

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/17/2024
NAME OF PROVIDER OR SUPPLIER  Continuing Healthcare at Willow Haven		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 Taylor Street Zanesville, OH 43701	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43064</b></p> <p>THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NON-COMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY.</p> <p>Based on closed record review, review of a facility investigation and follow up, and staff interview the facility failed to ensure coordination of care for Resident #79 related to a gynecology appointment to timely address medical symptoms. This affected one resident (#79) of three residents reviewed for appointments. The facility census was 76.</p> <p>Findings include:</p> <p>Review of Resident #79's closed medical record revealed an admitted [DATE] and a discharge date of [DATE]. Resident #79 had diagnoses including multiple sclerosis, anxiety disorder, chronic kidney disease stage four, chronic diastolic heart failure, and anxiety.</p> <p>Review of Resident #79's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident had intact cognition.</p> <p>Review of Resident #79's progress note dated 10/23/24 revealed there was a new order for a referral to gynecology for post-menopausal bleeding.</p> <p>Review of Resident #79's physician order dated 10/24/24 revealed an order to refer to gynecology for post-menopausal bleeding.</p> <p>Review of Resident #79's medical record from 10/23/24 to 11/11/24 revealed no evidence a referral to gynecology had been made.</p> <p>Interview on 12/17/24 at 10:26 A.M. with the Administrator verified an appointment had not been scheduled with gynecology for Resident #79 as ordered by the physician. The Administrator reported the facility had addressed this issue with Scheduler #155 following the identification of the concern.</p> <p>The deficient practice was corrected on 11/18/24 when the facility implemented the following corrective actions:</p> <p>Resident #79 was discharged on [DATE].</p> <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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/13/24 the Director of Nursing (DON) completed an audit of all resident records to ensure ordered appointments had been scheduled with no negative findings.</p> <p>On 11/13/24 the DON completed education with Scheduler #155 regarding scheduling appointments and consults.</p> <p>On 11/18/24 the DON/designee began weekly audits to ensure all ordered appointments and consults had been scheduled. All audit findings reviewed by the quality assurance and performance improvement committee. This continued for four weeks.</p> <p>On 12/17/24, review of resident records and interviews with residents revealed no missing appointments between 11/18/24 and 12/17/24.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00160722.</p>