STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366338	A. Building B. Wing	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
National Church Residences Chillicothe	142 University Drive Chillicothe, OH 45601

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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on medical record review, staff interview, and review of the facility policy, the facility failed to ensure resident medications were administered as ordered by the physician. This affected two (Resident #22 and Resident #28) of five residents reviewed for unnecessary medications. The facility census was 34 residents. Findings include: 1.Review of the medical record for Resident #22 revealed an admission date of 08/19/2019 with diagnoses including dementia with psychotic disturbance, diabetes mellitus type two, adult failure to thrive, peripheral vascular disease, insomnia, depression, anxiety and hypertension. Review of the Minimum Data Set (MDS) assessment for Resident #22 dated 08/29/24 revealed the resident #22 had moderately impaired cognition and required staff assistance with activities of daily living (ADLs.) Review of the pharmacy recommendation for Resident #22 dated 10/07/24 revealed the pharmacist recommended the resident's dose of Celexa be reduced from 20 milligrams (mg) daily to 10 mg daily. The attending physician signed in agreed and the order was written. Review of the physician progress note for Resident #22 dated 10/14/24 revealed the had been crying uncontrollably after gradual dose reduction. The physician's plan was to increase the Celexa back to 20 mg. Review of the nursing progress notes for Resident #22 dated 10/14/24 revealed the resident was tearful when the attending physician was in the facility and the physician gave an order for Celexa 20 mg. Review of the physician's orders for Resident #22 for October 2024 revealed an order dated 10/07/24 for Celexa 10 mg daily and an order dated 10/14/24 for Celexa 20 mg daily. Review of the Medication Administration Record (MAR) for Resident #22 dated October 2024 revealed the resident received two doses of Celexa 10 mg and 20 mg from 10/14/24 to 10/30/24. Interview on 10/30/24 at 1:55 P.M. with Unit Manager (UM) #52 confirmed Resident #22 received an excessive dose of Celexa with staff administering a 10 mg tablet and a 20 mg tablet daily from 10/14/24 to 10/30/24. Unit Manager #52 confirmed when the physician gave the order on 10/14/24 to increase the Celexa to 20 mg, the order for the 10 mg tablet should have been discontinued. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366338	A. Building B. Wing	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
National Church Residences Chillicothe	142 University Drive Chillicothe, OH 45601

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Review of the medical record for Resident #28 revealed an admission date of 05/22/23 with diagnoses including dementia with behavioral disturbances, psychosis, and wandering. Review of the physician's orders for Resident #28 revealed an order dated 05/22/23 for Seroquel 25 mg once daily. Review of the hospice progress note for Resident #28 dated 11/15/23 revealed the hospice physician gave an order to increase the resident's Seroquel from 25 mg once daily to 25 mg twice daily. Review of the October 2024 monthly physician's orders for Resident #28 revealed the resident's Seroquel dose ordered 05/22/23 had never been increased as ordered by the physician on 11/15/23. Review of the quarterly MDS assessment for Resident #28 dated 08/09/24 revealed the resident was cognitively impaired. Interview on 10/30/24 at 2:10 P.M with the Director of Nursing (DON) confirmed the facility did not carry out the physician's order to increase Resident #28's Seroquel from 25 mg once daily to Seroquel 25 mg twice daily as ordered by the physician on 11/15/23. Review of the facility policy titled Medication Administration dated June 2014 revealed the facility staff would correctly administer resident medications as ordered by the physician.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, resident interview, staff interview, and review of the facility policy, the facility failed to ensure residents received needed and routine dental services. This affected one (Resident #26) of one resident reviewed for dental services. The facility census was 34 residents. Findings include: Review of the medical record for Resident #26 revealed an admission date of 05/02/23 with diagnoses including paroxysmal atrial fibrillation, diabetes mellitus type two, hypertensive heart disease and depression. Review of the care plan for Resident #26 initiated 05/02/23 revealed it did not include a care plan for dental/oral care. Review of Minimum Data Set (MDS) assessment for Resident #26 dated 08/30/24 revealed the resident was cognitively intact and required assistance with activities of daily living (ADLs).) Review of the physician's orders for Resident #26 dated October 2024 revealed the resident received a regular diet with regular texture and thin liquids. Review of the medical record for Resident #26 revealed it did not include any dental progress notes. Interview on 10/28/24 at 10:49 A.M. with Resident #26 confirmed he had not seen a dentist since his admission to the facility. Resident #26 stated he had poor dental health and would like to see a dentist Interview on 10/30/24 at 1:50 P.M. with Social Services Leader (SSL) #54 confirmed Resident #26 had not been seen by a dentist since admission to the facility on [DATE]. Review of the facility policy titled Dental Services dated November 2016 revealed the facility was to provide routine ancillary services including dental care.