STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366124	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Hills Healthcare Community	12496 Princeton Rd Huntsburg, OH 44046

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview and review of the facility policy, the facility failed to ensure advance directives were consistent across the medical record. This affected one resident (#7) of five residents reviewed for advance directives. The facility census was 57.Findings include:Review of Resident #7's medical record revealed an admission date of 02/04/26 and diagnoses including syncope and collapse, altered mental status, hypertension, atrial fibrillation, generalized anxiety disorder and vascular dementia with agitation.Review of a quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #7 had moderate cognitive impairment.Review of Resident #7's physician's orders revealed an order dated 03/09/26 for an advance directive of Do Not Resuscitate Comfort Care (DNRCC).Review of a nursing progress note dated 02/05/26 at 6:29 P.M. revealed Resident #7 and his son were in agreement with a code status of Do Not Resuscitate Comfort Care Arrest (DNRCCA).Further review of Resident #7's medical record revealed one signed advance directive dated 02/03/26 for a code status of DNRCC and another signed advance directive dated 02/09/26 for a code status of DNRCCA.Review of Resident #7's plan of care dated 02/06/26 revealed he had a code status of DNRCCA.Interview on 04/13/26 at 11:49 A.M. with MDS/Registered Nurse (RN) #200 revealed the nurse doing a resident's admission was responsible for obtaining a resident's advance directive and then management followed up with this process. MDS/RN #200 verified the most current advance directive for Resident #7 was for DNRCCA dated 02/09/26 which did not match the physician's order and confirmed they should have matched.Review of the facility policy, Advance Directives, dated 09/01/21 revealed during the care planning process, the facility will identify, clarify and review with the resident or legal representative whether they desire to make any changes related to the advance directives. Any decision making will be documented in the resident's medical record and communicated to the interdisciplinary team.

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