

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366173	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/16/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Beckett House		STREET ADDRESS, CITY, STATE, ZIP CODE  1280 Friendship Drive New Concord, OH 43762	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28704</b></p> <p>Based on observation, medical record review, and interview, the facility failed to maintain a clean and safe living environment for residents. This affected one (#40) of three residents sampled and two additional residents (#6 and #67) identified during environmental tour. The facility census was 78.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Medical record review revealed Resident #40 was admitted on [DATE] with diagnoses including myocardial infarction and cerebral infarction.</li> </ol> <p>Observation on 12/16/24 at 8:10 A.M. revealed Resident #40 was independently ambulating in his room. Resident #40's bathroom revealed a missing floor tile approximately 10 inch in length by four inches in width at the entrance of Resident #40's shower. Interview with Resident #40 at the time of the observation stated he showers in his room and the tile had been broken since he moved in.</p> <ol style="list-style-type: none"> <li>2. Observation on 12/16/24 at 11:20 A.M. of the 500-hall central bath revealed two opened bags of soiled linens, including a towel protruding out of the top of the bag resting against the lower wall outside the shower stall covered with a dark brown substance. The bags of soiled linens were not secured and gnats were observed flying around the linens. There was no staff or residents observed in the central bath and the shower floor was dry. Interview with Licensed Practical Nurse (LPN) #102 verified the soiled linen bags were not secured and should not be on the floor.</li> <li>3. Observation on 12/16/24 at 11:27 A.M. of Resident #6's wall behind the bed revealed three heavily damaged areas of drywall measuring approximately 14 inches in length by three inches in width. Large pieces of dry wall was observed to be missing from two of the areas including one area that penetrated completely through the drywall exposing the inner wall. There was also an outlet box with grey wires observed without an outlet cover next to the night stand near the window.</li> <li>4. Observation on 12/16/24 at 11:29 A.M. of Resident #67's floor tiles revealed a 1/4 to 1/2 inch wide linear crack with missing tile pieces that extended the width of the room, from the entrance of the bathroom to the wall adjacent to the resident's closet. The subflooring was observed to have black build-up where the floor tiles were cracked/broken. Interview with Resident #67 at the time of the observation stated he did not know what had happened to the flooring.</li> </ol> <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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 12/16/24 between 11:35 A.M. to 11:42 A.M. with Maintenance Director #103 verified the above observations.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159451.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28704</b></p> <p>Based on observation, interview, medical record review, and policy review, the facility failed to provide adequate incontinence care. This affected one (Resident #36) of four residents sampled for activities of daily living. The facility census was 78.</p> <p>Findings include:</p> <p>Medical record review revealed Resident #36 was admitted on [DATE] with diagnoses including displaced right femur fracture, diabetes mellitus and unspecified dementia.</p> <p>Review of the admission Minimum Data Set 3.0 assessment dated [DATE] revealed Resident #36 was severely impaired for daily decision-making and was dependent on staff for toileting and personal hygiene.</p> <p>Observation on 12/16/24 between 10:46 A.M. and 11:13 A.M. revealed Certified Nurse Assistant (CNA) #100 was pushing a hooyer mechanical lift down the hall towards Resident #36's room. CNA #100 entered the room where CNA #101 was waiting to assist with incontinence care. CNA #100 stated her supplies were ready and motioned to the night stand next to the bed. There was a towel with two wet wash clothes sitting on top of the towel. No barrier was observed beneath the towel, and no soap or wash basin was observed. CNA #100 washed her hands and donned gloves. CNA #100 used one of the two wash clothes to wash the resident's perineal area, placed the soiled wash cloth on top of a trash bag on the bed, then used the second wash cloth to wipe the soap off the resident, and proceeded to dry the resident with the towel. Resident #36 was assisted to his left side and the same wash clothes were used to wash, rinse, and dry the rectal area in which a bowel movement was observed. CNA #100 placed her gloved hand against the resident's hip as she unclipped the bed sheet from the mattress, rolled the bed sheet towards the middle of the bed, and placed a clean cloth incontinence pad next to the resident's buttock. At 10:54 A.M., CNA #100 removed her soiled gloves and donned a new pair of gloves. On 12/16/24 at 11:13 A.M., CNA #100 verified the above as being completed.</p> <p>On 12/16/24 at 1:20 P.M., interview with the Director of Nursing revealed she had begun educating staff on correct incontinence procedures, which included hand washing and proper glove use since the above observation.</p> <p>Review of the undated policy Incontinence Care revealed residents were to be provided incontinence care after each episode of incontinence. Procedure was to be explained to the resident, hands washed, and gloves donned. The area was to be cleaned with perineal wash or a mild cleanser, pat dry, a protective barrier ointment and absorbent under pad and brief applied if needed. Gloves were to be disposed and hands washed.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159451.</p>		