

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366413	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2025
NAME OF PROVIDER OR SUPPLIER Oaks at Bethesda The		STREET ADDRESS, CITY, STATE, ZIP CODE 2971 Maple 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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the medical record and interview with staff, the facility failed to ensure wound treatment orders were in place for Resident #56. This affected one resident (Resident #56) of three reviewed for wounds. Findings included: Review of the medical record revealed Resident #56 was admitted to the facility on [DATE]. Diagnoses included surgical aftercare, presence of an aortocoronary bypass graft, cardiogenic shock, atherosclerotic heart disease, respiratory failure, pulmonary fibrosis, chronic kidney disease, diabetes, tremor, macular degeneration, obstructive sleep apnea, chest pain, bipolar disorder, depression, diverticulosis, atelectasis and thrombocytopenia. He was discharged to the hospital on [DATE]. Review of the progress note dated 04/17/25 at 5:41 P.M. revealed Resident #56 had a deep tissue injury to his bilateral buttocks. The right buttock measured 4.0 centimeters (cm) by 3.5 cm and was a dark reddish purple in color and hard. The left buttock measured 4.9 cm by 5.1 cm, was dark reddish purple in color and hard. Calazine was applied to both areas. Review of the Plan of Care dated 04/18/25 revealed Resident #56 had an approach under his Profile Care Guide on his care plan to apply barrier cream after each incontinent episode. Review of the physician's orders revealed Resident #56 had orders dated 04/17/25 to encourage the resident to float heels while in bed as tolerated, encourage turning and repositioning, a pressure reducing mattress to the bed, and a pressure reducing cushion in the wheelchair. Review of the Treatment Administration Record for Resident #56 from 04/17/25 to 04/20/25 revealed no documented evidence of protective cream to the resident's bilateral buttocks. Review of the occurrence note dated 04/21/25 at 12:15 P. M. revealed Resident #56 had Moisture Associated Skin Damage (MASD) (skin condition caused by prolonged exposure to moisture causing inflammation) to the buttocks. There were no measurements documented. Further review of the physician's order revealed Resident #56 had an order for protective cream to bilateral buttock twice daily and as needed, dated 04/21/25. Review of the Five-Day Minimum Data Set assessment dated [DATE] revealed Resident #56 had intact cognition. Resident #56 was dependent for toilet hygiene, required substantial assistance with rolling in bed, was occasionally incontinent for bladder and bowel, was at risk for pressure ulcers, and had two deep tissue injuries and surgical wounds. Interview on 07/12/25 at 9:55 A.M. with the Director of Nursing revealed the buttocks of Resident #56 were not open, they were just a Deep Tissue Injury (DTI) and would not require anything other than barrier cream and she had documented that she had put the barrier cream on him upon admission, however she did verify there was no other documentation of barrier cream being applied or an order for barrier cream until 04/21/25, after he was identified with MASD. Review of the facility policy titled, Guidelines for Pressure Prevention, dated 12/01/21 revealed the purpose was to maintain good skin integrity and avoid the development of pressure ulcers. This deficiency represents non-compliance investigated under Complaint Number OH00166207.</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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