STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366217	A. Building B. Wing	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Court	1925 E Fourth St Ottawa, OH 45875

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 0805 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** THIS DEFICIENCY REPRESENTS AN INCIDENT OF PAST NON-COMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PIOR TO THIS SURVEY. Based on closed medical record review, staff interview, paramedic interview, review of the Emergency Medical Services (EMS) run report, review of the hospital records and review of the facility policies, the facility failed to ensure residents were served foods in the physician ordered diet texture to meet individual needs. This resulted in Immediate Jeopardy and serious life-threatening harm, negative health outcomes and/or death on 05/02/26 for one (#09) resident when Resident #09, who had a chopped meat diet order, was able to consume a piece of chicken that was not prepared per their physician prescribed diet order. Subsequently, Resident #09 choked, became unresponsive and required staff intervention to perform the Heimlich maneuver (a first-aid method for choking that includes abdominal thrusts), cardiopulmonary resuscitation (CPR), and EMS response to remove the food from the trachea where it was preventing airflow to and from the lungs. Consequently, Resident #09 was hospitalized for 27 days, required gastrostomy tube (G-tube) placement (flexible medical tube inserted through the abdominal wall directly into the stomach to provide nutrition, fluids, and medication) and entered palliative care (specialized medical care focused on providing relief from the symptoms, pain, and stress of a serious illness) services. This affectedˆone (#09) of three residents reviewed for mechanically altered diets. The facilityˆidentifiedˆeight (#12, #14, #17, #20, #25, #28, #38, and #40) current residents whoˆhad physician ordered mechanically altered diets.ˆˆThe facility censusˆwasˆ49. On 06/15/26 at 4:24 P.M., the Administrator, the Director of Nursing (DON), and Regional Director of Clinical Operations (RDCO) #501 were notified Immediate Jeopardy began on 05/02/26 when Resident #09, who was under the supervision of Certified Nursing Assistant (CNA) #134 during the dinner meal in the dining room, was able to consume a large piece of chicken that was not prepared per the physician ordered chopped meat diet texture. At approximately 4:50 P.M., CNA #134 observed Resident #09 choking, attempted to assist the resident, and called out for staff assistance. The DON, CNA #134, CNA 137, and CNA #200 attempted the Heimlich maneuver (abdominal thrusts) without success. The resident was moved away from the dining area, nine-one-one (911) was called, staff attempted to stand him up to appropriately perform abdominal thrusts, and Resident #09 became unresponsive. The DON initiated CPR until a faint pulse and agonal breaths (abnormal, involuntary reflex characterized by irregular, gasping, or snoring sounds; it occurs when the brainstem is deprived of oxygen and is not true breathing and does not provide enough oxygen to sustain life) were acquired and the resident was placed in a recovery position on his right side. EMS arrived to transport Resident #09 to the hospital. While attempting to intubate (insertion of a flexible plastic tube into the windpipe to keep the airway open) the resident, EMS discovered the resident had an airway blockage and utilized [NAME] forceps to remove a one-half to one inch by two-inch piece of chicken. Subsequently, Resident #09 was hospitalized from [DATE] until 05/29/26 and required the placement of a G-tube to maintain nutritional status. Resident #09 discharged from the hospital on [DATE] to another facility on palliative care services. Although the Immediate Jeopardy wasˆremoved onˆ05/04/26, the facility (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

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