

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER Continuing Healthcare at Cedar Hill		STREET ADDRESS, CITY, STATE, ZIP CODE 1136 Adair Avenue 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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>37100</p> <p>Based on observations, medical record review, resident interview, staff interview, and facility policy/procedure review, the facility failed to maintain a sanitary living environment. This affected one resident (#68) of three residents reviewed for a sanitary living environment. The facility census was 75.</p> <p>Findings include:</p> <p>Observations on 05/29/24 at 10:30 A.M. and 10:45 A.M. revealed mouse droppings in a basket in Resident #68's bedroom. The basket had personal items in it, as well as a box of snack cakes (each individual cake was sealed).</p> <p>Resident #68 was admitted to the facility 11/24/22 with diagnoses including type II diabetes, chronic obstructive pulmonary disease, vascular dementia, need for assistance with personal care, difficulty walking, dysphagia, cerebral aneurysm, autonomic neuropathy, insomnia, ventral hernia, hyperlipidemia, depression, obesity, atrial fibrillation, hypothyroidism, and hypertension.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 03/01/24, revealed Resident #68 was cognitively intact.</p> <p>Interview with Resident #68 on 05/29/24 at 10:35 A.M. confirmed she had seen mice in her room, but it had been a couple weeks since this has occurred. She confirmed there were mice droppings in her basket, which was located on top of her mini fridge. She keeps snacks and other personal items in that basket, which she can reach and get things out of it when she wants.</p> <p>Interview with State tested Nursing Aide (STNA) #101 on 05/29/24 at 10:45 A.M. confirmed the mice droppings in Resident #68's basket in her room. She confirmed that should be cleaned and personal items should not have mice droppings in them.</p> <p>Interview with the Administrator on 05/29/24 at 11:16 A.M. confirmed he was told about the mice droppings found in Resident #68's room. He confirmed there was documentation that Resident #68 room was deep cleaned on 05/15/24, so he was not sure if the mice droppings were missed at that time, or if it occurred after the deep cleaning.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility Room Cleaning Checklist revealed each day, the following items will be cleaned by the housekeeping staff: within resident rooms, furniture, blinds, windows/sills, mattress, doors/knobs, privacy curtains, empty trash, floors, make bed, ensure supplies in bathroom are refilled, toilet, mirrors, sinks, and any handrails.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00153908.</p>		