

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 01/23/2025
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47059</p> <p>Based on resident interview, staff interviews, and record review, the facility failed to provide unopened mail for Resident #41. This affected one resident (#41) out of one resident reviewed for privacy.</p> <p>Findings included:</p> <p>Review of the medical record revealed Resident #41 was readmitted on [DATE] with diagnoses that included type two diabetes mellitus with diabetic neuropathy, heart disease, obstructive and reflux uropathy, conduct disorder, chronic osteomyelitis, heart failure, major depressive disorder, dementia, suicidal ideation, depression, and hypertension.</p> <p>Review of the annual minimum data set (MDS) 3.0 dated 09/06/24 revealed Resident #41 was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15/15. Resident #41 had no impairment of functional range of motion in upper or lower extremities and reported no pain and received no pain medication.</p> <p>Review of Resident #41's admission agreement dated 02/20/19 revealed he wished to receive his mail unopened.</p> <p>Interview on 01/21/25 at 11:00 A.M. with Resident #41 revealed Resident #41 received a package and it was open. Resident #41 felt it should have been opened in front of him.</p> <p>Interview on 01/21/25 at 1:44 P.M. with Receptionist #211 revealed she worked Monday through Friday. Receptionist #211 stated that she was to go through the mail and sort it out. If the item came in a box, she would use a box cutter to slice the top open, but she would not look inside. Receptionist #211 stated she then would give the items to activities to deliver the open boxes.</p> <p>Interview on 01/23/25 at 10:42 A.M. with the Administrator confirmed that packages delivered to the facility should go directly to the residents, unopened.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00161280.</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 - Some</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>42015</p> <p>Based on observation, staff interview, and review of the shower cleaning sheets, the facility failed to maintain a clean and sanitary shower room. This affected all 45 residents (#3, #7, #11, #13, #14, #15, #18, #19, #20, #22, #23, #25, #26, #27, #30, #35, #36, #40, #41, #42, #43, #45, #46, #47, #49, #52, #59, #61, #62, #63, #64, #67, #69, #72, #73, #75, #79, #232, #233, #234, #236, #237, #282, #332, and #334) residing on the east wing of the facility who utilized the facility's shower room. The facility census was 85.</p> <p>Findings include:</p> <p>Observation on 01/21/25 at 11:40 A.M. of the facility's East Wing shower room revealed the room hosted two shower stalls. One stall was clear while the other stall hosted several shower chairs. Along the shower wall of the second shower stall was a moderate amount of green residue.</p> <p>Review of the Shower Cleaning Sheet revealed housekeeping staff were to clean shower rooms on Mondays, Wednesdays, and Fridays. The cleaning involved cleaning the sink, stocking soap and paper towels, disinfecting the tub, sweeping and mopping the floors, cleaning the toilets, checking the trash, and disinfecting showers and shower chairs. Housekeeper #208 signed off that she cleaned the shower room on 01/17/25 and 01/20/25.</p> <p>Interview on 01/21/25 at 11:40 A.M. revealed Certified Nursing Assistant (CNA) #129 reported the green mildew had been present for a couple of months. CNA #129 went on to say she had made maintenance aware that it needed removed awhile ago, but they had not done it.</p> <p>Interview on 01/21/25 at 1:48 P.M. Regional Maintenance Director #220 confirmed the environmental findings and reported it appeared to be algae. He stated they recently lost their maintenance director, and several issues had been missed.</p> <p>Interview on 01/22/25 at 12:11 P.M. Housekeeper #208 reported she was responsible for cleaning the showers three times a week on Mondays, Wednesdays, and Fridays. She reported that since the shower stall had shower chairs present, she has not been cleaning that stall. She went on to say she expected the facility CNAs to clean it after each shower.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00161280.</p>		