

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/23/2024
NAME OF PROVIDER OR SUPPLIER  Park Vista Nursing & Rehab by McAre Health		STREET ADDRESS, CITY, STATE, ZIP CODE  1216 5th Ave Youngstown, OH 44504	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46195</p> <p>Based on record review, interview, and facility policy review, the facility failed to ensure a base line care plan was completed for one resident (#99) out of three reviewed for care plans. The facility census was 96.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #99 revealed an admitted [DATE] and a discharge date of [DATE]. Diagnoses included acute respiratory failure with hypercapnia, chronic obstructive pulmonary disease (COPD), tracheostomy status, gastrostomy status, other seizures, peripheral vascular disease, gastro-esophageal reflux disease (GERD) without esophagitis.</p> <p>Review of the Medicare five-day Minimum Data Set (MDS) assessment, dated 09/12/24, revealed it was still in progress.</p> <p>Review of the facility assessment titled N Adv-Clinical Admission, dated 09/10/24, revealed Resident #99 was alert and oriented with some forgetfulness. She exhibited shortness of breath upon exertion, while sitting, and while laying flat. She received oxygen via her tracheostomy. Her gait was unsteady, and she had poor balance. She was bedrest all or most of the time.</p> <p>Further review of Resident #99's medical record revealed the resident's baseline care plan, dated 09/11/24, had not been completed.</p> <p>Interview on 09/23/24 with Registered Nurse (RN) Minimum Data Set (MDS) #367 confirmed Resident #99's baseline care plan had been opened by her on 09/11/24 but had not been completed. When asked why the baseline care plan had not been completed, she stated she missed it.</p> <p>Review of the facility policy Care Plan Policy and Procedures, dated 12/01/18, revealed a baseline care plan would be developed within 48 hours of a resident's admission.</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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