180 and #181) out of three residents reviewed for medical record accuracy. The facility census was 80. Findings include: 1. Review of the medical record for Resident #132 revealed an admission date of 12/08/25 and his diagnoses included acute respiratory failure with hypoxia (low oxygen level) and hypercapnia (increased carbon dioxide in the blood stream), sepsis, heart failure, tracheostomy (a surgical procedure that creates an opening in the neck and inserts a tube into the windpipe to help a patient breathe) and dependence on respiratory mechanical ventilator (a life-support treatment using a machine to assist or replace spontaneous breathing when a person cannot breathe adequately on their own).</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #132 had intact cognition and was dependent on activities of daily living (ADLs) including personal hygiene, rolling left and right and transfers. He had a tracheostomy and required an invasive mechanical ventilator. He also had oxygen and required suctioning.</p> <p>Review of February 2026 Physician Orders and Respiratory Treatment Record (RTR) revealed the following:</p> <p>Resident #132 had an order dated 12/08/25 for ventilator checks (a structured, documented evaluation of both the mechanical ventilator and the resident's response to the support) every six hours and as needed. The RTR was blank for the 5:00 A.M. check on 02/02/26, 02/03/26, 02/04/26, 02/05/26, 02/07/26, 02/11/26, 02/14/26, 02/15/26, 02/16/26, 02/17/26, 02/19/26, 02/21/26, 02/22/26, 02/24/26, 02/25/26, 02/27/26 and 02/28/26; for the 11:00 A.M. check on 02/04/26, 02/05/26, 02/09/26, 02/18/26, 02/19/26, 02/22/26 and 02/27/26; for the 5:00 P.M. check on 02/06/26, 02/08/26, 02/10/26, 02/22/26, 02/25/26 and 02/27/26; and for the 11:00 P.M. check on 02/01/26, 02/02/26, 02/10/26, 02/23/26, 02/24/26, 02/26/26 and 02/28/26.</p> <p>Resident #132 had an order dated 12/08/25 to replace his oxygen nasal cannula, nebulizer mask, water bottle, and storage bag including marking the date and time on the items and checking the oxygen magnet on the door every Monday night, and the RTR was blank on 02/02/26 and 02/23/26.</p> <p>Resident #132 had an order dated 12/08/25 for sodium chloride inhalation nebulizer solution (respiratory therapy aerosol treatment used to thin, loosen, and help clear thick mucus from the lungs) seven percent per four milliliters (ml) via tracheostomy two times a day for pneumonia. The RTR was blank on 02/09/26 for the A.M. dose and on 02/25/26 for the P.M. dose. (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Resident #132 had an order dated 12/08/25 to assess his cuffed number six tracheostomy every shift. The RTR was blank on 02/09/26 for the A.M. shift, on 02/25/26 for the evening shift, and on 02/01/26, 02/02/26, 02/10/26, 02/23/26, 02/24/26, 02/26/26 and 02/28/26 for the night shift.</p> <p>Resident #132 had an order dated 12/08/25 for budesonide inhalation suspension (steroid aerosol treatment) 0.5 milligrams (mg) per two ml via tracheostomy two times a day due to pneumonia. The RTR was blank on 02/09/26 for the A.M. dose and on 02/25/26 for the P.M. dose.</p> <p>Resident #132 had an order dated 12/09/25 for ipratropium-albuterol solution (aerosol treatment) 0.5 mg per three ml via tracheostomy two times a day due to respiratory failure. The RTR was blank on 02/09/26 for the A.M. dose and on 02/25/26 for the P.M. dose.</p> <p>Resident #132 had an order dated 12/09/25 for tracheostomy care twice daily and as needed. The RTR was blank on 02/08/26 and 02/09/26 for the A.M. and on 02/06/26, 02/08/26, 02/10/26, and 02/25/26 for the P.M.</p> <p>Resident #132 had an order dated 12/09/25 to change his disposable tracheostomy inner cannula daily and as needed. The RTR was blank on 02/09/26 for the day shift.</p> <p>Resident #132 had an order dated 12/18/25 for oxygen at three liters per minute (LPM) via tracheostomy collar during the day, evening and night shift to maintain an oxygen saturation rate greater than 88 percent. The RTR was blank on 02/04/26, 02/05/26, 02/08/26 and 02/09/26 on the day shift, on 02/25/26 for the evening shift, and on 02/01/26, 02/02/26, 02/10/26, 02/23/26, 02/24/26, 02/26/26 and 02/28/26 for the night shift.</p> <p>Resident #132 had an order dated 12/22/25 to change his tracheostomy collar set up every Monday on night shift. The RTR was blank on 02/02/26 and 02/23/26.</p> <p>Resident #132 had an order for a cough assist (a non-invasive medical device designed to help residents with weak muscles or impaired lung function clear secretions from their airways) 30 times for five cycles two times a day. The RTR was blank on 02/09/26 for the A.M. and on 02/06/26, 02/08/26, 02/10/26 and 02/25/26 for the P.M.</p> <p>Review of March 2026 Physician Orders and RTR revealed the following:</p> <p>Resident #132 had an order dated 12/08/25 for ventilator checks every six hours and as needed. The RTR was blank for the 5:00 A.M. check on 03/01/26, 03/02/26, 03/03/26, 03/04/26, 03/05/26, 03/07/26, 03/09/26, 03/12/26 and 03/15/26; for the 11:00 A.M. check on 03/04/26 and 03/06/26; for the 5:00 P.M. check on 03/17/26; and for the 11:00 P.M. check on 03/01/26 and 03/08/26.</p> <p>Resident #132 had an order dated 12/08/25 for sodium chloride inhalation nebulizer solution seven percent per four ml via tracheostomy two times a day for pneumonia. The RTR was blank on 03/05/26 and 03/13/26 for the P.M. dose.</p> <p>Resident #132 had an order dated 12/08/25 to assess his cuffed number six tracheostomy every shift. The RTR was blank on 03/05/26 and 03/13/26 for the evening shift, and on 03/01/26 and 03/08/26 for the night shift.</p> <p>Resident #132 had an order dated 12/09/25 for tracheostomy care twice daily and as needed. The (continued on next page)</p> |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>RTR was blank on 03/05/26 and 03/13/26 for P.M.</p> <p>Resident #132 had an order dated 12/09/25 for ipratropium-albuterol solution 0.5 mg per three ml via tracheostomy two times a day due to respiratory failure. The RTR was blank on 03/05/26 and 03/13/26 for the P.M. dose.</p> <p>Resident #132 had an order dated 12/23/25 for a cough assist 30 times five cycles two times a day. The RTR was blank on 03/05/26 and 03/13/26 for P.M.</p> <p>Resident #132 had an order dated 12/18/25 for oxygen at three liters via tracheostomy to maintain oxygen saturation level of 88 percent or greater and to check oxygen saturation level every evening and night shift. The RTR was blank on 03/05/26 and 03/13/26 for the evening shift and on 03/01/26 and 03/08/26 for the night shift.</p> <p>Review of the care plan last revised 12/14/25 revealed Resident #132 required oxygen therapy, for his oxygen saturation rate to be monitored continuously and he was followed by Respiratory Therapy (RT). Interventions included administering medications as ordered, monitoring for respiratory distress and reporting to the physician as needed. Resident #132 had a tracheostomy, continuous oxygen saturation rate monitoring and he was followed by RT. Interventions included oxygen as prescribed, suctioning as needed, monitoring and checking respiratory rate, depth and quality every shift as ordered and documenting. Resident #132 was on a mechanical ventilator due to respiratory failure and stroke. He was dependent on staff for all his ventilator needs and he was followed by RT. Interventions included administering aerosols as ordered, assessing signs of hypoxia, monitoring oxygen saturation levels, and routine tracheostomy change as ordered. There was nothing in the care plan regarding ventilator checks every six hours.</p> <p>2. Review of the closed medical record for Resident #181 revealed an admission date of 03/02/26 and discharge to the hospital on [DATE]. Her diagnoses included acute respiratory failure with hypoxia, heart failure, tracheostomy and dependence on a respiratory mechanical ventilator.</p> <p>Review of the Medicare five-day Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #181 was cognitively intact and dependent on ADLs including personal hygiene, rolling left and right and transfers. She had a tracheostomy and required an invasive mechanical ventilator. She also had oxygen and required suctioning.</p> <p>Review of March 2026 Physician Orders and RTR revealed the following:</p> <p>Resident #181 had an order dated 03/03/26 to have ventilator checks every six hours and as needed. The RTR was blank for 5:00 A.M. on 03/03/26, 03/04/26, 03/05/26, 03/07/26, 03/09/26 and 03/12/26, for 11:00 A.M. on 03/04/26 and 03/06/26, and for 11:00 P.M. on 03/08/26.</p> <p>Resident #181 had an order dated 03/03/26 for albuterol sulfate nebulization solution 2.5 mg per three ml inhale orally per nebulizer two times a day for shortness of breath. The RTR was blank on 03/10/26 for the A.M. dose and on 03/05/26 for the P.M. dose.</p> <p>Resident #181 had an order dated 03/03/26 for sodium chloride inhalation nebulization solution seven percent per four ml via tracheostomy two times a day due to thick secretions. The RTR was blank on 03/05/26 for the bedtime dose. (continued on next page)</p> | | |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Resident #181 had orders dated 03/03/26 to assess her cuffed tracheostomy, size number seven, every shift and oxygen at one to 15 LPM to maintain an oxygen saturation rate of 88 percent or greater. The RTR was blank on 03/05/26 for the evening shift and on 03/08/26 for the night shift for both orders.</p> <p>Review of the care plan dated 03/08/26 revealed Resident #181 had oxygen therapy related to acute and chronic respiratory failure with hypoxia and hypercapnia. She was followed by an RT at the facility. Interventions included administering medications as ordered by the physician and monitoring signs of respiratory distress. Resident #181 was ventilator dependent related to respiratory failure. Interventions included administering aerosol treatments as ordered, assessing for signs of hypoxia, maintaining ventilator settings as ordered, monitoring oxygen saturation levels while on mechanical ventilator every shift, monitoring and documenting to physician any signs of respiratory infection, and preventing accidental extubating by taping securely and checking every two hours. There was nothing in the care plan regarding ventilator checks every six hours. Resident #181 had a tracheostomy related to impaired breathing. Interventions included suctioning as needed, monitoring and documenting respiratory rate, depth, and quality every shift and giving oxygen as ordered.</p> <p>3. Review of the closed medical record for Resident #180 revealed an admission date of 02/06/26 and discharge to the hospital on [DATE]. She was re-admitted to the facility on [DATE] and discharged back to the hospital on [DATE]. Her diagnoses included acute and chronic respiratory failure, congestive heart failure, type two diabetes mellitus, pneumonitis (inflammation of the lung), chronic obstructive pulmonary disease, interstitial (small spaces in the lungs) pulmonary disease, dysphagia (difficulty swallowing), myasthenia gravis (weakness in voluntary muscles), non-Hodgkin lymphoma (a cancer of the lymphatic system), dementia, and chronic kidney disease. The resident had a tracheostomy and dependence on a respiratory mechanical ventilator.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #180 had no cognitive impairment and was dependent on ADLs including personal hygiene, bathing, dressing, and substantial to dependent assistance with bed mobility and transferring. She had a tracheostomy, required an invasive mechanical ventilator, and oxygen therapy.</p> <p>Review of February 2026 and March 2026 Physician Orders and RTR revealed the following:</p> <p>Resident #180 had an order dated 02/06/26 to have ventilator checks every six hours and as needed. The order was discontinued on 02/19/26 after discharge, and a new identical order was initiated on 02/24/26 upon readmission to the facility. The RTR was blank on for the 5:00 A.M. check on 02/07/26, 02/11/26, 02/14/26, 02/15/26, 02/27/26, 02/28/26, 03/01/26, 03/02/26, 03/03/26, and 03/04/26; for the 11:00 A.M. check on 02/07/26, 02/08/26, 02/09/26, and 02/27/26; for the 5:00 P.M. check on 02/10/26, 02/25/26, and 02/27/26; and for the 11:00 P.M. check on 02/10/26, 02/26/26, and 02/28/26.</p> <p>Resident #180 had an order dated 02/08/26 for albuterol sulfate nebulization (aerosol treatment) solution 2.5 mg per three ml via ventilator two times a day for respiratory failure. The order was discontinued on 02/19/26 after discharge, and a new order started on 02/24/26 for ipratropium-albuterol solution (aerosol treatment) 0.5-2.5 mg per three ml inhale orally three times a day for respiratory failure. The RTR was blank on 02/09/26 for the A.M. dose, on 02/27/26 and 03/04/26 at 1:00 P.M., and on 02/25/26 and 02/27/26 at 9:00 P.M.</p> <p>Resident #180 had an order initiated on 02/06/26 for titration (adjustment of the level) of oxygen one (continued on next page)</p> | | |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>to 15 LPM, to maintain peripheral capillary oxygen saturation (the percentage of oxygen-saturated hemoglobin in the blood) of 88 percent or greater every shift. The order was discontinued on 02/29/26 after discharge, and a new identical order started on 02/24/26 upon readmission to the facility. The RTR was blank on 02/09/26 and 02/27/26 for the day shift, on 02/25/26 for the evening shift, and on 02/10/26, 02/26/26, 02/28/26, and 03/01/26 for the night shift.</p> <p>Review of the care plan dated 02/07/26 revealed Resident #180 had a tracheostomy and was ventilator dependent related to acute respiratory failure with hypoxia. Interventions included administering aerosol treatments as ordered, suctioning as necessary, and monitoring and documenting respiratory rate, depth, and quality every shift.</p> <p>Interview on 03/17/26 at 11:14 A.M. with Assistant Director of Nursing (ADON) #200 and RT #307 revealed there was always an RT at the facility and the RT was to document on the RTR that the orders were completed, omitted, refused and/or any other reason the RT medication and/or treatment was not completed. They verified the blanks on the February and/or March 2026 RTRs for Residents #132, #180 and #181 and stated they felt the orders were completed but not documented accurately. They verified there was no other documentation that the RTs used including ventilator checks as they revealed the RTR was the only form utilized.</p> <p>Interview on 03/17/26 at 2:06 P.M. with the Director of Nursing (DON) verified she had reviewed the RTRs for Residents #132, #180 and #181 for February and/or March 2026 and verified there were blanks including ventilator checks, aerosol treatments, tracheostomy assessments, and oxygen as ordered. She stated the facility had recently started the ventilator program and they were working out the issues including documentation. She felt the orders were completed but were not documented accurately. She revealed a medication error form should have been completed for any treatment and/or medication omitted and then the facility would investigate why the order was not documented as completed.</p> <p>Interview on 03/17/26 at 2:20 P.M. with Director of RT #239 verified that she had noticed the blanks on the RTR for Residents #132, #180 and #181. She stated the RTs at the facility were just not used to documenting on the RTR and that she was just as guilty as she had not documented at times. She verified the RTR documentation was not accurate, but stated she believed the orders were completed just not documented.</p> <p>Review of facility policy labeled, Medication Errors dated 01/30/20 revealed a medication error/omission report was to be completed immediately after an error was discovered to ensure proper resident follow up.</p> <p>Review of facility policy labeled, Invasive Mechanical Ventilation dated 12/08/25 revealed the goals of mechanical ventilation was to sustain life, reduce morbidity and enhance quality of life. There was no reference in the policy regarding ventilator checks or the documentation of orders in the RTR.</p> <p>This deficiency represents non-compliance investigated under Complaint Number 2795617.</p> | | |