

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Altercare Newark North Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37100</p> <p>Based on medical record review, staff interview, review of facility contracts, and review of the facility policy, the facility failed to obtain laboratory tests as ordered by the physician. This affected one (Resident #24) of three residents reviewed for laboratory services. The facility census was 66 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #24 revealed an admitted [DATE] with diagnoses including dementia, anxiety disorder, hypertension, hyperlipidemia, atherosclerosis of aorta, urinary tract infection, and mood disorder.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #24 dated 10/28/24 revealed the resident had severe cognitive impairment.</p> <p>Review of the progress note for Resident #24 dated 12/09/24 revealed the resident had bilateral edema in her extremities. The nurse contacted the physician and obtained an order for the following stat (immediate) laboratory blood tests: complete blood count (CBC), complete metabolic panel (CMP).</p> <p>Review of the physician's orders for Resident #24 revealed an order dated 12/09/24 for a stat CBC and CMP.</p> <p>Review of the progress note for Resident #24 dated 12/11/24 revealed the lab did not draw the resident's blood. The note did not include documentation regarding why the blood draw was not completed.</p> <p>Review of the physician's orders for Resident #24 revealed an order dated 12/13/24 for a stat CBC and CMP.</p> <p>Review of the laboratory results for Resident #24 revealed a CBC and CMP was completed for the resident on 12/13/24.</p> <p>Review of the physician's orders for Resident #24 revealed an order dated 12/16/24 to obtain an additional CBC.</p> <p>(continued on next page)</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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<p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the laboratory results for Resident #24 dated 12/16/24 to 01/07/25 revealed they did not include the CBC which was ordered for the resident on 12/16/24.</p> <p>Interview on 01/07/25 at 11:15 A.M. with the Director of Nursing (DON) confirmed the facility had not ensured the laboratory tests for Resident #24 were completed as ordered. The DON confirmed the lab did not draw Resident #24's blood for the CBC and CMP ordered stat on 12/09/24 until 12/13/24. The DON further confirmed the facility had not arranged for the laboratory to complete the CBC ordered for Resident #24 on 12/16/24.</p> <p>Review of the contract between the facility and the laboratory dated 02/01/18 revealed the laboratory company provided stat service 24 hours per day, 365 days per year. Laboratory stat testing would be reported within five hours.</p> <p>Review of the facility policy titled Lab and Diagnostic Test Results-Clinical Protocol undated revealed the physician would identify and order diagnostic and lab testing based on diagnostic and monitoring needs. The staff should process test requisitions and arrange for the tests. The laboratory, diagnostic radiology provider, or other testing source would report test results to the facility.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00161041.</p>		