

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 12/09/2025
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, policy review and interview, the facility failed to ensure residents received specialized therapy services as written in the plan of care. This affected one resident (#60) of three residents reviewed for specialized therapy services. The census was 77. Findings include: Medical record review revealed Resident #60 was admitted on [DATE] with diagnoses including wedge compression fracture of second lumbar vertebra, unspecified dementia, unsteadiness on feet, muscle weakness, cerebral infarction, anxiety and difficulty in walking not elsewhere classified. Review of the Physical Therapy (PT): Plan of Treatment and Orders revealed therapy services were initiated on 08/21/25. The PT plan of treatment certification periods included 09/19/25 through 10/18/25; 10/15/25 through 11/13/25, 11/14/25 through 12/06/25, and 12/06/25 through 01/04/26. The services were to be provided three to five times a week for therapeutic exercises, therapeutic activities, neuromuscular reeducation, and gait training. Review of the Occupational Therapy (OT): Plan of Treatment and Orders revealed therapy services were initiated on 08/21/25. The OT plan of treatment certification periods included 08/21/25 through 09/19/25; 09/20/25 through 10/19/25; 10/18/25 through 11/16/25; and 11/15/25 through 12/14/25. The services were to be provided three to five times a week for therapeutic exercises, therapeutic activities and self-care management training. a. Review of the OT Service Log Matrix dated October 2025 revealed Resident #60 did not receive any OT treatments between 10/03/25 through 10/12/25, 10/17/25 through 10/22/25 or 10/24/25 through 10/31/25. Review of the OT Service Log Matrix dated November 2025 revealed Resident #60 did not receive any OT treatments between 11/01/25 and 11/09/25, 11/20/25 through 11/24/25 or 11/27/25 through 11/30/25. b. Review of the PT Service Log Matrix dated October 2025 revealed Resident #60 did not receive any PT treatments between 10/07/25 through 10/13/25, 10/18/25 through 10/21/25, or 10/23/25 through 10/29/25. Review of the PT Service Log Matrix dated 11/01/25 through 11/30/25 revealed Resident #60 did not receive any PT treatments between 11/01/25 through 11/04/25, 11/06/25 through 11/08/25, 11/21/25 through 11/23/25, or 11/25/25 through 11/30/25. On 12/09/25 between 1:10 P.M. and 1:19 P.M., interview with Rehab Director #44 verified Resident #60 did not receive OT or PT services at the frequency as written in the plan of care during October 2025 and November 2025. Rehab Director #44 stated the frequency was not met due to the corporate office did not submit the insurance authorizations timely resulting in an interruption in therapy services. On 12/09/25 at 3:01 P.M., interview with Rehab Director #44 stated the facility did not have a policy related to therapy services. Rehab Director #44 stated although there was not a policy developed, it was the expectation for specialized therapies to be completed at the frequency written per plan of care. This deficiency represents non-compliance investigated under Complaint Number 2683614.</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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