

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.

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<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>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50538</p> <p>Based on record review and staff interview, the facility failed to correctly identify Resident #52's psychotropic diagnosis on a significant change Preadmission Screening and Resident Review (PASRR) form. This affected one resident (#52) out of one resident sampled for PASRR. The facility census was 85.</p> <p>Findings include:</p> <p>Review of Resident #52's medical record revealed an admitted [DATE] and diagnoses including traumatic subdural hemorrhage with loss of consciousness of unspecified duration, bipolar disorder, major depressive disorder, and anxiety.</p> <p>Review of Resident #52's physician orders revealed the resident was ordered Celexa 40 milligrams (mg) in the morning for yelling out/restlessness, Depakote Delayed Release 125 mg three times daily for bipolar disorder, and Lorazepam 2 mg/milliliter (ml) with instructions to administer 0.5 ml every four hours as needed for anxiety/agitation for 90 days.</p> <p>Review of Resident #52's care plan dated 10/13/23 revealed the resident utilized psychotropic medications related to bipolar disorder with interventions to monitor for target behavior symptoms such as agitation and delusions and to administer psychotropic medications as ordered. The care plan also revealed the resident utilized antianxiety medications related to agitation with interventions to monitor target behaviors of yelling out, restlessness and statements of anxiety and to administer antianxiety medications as ordered.</p> <p>Review of Resident #52's PASRR form completed on 01/20/25 revealed Section E: Indications of Serious Mental Illness, question one, asked Does the individual have a diagnosis(es) of any of the mental disorders listed below? The prompt stated to check all that apply, giving diagnoses choices of schizophrenia, mood disorder(s), delusional disorder(s), panic or other severe anxiety disorder(s), somatic symptom disorder(s), personality disorder(s), other psychotic disorder(s) or another mental disorder that may lead to a chronic disability. The answer to question one was no.</p> <p>Interview on 01/22/25 at 1:55 P.M. Social Worker Designee #100 verified the question Does the individual have a diagnosis(es) of any of the mental disorders listed below? was answered no. She confirmed Resident #52 had diagnoses of major depressive disorder and bipolar disorder and these diagnoses should have been marked on the PASRR form.</p> <p>Interview on 01/23/25 at 2:58 P.M. the Administrator indicated the facility did not have a policy for PASRR completion, the facility simply followed the regulations regarding completion of the PASRR.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42015</p> <p>Based on staff interview, resident interview, record review, and policy review, the facility failed to ensure Resident #32 was provided the opportunity to participate in and attend his quarterly care conference meeting. This affected one (Resident #32) out of six residents reviewed for care planning. The facility census was 85.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #32 revealed an admitted for 03/27/24. Diagnoses included diabetes mellitus type two, retention of urine, and major depressive disorder.</p> <p>Review of Resident #32's Interdisciplinary Care Conference Summary dated 12/16/24 revealed no signatures were present on the form, indicating the interdisciplinary team (IDT) members and the resident were not present for the meeting.</p> <p>Review of Resident #32's quarterly Minimum Data Set assessment dated [DATE] revealed the resident was cognitively intact.</p> <p>Interview on 01/21/25 at 1:02 P.M. Resident #32 revealed he had not had a care plan meeting since his admission to the facility (March 2024). He indicated he would like to meet with his team to discuss his plan of care.</p> <p>Interview on 01/23/25 at 1:42 P.M. Social Worker Designee #100 verified she did not have a sign-in sheet to confirm who all attended Resident #32's last care plan meeting. She verified members who attend the meetings, signed the form to indicate they were present for the meeting.</p> <p>Review of the facility policy titled Care Conference Guidelines Policy dated February 2022 revealed care conferences offered an opportunity for the centers interdisciplinary team to review and discuss the plan of care with the resident, resident representative, and any family members. Each center would establish a routine schedule for care conferences with each resident at least quarterly and more often when necessary. Care conference attendees may include the resident, representative, guardian, and IDT members (social services, nursing, activities, dietary, therapy, administrator, direct care, physician, and ancillary services).</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50008</p> <p>Based on review of resident medical records, staff interviews, and review of facility policy, the facility failed to provide appropriate care and services related to a significant weight loss for Resident #17. This affected one (Resident #17) of six residents (Resident #1, #12, #17, #32, #57, and #134) reviewed for nutrition. The facility census was 85 residents.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #17 was admitted on [DATE] with diagnoses that included chronic obstructive pulmonary disease, unspecified dementia, and anxiety disorder.</p> <p>Review of the care plan dated 07/30/24 revealed Resident #17's had a nutritional problem or a potential nutritional problem related to chronic disease, was at risk for malnutrition, and was using a mechanically altered diet and thickened liquids. The interventions included to monitor and record signs and symptoms of malnutrition, including significant weight loss of over five percent (%) in one month, the dietitian was to evaluate and make diet change recommendations as needed, and weights were to be obtained as ordered.</p> <p>Review of the nutrition assessment dated [DATE], revealed Resident #17 was at risk of malnutrition related to chronic disease, being on a mechanically altered diet, and having a body mass index over 25 (which is indicative of overweight status).</p> <p>Review of Resident #17's weights revealed that from 07/29/24 to 10/08/24, Resident #17's weight remained stable. On 10/08/24, Resident #17 weighed 240 pounds (lbs). On 10/24/24, Resident #17 weighed 227.8 lbs (a 5.1% significant weight loss in 30 days).</p> <p>Review of the progress notes for Resident #17 revealed on 10/25/24 there was a note from the dietitian requesting a re-weigh and it stated that the nurse practitioner had been notified of Resident #17's weight loss. The medical record did not note possible reasons for weight loss, a nutrition assessment, or interventions related to Resident #17's significant weight loss.</p> <p>Review of Resident #17's weights after the 10/24/24 weight loss, revealed a re-weigh was not obtained for Resident #17. The next weight for Resident #17 was obtained on 11/20/24, and Resident #17 weighed 230.8 pounds.</p> <p>Review of Resident #17's nutrition progress note revealed that on 11/18/24, the dietitian recommended a house supplement eight ounces (oz) daily. The house supplement order was initiated on 11/18/24 as recommended, 25 days after Resident #17 had a significant weight loss of 5.1% of his body weight in 30 days.</p> <p>Interview with Dietitian #225 on 01/23/25 at 10:30 A.M. confirmed that she did not evaluate Resident #17's weight loss on 10/25/24 and that no intervention was put into effect until 11/18/24. Further interview revealed that she would request a re-weigh for residents when they had a difference of five pounds or greater from their previous weight and that no re-weigh was obtained on Resident #17.</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Director of Nursing on 01/23/25 at 10:47 A.M. revealed that if there was a significant weight loss, she would expect the dietitian to evaluate and document the weight loss in the medical record. She confirmed that no interventions were put into place from 10/25/24 until 11/18/24 for Resident #17's significant weight loss.</p> <p>Review of a facility policy named Weight Policy updated on 01/03/25 revealed that weights would be completed monthly unless the Interdisciplinary Team, physician or dietician/diet tech recommended it to be done more often. It also stated weights would be obtained in a timely and accurate manner, documented, and responded to in an appropriate manner. Re-weights should occur within a reasonable amount of time for weights varying 5% or more from the previous month. The dietitian would review and establish the re-weigh list to be completed by the next visit. Re-weights should occur in a reasonable amount of time for weights varying 3% or more from the previous weight and be available for review by the next weekly scheduled visit. The dietitian would be notified of routine weights, significant changes in weights, insidious weight loss and other concerns related to diet and intake. Acute or chronic weight changes would be documented, and recommendations would be provided by the dietitian as appropriate.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50008</p> <p>Based on observation, staff interviews, and review of facility policy, the facility failed to store perishable items under sanitary conditions. This had the potential to affect all 85 residents residing in the facility. All residents were identified as receiving meals from the kitchen.</p> <p>Findings include:</p> <p>Observations of the walk in freezer on 01/21/25 at 8:18 A.M. revealed several undated/unlabeled items which were later identified by Dietary [NAME] #205 as follows: four bags of hash browns removed from their original packaging and now stored in a two-gallon plastic storage bags, a bag of tater tots removed from their original packaging which had been opened and were now stored in a two-gallon plastic storage bag, one bag of chicken tenders removed from their original packaging and now stored in a two-gallon plastic storage bag, three bags of frozen drumsticks removed from their original packaging and now stored in two-gallon plastic storage bags, five bags of Hawaiian rolls and two of which had been previously opened, one previously opened bag of cinnamon rolls which were stuck together and now stored in a two gallon plastic storage bag, one pan of lasagna that had been removed from its original packaging and now stored in a two-gallon plastic storage bag, and one two-gallon bag of hot dogs that had been previously opened and were stuck together and had ice crystals on them.</p> <p>Interview with Dietary [NAME] #205 on 01/21/25 at 8:27 A.M. confirmed the presence of the above listed unlabeled and undated items which had either been previously opened, removed from their original packaging without labels and dates, and/or had evidence of being re-frozen or stuck together.</p> <p>Review of the facility policy titled Sanitation and Food Safety: Labeling and Dating revised in January 2025 revealed that all food items in the freezers must be clearly labeled and dated to ensure food safety and quality. This included leftovers, opened foods and sealed packages removed from their original shipping box/case. All food items must be labeled with the date that they were received or opened. Sealed packages removed from their original shipping box/case must be labeled with the date that they were received. When food was transferred to a zip top bag or sealed container, the new container must be labeled with the date the food was opened or transferred.</p>