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	08/06/2024

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** 19571 Based on medical record review and staff interview, the facility failed to ensure physicians orders were transcribed and blood sugars were obtained as ordered. This affected one (Resident #64) of five medical records reviewed. The census was 62. Findings included: Review of Resident #64's medical record revealed she was admitted to the facility on [DATE] at 2:45 P.M. with diagnoses that included fracture of the right lower leg with surgical repair. anemia, anxiety, laceration of liver, right talus fracture, and diabetes. Review of the hospital transfer order dated 07/05/24 revealed orders for finger stick blood sugars before meals and at bedtime. Review of the facility physicians orders, treatment and medication administration record revealed no documented evidence the orders were transcribed or finger stick blood sugars were obtained. On 08/06/24 at 2:54 P.M., interview with the Director of Nursing verified the order for the finger stick blood sugars sugars before meals and at bedtime was not carried over and or completed. This deficiency represents non-compliance investigated under Master Complaint Number OH00155842.

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