

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 11/13/2025
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. (continued on next page)		

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
---	-------	-----------

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 11/13/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NONCOMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY.Based on observation, record review, interview, and review of the facility self-reported incident (SRI), the facility failed to provide care and services to assist a dependent resident with activities of daily living (ADL) and the resident was identified to have maggots in her hair. This affected one (#11) of three residents reviewed for personal hygiene. The facility census was 76. Findings include: Review of the medical record for Resident #11 revealed an initial admission date of 01/19/23 and a readmission date of 11/04/25. Resident #11 was transferred to the hospital on [DATE]. Diagnoses included: multiple sclerosis, neuromuscular dysfunction of bladder, unspecified, seborrheic dermatitis, and cellulitis of head. Review of the most recent Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #11 had a Brief Interview for Mental Status (BIMS) of 15. The resident was assessed to require dependence on staff for bed mobility, oral hygiene, toileting hygiene, eating, bathing, and transfers. Section M revealed Resident #11 was at risk for pressure ulcers and did not have any wounds. Review of Resident #11's ADL care plan revealed Resident #11 required assistance with ADL's, prefers showers, and resident refuses to allow staff to soak hair and address skin conditions. Review of Resident #11's physician's orders dated 06/11/25 revealed an order for ketoconazole shampoo 2%. Apply to scalp (shampoo) topically every day shift every Wednesday, Sunday for tinea versicolor (bath days) and Lotrisone Cream 1-0.05% (Clotrimazole-Betamethasone), apply to scalp topically two times a day for skin integrity dated 01/22/25. Review of a nursing progress note dated 10/29/25 revealed live myiasis (maggots) in Resident #11's hair and scalp. The resident's hair was washed and cream applied to open area to scalp. Hospice notified. Orders were received to send Resident #11 to the emergency room (ER). Subsequent review of medical record for Resident #11 revealed point of care (POC) task sign off documentation for scheduled bathing revealed not applicable on 09/08/25, 09/22/25, 09/26/25, 10/13/25, 10/20/25, and 10/24/25. Review of shower sheets for Resident #11 revealed missing documentation for shower or bed baths provided for dates 09/01/25, 09/05/25, 09/07/25, 09/14/25, 09/15/25, 09/21/25, 09/28/25, 10/03/25, 10/10/25, and 10/17/25. Review of the facility's self-reported incident dated 10/30/25 revealed environmental factors such as flies in Resident #11's room may have contributed to the exposure of the wound. Review of pest control invoices dated 09/24/25, 10/30/25 and 11/10/25 revealed fly activity detected. Interview on 11/12/25 at 9:40 A.M. with Resident #11 revealed she prefers to have the hospice provider provide her with showers during visits and stated she was not getting the prescribed medications applied to her scalp as ordered prior to going to the hospital on [DATE]. Since returning from the hospital Resident #11 stated she is receiving daily showers provided by staff and topical medication to her scalp. Observation of Resident #11 at the time of the interview revealed a topical ointment applied to her scalp and Resident #11 appeared clean and well groomed. Interview on 11/12/25 at 3:15 P.M. with Licensed Practical Nurse (LPN) #10, revealed the facility has had fly issues. She usually kills 4-5 flies a day, but states they have gotten better during the weather change and since they have had Orkin (pest control company) come in. Interview on 11/12/25 at 3:20 P.M. with the Maintenance Director confirmed the facility had fly issues. The Maintenance Director stated Orkin comes into the facility monthly and as needed. The deficient practice was corrected on 10/30/25, when the facility implemented the following corrective actions: On 10/30/25, Resident #11's room was deep cleaned by facility housekeeping. On 10/30/25, an initial audit by the wound nurse conducted skin checks on all residents with wounds to ensure no additional residents were impacted. On 10/30/25, an audit completed by the Maintenance Director of all resident windows and other access sites to ensure there were no holes, tears, or openings that would allow entry access for flies. On 10/30/25, Orkin (pest control) was contacted to provide treatment for fly control. On 10/30/25, the Director of Nursing (DON) or designee educated all nursing staff on wound care protocols. On 10/30/25, the Housekeeping Supervisor educated all housekeeping staff on enhanced cleaning procedures. The DON/or designee will audit wound treatments and documentation for all residents with wounds two-three days a week for four weeks and then as determined necessary to ensure compliance. The Administrator or designee will complete visual inspection audits two-three times a week for four weeks and then as determined necessary of resident care areas to ensure the environment remains free of pests. Audits completed by the DON/designee on 10/30/25, 11/04/25, 11/07/25, and 11/11/25. Audits completed by Administrator/designee on 10/30/25, 11/05/25</p>		