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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>366429 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                       | (X3) DATE SURVEY COMPLETED<br><br>09/13/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Altercare Zanesville Inc. |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>4200 Harrington Drive<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47985</b></p> <p>Based on review of the medical record, review of hospital discharge orders, policy review, and interview, the facility failed to ensure special respiratory equipment was available for resident use. This affected one resident (#94) of four residents reviewed for admission rights. The facility census was 93.</p> <p>Findings include:</p> <p>Closed record review revealed Resident #94 was admitted to the facility on [DATE] with diagnoses including congestive heart failure, pulmonary fibrosis, and hyperlipidemia.</p> <p>Review of hospital records revealed Resident #94 had been identified as having significant risk for obstructive sleep apnea and discharge orders included but were not limited to CPAP machine with adult mask and tubing while sleeping. The order stated another medication with the same name was removed, continue taking this medication and follow the directions you see here.</p> <p>Review of an admission minimum data set (MDS) assessment completed on 08/13/24 revealed Resident #94's cognitive status remained intact. The resident had no behaviors, and had shortness of breath or trouble breathing with exertion and when lying flat.</p> <p>Review of the resident's medical record revealed Resident #94 received the CPAP on 08/19/24 although it was originally ordered on 08/06/24 at the time of the resident's admission to the facility.</p> <p>Review of orders revealed Resident #94 had an order in place (dated 08/19/24) to encourage her to wear CPAP when sleeping and during naps with CPAP settings of 10cm H2O and a full mask. The resident had an order dated 08/19/24 for prior to putting on, to check CPAP reservoir and fill with distilled water to max fill line, after removing in the morning cleanse mask and tubing with soap and water then allow to air dry.</p> <p>Review of the medical record revealed Resident #94 discharged to home from the facility on 08/22/24.</p> <p>(continued on next page)</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Interview on 09/05/24 at 11:41 A.M. with Resident #94's family revealed early in her stay, they had informed Licensed Practical Nurse (LPN) #107 that Resident #94 required a CPAP and asked if they could bring her personal CPAP in from home, which was declined due to infection control concerns. Resident #94's family stated LPN #107 stated she would take care of it but Resident #94 did not receive a CPAP until she was about to go home.</p> <p>Interview on 09/10/24 at 2:04 P.M. with Director of Nursing (DON) revealed the referrals from the hospital are reviewed at the corporate level, then the information from the referral staff will need emailed to the DON to ensure items are ordered for residents. The DON stated in the email she received from corporate, there was not a request for Resident #94 to receive a CPAP. The DON stated once residents have been admitted from the hospital, she reviews the hospital after visit summary to ensure all items are in place. The DON confirmed the after visit summary had an order for Resident #94 to have a CPAP but the DON stated it was inaccurate and there was another after visit summary in the medical record somewhere and she would find it. The DON confirmed she was not able to locate the correct after visit summary.</p> <p>Review of an undated policy titled Admissions to the Facility revealed prior to the time of the admission, the resident's attending physician must provide the facility with the information needed for the immediate care of the resident, including orders for diet type, medication orders, and routine care orders to maintain or improve the resident's function until the physician and care planning team can conduct a comprehensive assessment and develop a more detailed interdisciplinary care plan.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00157065, Complaint Number OH00157063, Complaint Number OH00157053.</p> |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19571</p> <p>Based on medical record review, observation, staff interview, and facility policy and procedure review, the facility failed to ensure proper infection control techniques were followed during pressure ulcer wound care. This affected one resident (#23) of three residents reviewed for pressure ulcers. The census was 93.</p> <p>Findings include:</p> <p>Review of Resident #23's medical record revealed she was admitted to the facility on [DATE]. Diagnoses included Parkinson's Disease, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), high blood pressure and diabetes. Review of the quarterly MDS dated [DATE] revealed her cognition was intact, she had an indwelling urinary catheter and was incontinent of bowel. A Stage IV pressure ulcer was identified.</p> <p>Review of the Physicians orders dated 01/30/24 revealed an order to cleanse the wound with 1/4 strength Dakin's solution, pat dry, apply hydrofiber with silver, and cover with clean dry dressing once a day and when needed (PRN).</p> <p>On 09/09/24 at 11:05 A.M. observation of a dressing change to Resident #23 by Licensed Practical Nurse (LPN) #153 revealed the LPN washed his hands and put on gloves, he removed the old dressing with a small amount of serosanguineous drainage. LPN #153 then removed his gloves and washed his hands and put on new gloves. LPN #153 cleansed the wound with Dakins (a diluted bleach solution used to prevent and treat skin and tissue infections) soaked gauze, then patted dry with a clean gauze. LPN #153 then removed his gloves and without washing his hands put on new gloves. LPN #153 cleaned his scissors with an alcohol pad and cut the hydrofiber (absorbent material that transforms into a gel on contact with wound fluid. It locks in exudate, traps bacteria, contours to wound bed, and maintains moisture balance in the wound bed) and placed in the wound and covered with a foam dressing. LPN #153 then removed his gloves and gathered supplies and left the room. Interview with LPN #153 at 11:12 A.M. verified he had not washed his hands in between glove changes.</p> <p>Review of the Wound Care policy and procedure (not dated) revealed after cleansing the wound wash your hands and put on exam gloves prior to applying ointment/dressing per physician orders.</p> <p>This deficiency represents incidental findings of non-compliance investigated under Complaint Number OH00157065, Complaint Number OH00157063, and Complaint Number OH00157053.</p> |  |  |