

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Altercare Zanesville Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 Harrington Drive 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** 35765</p> <p>Based on observations, review of the medical record and interview with staff the facility failed to ensure the air mattress for Resident #26 was set at the proper setting for her weight and the treatment for Resident #55 was completed as ordered. This affected two residents (#26 and #55) of four residents reviewed for wounds. The facility census was 99.</p> <p>Findings included:</p> <p>1. Review of the medical record revealed Resident #26 was admitted to the facility on [DATE]. Diagnoses included Parkinson's disease, muscle weakness, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), hypertension, stage four pressure ulcer of sacral region, neuromuscular dysfunction of bladder, arthritis, diabetes, (DM) hypothyroidism, moderate protein-calorie malnutrition, bladder-neck obstruction, dysphagia, pruritus, peripheral vascular disease (PVD), generalized anxiety disorder, anemia, bipolar disorder, major depressive disorder, restless leg syndrome, breast cancer and gastro-esophageal reflux disease (GERD).</p> <p>Review of the care plan dated 06/05/23 revealed Resident #26 had a pressure injury to her coccyx related to impaired mobility, PVD, diabetes, bowel incontinent, COPD, breast cancer, poor nutrition, friction concerns, and shearing concerns. Interventions included an air mattress to her bed.</p> <p>Review of the physician's order dated 07/07/24 revealed Resident #26 had on order for an air mattress to the bed, check the placement and function every shift.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #26 had intact cognition.</p> <p>Review of Resident #26's weight dated 11/12/24 revealed a weight of 118.6 pounds.</p> <p>Review of the operations manual for the Drive alternating pressure low air loss mattress revealed on page seven, step six of the operation instruction revealed the resident's weight must be determined and to set the control knob to the weight setting on the control unit.</p> <p>Observation of the air mattress setting for Resident #26 on 11/12/24 at 2:40 P.M. revealed the air mattress was set at 300 pounds. During an interview at the time of the observations, Registered Nurse #504 confirmed the settings were incorrect and Resident #26 did not weigh 300 pounds.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(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>On 11/13/24 at 2:42 P.M. an interview with Resident #26 revealed she weighed 118 pounds the last time they weighed her.</p> <p>2. Review of the medical record revealed Resident #55 was admitted to the facility on [DATE]. Diagnoses included encephalopathy, displaced fracture of base of neck of left femur, dementia, osteoarthritis, tremors, hypertension, abdominal aortic aneurysm, benign prostatic hyperplasia, and chronic kidney disease.</p> <p>Review of the September 2024 physician's orders revealed Resident #55 had an order dated 08/28/24 to cleanse the buttocks with soap and water, pat dry, apply Venelex ointment (wound healing ointment) twice daily, cleanse coccyx with saline, an order dated 09/17/24 to apply Venelex ointment to the coccyx and apply a foam dressing once daily, an order dated 09/17/24 to clean the left hip with normal saline and apply a dry dressing once daily, and an order dated 09/17/24 to cleanse the right forearm with normal saline, pat dry and apply border foam every three days (not due until 09/20/24).</p> <p>Review of the Customer Alert Notice dated 09/20/24 revealed the family of Resident #55 was concerned his treatments were not being completed as ordered. The resolution to the concern revealed an employee performance evaluation was completed per the facility policy.</p> <p>Review of the Personal Action Form dated 09/20/24 revealed Registered Nurse (RN) #520 was suspended pending investigation as of 09/20/24. The employee stated she got busy with a fall and forgot to complete Resident #55's treatments. The employer statement revealed RN #520 confirmed to the Director of Nursing she did not complete a treatment for Resident #55 and upon reviewing the Treatment Administration Record (TAR) for 09/19/24, RN #520 had signed off she had completed the treatments for Resident #55.</p> <p>Review of the September 2024 TAR revealed RN #520 had signed off Resident #55's treatments for 09/19/24 as being completed.</p> <p>Review of the Quarterly MDS dated [DATE] revealed Resident #55 has moderately impaired cognition.</p> <p>On 11/13/24 at 4:47 P.M. an interview with the Director of Nursing revealed on 09/20/24 she received a complaint from the family of Resident #55 that his treatments were not completed as ordered on 09/19/24. The Director of Nursing spoke to RN #55 and confirmed RN #55 had not completed the treatments for Resident #55 on 09/19/24. RN #55 said there had been a resident fall and another incident and she ran out of time. The Director of Nursing confirmed RN #55 signed the treatments off on the TAR as completed.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159414.</p>		