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	04/16/2026

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on medical record review, interview, and facility policy review, the facility failed to follow correct orders for wound care for a resident with a pressure ulcer. This affected one resident (Resident #03) of three residents reviewed for wound care. The facility census was 64.Findings include:Review of the medical record for Resident #03 revealed an admission date of 12/17/25 with diagnoses of, but not limited to, type two diabetes, paroxysmal atrial fibrillation, and chronic kidney disease.Review of Resident #03's care plan dated 12/29/25 revealed the resident had a pressure injury noted to his right heel. Listed interventions noted to observe the wound for any redness, warmth, drainage, odor, and report to physician as needed, perform current treatment as ordered and see the treatment administration record (TAR) and observe the treatment for effectiveness. An additional care plan focus dated 12/31/25 revealed the resident had a pressure ulcer/injury and was at risk for skin breakdown related to impaired mobility, diabetes, history of cellulitis, incontinence, and history of impaired skin integrity. Listed interventions included a pressure re-distribution cushion to the wheelchair, assisting the resident as needed, and pressure re-distribution mattress to the bed. Review of Resident #03's wound care notes from January 2026 through April 2026 revealed the resident had a stage four (indicating a severe, full-thickness skin injury which involves exposed muscle, tendon, or bone) pressure ulcer on his right heel.Review of Resident #03's physician orders revealed an order dated 01/06/26 for the resident's right heel wound to be cleansed with normal saline or wound cleanser and then for fluffed Mesalt (a sodium chloride dressing used to stimulate the cleansing of discharging wounds) to be applied to the wound and covered with bordered gauze once daily and as needed. The order was discontinued 03/26/26.Review of the wound care note dated 03/19/26 revealed Resident #03 was seen by Wound NP #300 who referenced she would switch the resident's treatment. The new wound care orders for the right heel wound to include cleansing the wound with normal saline, applying a nickel thick layer of Santyl (an ointment used to aid in autolytic debridement of wounds to facilitate healing), followed by calcium alginate and covered with a silicone super absorbent dressing daily and as needed.Review of Resident #03's corresponding wound care orders revealed the order from Wound NP #300 for the right heel would to be cleansed with normal saline and dressed with Santyl, calcium alginate, and covered with a silicone dressing was not transcribed until 03/26/26, one week after the treatment order change was noted by Wound NP #300. Continued review of Resident #03's wound care notes revealed Resident #03 was seen by Wound NP on 04/09/26. The note referenced the ordered treatment no longer included the use of calcium alginate. Review of Resident #03's wound care orders revealed the order dated 03/26/26 for the right heel wound to be cleansed with normal saline and dressed with Santyl, calcium alginate, and covered with a silicone dressing remained active and current at the time of the survey.Interview on 04/16/26 at 2:21 P.M. with the Director of Nursing (DON) confirmed the facility did not timely implement the new orders from Wound NP #300's note dated 03/19/26 for Resident #03.Interview on 04/16/26 at 2:35 P.M. with the Assistant Director of Nursing (ADON) #230 confirmed the facility had continued to apply a dressing containing calcium alginate to Resident #03's right heel despite Wound NP #300 discontinuing it.Interview on 04/16/26 at 3:45 P.M. with Wound NP #300 revealed she was unaware the facility was not following the wound care orders put into place. Review of the undated policy (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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Wound Care revealed it was the facility's policy to provide guidelines for the care of wounds to promote healing. The procedure included to verify there was a physician order put into place for the treatment/procedure.This deficiency represents non-compliance investigated under Complaint Number 2982525.