STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365481	A. Building B. Wing	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altercare Newark North Inc.	151 Price Road Newark, OH 43055

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34298 Based on review of the medical record and staff interview, the facility failed to provide treatment as ordered for Resident #62. This affected one resident (#62) out of three residents reviewed for wound care. The facility census was 60. Findings include: Review of the closed medical record revealed Resident #62, was admitted on [DATE] and discharged to the hospital on 05/06/24 with diagnoses including infection following a procedure, chronic respiratory failure, type II diabetes, cellulitis of left lower limb, and chronic kidney disease. Review of the after-visit summary revealed Resident #62 was at the hospital from 04/27/24 through 05/02/24 for a postoperative wound infection. The hospital discharge orders revealed Resident #62 was ordered a wound vacuum system to the left upper anterior thigh/groin to be changed every Monday and Thursday for two weeks. A contact layer such as an oil emulsion gauze was to be placed at the base of the wound followed by black foam. The wound vacuum was to be at 125 millimeters of mercury (mmHg) with continuous low suction. A progress note dated 05/06/24 at 12:00 P.M. authored by Social Worker #117 revealed a meeting was held with Resident #62 and a family member. A family member asked about the wound treatment to Resident #62's groin area. The floor nurse spoke with Resident #62's family. A progress note dated 05/06/24 at 9:11 P. M. authored by an agency nurse revealed Resident #62's family member insisted Resident #62 be sent to the hospital to have the wound to left groin evaluated. Resident #62's wound remained open to air without the wound vacuum placed. Resident #62 was transferred to the hospital. Interview on 06/06/24 at 12:38 P.M. Social Worker #117 revealed Resident #62 had a wound, and a wound vacuum had been ordered. Social Worker #117 was unsure about treatments being provided to Resident #62's wound. (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
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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 06/06/24 at 12:44 P.M. with the Director of Nursing (DON) revealed a wound vacuum was ordered on 05/01/24 for Resident #62, but a new process for ordering the wound vacuum had been put in place. The wound vacuum did not arrive and was not available when Resident #62 was admitted on [DATE]. On 05/03/24 the company that supplied the wound vacuum was contacted. The company reported they did not receive the order on 05/01/24. The wound vacuum arrived sometime in the evening on 05/03/24. The DON stated the wound vacuum was scheduled on the treatment administration record (TAR) to be changed on day shift on Mondays, Wednesdays, and Fridays. On 05/03/24 the day shift nurse had marked the TAR that the wound vacuum was not available. The DON verified the wound vacuum was in Resident #62's room but was not applied on 05/03/24, 05/04/24, 05/05/24, or 05/06/24. DON stated an agency nurse that worked day shift on 05/06/24 (Monday) stated they had never applied a wound vacuum, so they did not put the wound vacuum on. DON stated the wound vacuum was not scheduled to be placed on 05/04/24 and 05/05/24 so no one put the wound vacuum in place (the wound vacuum was to be on daily and changed on Mondays, Wednesdays, and Fridays). The DON also verified there was no documentation of an order or treatment being put in place while the wound vacuum was not available. This deficiency represents non-compliance investigated under Complaint Number OH00153812.