

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 07/30/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on medical record review, hospital record review, staff interview, and facility policy review, this facility failed to ensure medication was transcribed in a resident's medication administration record as ordered by the physician. This affected one (Resident #66) of the four residents reviewed for medication administration. The facility census was 63. Review of the medical record for Resident #66 revealed and admission date of 02/24/2025 and a discharge date of 02/27/2025. Diagnosis included influenza, chronic pain, acute and chronic respiratory failure with hypoxia, and heart failure. Review of Resident #66 hospital discharge records dated 02/24/2025 revealed all ordered medication was transcribed into this resident's medication administration record correctly other than the order for Ipratropium-Albuterol 0.5-2.5 milligrams (mg)/3 milliliter (ml). The order was to take 3 ml by nebulization (a method of delivering medication in a fine mist or aerosol directly into the lungs) every 6 hours scheduled. Per review of the medication administration record while at this facility, the order was transcribed to be taken every 6 hours as needed and not scheduled. Interview 07/30/25 at 11:52 A.M. with the Director of Nursing (DON) confirmed RESIDENT #66'Ss breathing treatment was not entered into the Electronic Medication Administration Record (EMAR) how it was ordered per the physician. The DON revealed the new admission check off list was completed two days after admission and the error was identified at that time. This was also when the resident addressed it with the DON and she fixed it but Resident #66 left Against Medical Advice (AMA). Review of the facility policy titled Medication Administration-General Guidelines. dated 05/2020 revealed Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. This deficiency represents non-compliance investigated under Complaint Number OH001357353.</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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