

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  09/18/2025
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and staff interview, the facility failed to maintain the facility in good repair and maintain a home like environment. This affected 12 of 41 resident rooms currently occupied by residents in the facility. The resident census was 70. Findings Include: On 09/18/25 tour of the facility between 9:50 A.M. and 10:20 A.M. the following environmental issues were observed:</p> <ol style="list-style-type: none"> <li>1. room [ROOM NUMBER] behind the bed by the window, the wall was gouged and the paint peeling.</li> <li>2. room [ROOM NUMBER] the wall was patched and not painted in multiple places.</li> <li>3. room [ROOM NUMBER], 105 and 201 the ceiling was peeling and hanging down.</li> <li>4. room [ROOM NUMBER] by the bathroom door and corner by the dresser was gouged and scraped.</li> <li>5. The wallpaper was torn on both sides of the door by room [ROOM NUMBER].</li> <li>6. Between room [ROOM NUMBER] and room [ROOM NUMBER] the wallpaper was torn.</li> <li>7. room [ROOM NUMBER] the wall behind and beside the bed had gouges in multiple places.</li> <li>8. Baseboard was missing in the hallway by room [ROOM NUMBER] and lounge area.</li> <li>9. The wallpaper was off the wall in the hallway by the TV lounge in the hallway.</li> <li>10. The wall across from room [ROOM NUMBER] in the hallway was patched in multiple places and not painted.</li> <li>11. room [ROOM NUMBER] the wall was gouged behind the bed by the window. The cover was off of the metal heating unit and blinds on the window were broken.</li> <li>12. The wallpaper was torn in the hallway by room [ROOM NUMBER].</li> </ol> <p>This was verified during interview with the Director of Nursing on 09/18/25 at 1:24 P.M.</p> <p>This deficiency represents non-compliance investigated under Complaint Number 2614300.</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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