STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(x2) multiple construction	(X3) DATE SURVEY COMPLETED
	365606	a. building _____ b. wing _____	06/17/2025

name of provider or supplier	street address, city, state, zip code
ALS WOODSTOCK INC	1649 PARK RD WOODSTOCK OH, 43084

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BEPRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000	INITIAL COMMENTS COMPLAINT INVESTIGATION COMPLAINT NUMBER OH00166375 ADMINISTRATOR: Allison Alessi, #7779 CERTIFIED BED CAPACITY: 42 CENSUS IN HOUSE: 42 At the time of the complaint investigation completed on 06/17/25, no deficiencies were issued in regard to allegations contained in Complaint Number OH00166375. The following deficiency is based on incidental findings discovered during the course of this complaint investigation.	F 0000		
F 0656 SS=D	483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and	F 0656	Resident #11 was discharged from the facility prior to survey visit so the care plan/intervention was unable to be completed. However, on 6/18/2025 the MDS nurse and administrator educated the social service director on the importance of behavior care plans. She was shown the focus, goal, and adding interventions. A new care plan library was created on 6/15/2025 to streamline the process. With no other residents on a 1:1 there are no like residents to audit. Behavioral care plans on all similar/like residents will be audited by the MDS nurse twice a week for two weeks, then once a week for two weeks and the results will be reviewed in QAPI. Social Services and MDS coordinator completed audits of Like residents from 6/18/2025 to 7/9/2025.	06/18/2025

laboratory director's or provider/supplier representative's signature	title	(x6) date
	ALLISON.ALESSI	07/17/2025

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F 0656	Continued From page 1 psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This STANDARD is not met as evidenced by: Based on record review, review of a	F 0656		

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F 0656	Continued From page 2 facility self-reported incident (SRI) and staff interviews, the facility failed to develop a plan of care to address a resident's behaviors. This affected one (#11) of three residents reviewed for care planning. The facility census was 42. Findings include: Review of medical record for Resident #11 revealed admission date of 04/23/25 with diagnoses including Diabetes Mellitus, stroke, ataxia following stroke, depression and anxiety. The resident was discharged on 06/05/25 to another skilled nursing facility. The discharge Minimum Data Set (MDS) dated 06/5/25 revealed with a Brief Interview Mental Status (BIMS) score of 15 indicating intact cognition. The resident was required set up of touching assistance for Activities of Daily Living. Review of Resident #11's physician orders revealed an order dated 05/23/25 for one-on-one (1:1) supervision until further notice. Review of Resident #11's Health Status Note dated 06/01/25 at 8:54 A.M. revealed resident continues to be 1:1 with staff. No situations or concerns this morning shift. Will continue to monitor. A Health Status Note dated 06/01/25 at 5:31 P.M. revealed resident continues 1:1 care per staff member with no situations or issues to report for this. Resident #11 has	F 0656		

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F 0656	Continued From page 3 been very compliant today with redirection when needed for simple tasks. A Health Status Note dated 06/03/25 at 5:53 P.M., revealed the resident was on strict 1:1 per order this shift. Further review of Resident #11's plan of care revealed there was no care plan or intervention for the resident's behaviors or related to 1:1 supervision. Review of a facility SRI dated 05/30/25 regarding sexual abuse revealed on 05/23/25, it was reported by staff that a Resident #11 made a gyration motion in the doorway of Resident #1's room. Resident #11 was immediately placed on 1:1 supervision. This Administrator advised him that he was not to go into any resident rooms without invitation. On 05/30/25, Resident #1's daughter came to take the resident to a medical appointment and resident divulged to her that Resident #11 had actually exposed himself. Police were called. An investigation was conducted the allegation was unsubstantiated by the facility. Interview on 06/17/25 at 3:32 P.M. with the Administrator revealed Resident #11 had inappropriate behaviors and an allegation of misappropriate sexual behavior by Resident #11 toward Resident #1 which prompted an order for 1:1 supervision. The Administrator stated Resident #11 was not a registered sexual offender but the facility was aware of a pending court hearing for sexual	F 0656		

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F 0656	Continued From page 4 misconduct for Resident #11 prior to his admission. Interview on 06/17/25 at 4:16 P.M. with MDS Coordinator #109 revealed she was aware of an allegation of sexual misconduct by Resident #11 and she verified there was no behavioral care plan. MDS Coordinator #109 confirmed Resident #11 had behaviors and acknowledged given the 1:1 supervision order a behavioral care plan should have been created. This deficiency is based on incidental findings discovered during the course of this complaint investigation.	F 0656		