

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Altercare of Navarre Ctr for Rehab & Nrsng Care		STREET ADDRESS, CITY, STATE, ZIP CODE 517 Park Street NW Navarre, OH 44662	

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>22653</p> <p>Based on observation, medical record review, and interview, the facility failed to monitor a resident's oxygen saturations in accordance with physician orders. This affected one (Resident #44) of three residents reviewed for respiratory care. The census was 87.</p> <p>Findings include:</p> <p>Review of Resident #44's medical record revealed diagnoses including chronic respiratory failure, congestive heart failure, obstructive sleep apnea, and atherosclerotic heart disease. A physician order dated 05/17/24 revealed Resident #44 had an order for continuous oxygen at two liters per minute via nasal cannula. Instructions revealed to check placement and record oxygen saturation every shift. The only oxygen saturation able to be located between 08/15/24 and 08/26/24 revealed one oxygen saturation level was recorded on 08/23/24 at 4:32 A.M. and recorded as 97%.</p> <p>Observations on 08/28/24 at 2:05 P.M. revealed Resident #44's oxygen saturation level was 98% with oxygen at two liters per minute via nasal cannula.</p> <p>During an interview on 08/27/24 at 2:24 P.M., Registered Nurse (RN) #110 verified she was unable to locate any additional evidence of oxygen saturations being monitored. RN #110 stated Resident #44 was stable on her ordered oxygen and staff would monitor if she had signs of distress. The area on the order which would have resulted in the need for monitoring oxygen saturation levels on the Medication Administration Record (MAR) had not been activated in the electronic medical record.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00156489.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Altercare of Navarre Ctr for Rehab & Nrsng Care		STREET ADDRESS, CITY, STATE, ZIP CODE 517 Park Street NW Navarre, OH 44662	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>22653</p> <p>Based on observation, review of resident diet orders, review of menus/spreadsheets, and interview, the facility failed to ensure proper portion sizes of food were served to residents on a carbohydrate controlled (CCHO)/low concentrated sweet (LCS) diet. This affected six (Residents #32, #35, #36, #39, #40, and #43) of 30 residents on the 200 hall who had trays served.</p> <p>Findings include:</p> <p>Review of the menu and spreadsheet for lunch on 08/27/24 revealed the only difference between the regular diets and carbohydrate controlled (low concentrated sweet) diet was the portion size. The regular diet included a #8 scoop (1/2 cup) of au gratin potatoes and four ounces of mixed vegetables. The carbohydrate controlled diet called for a #10 scoop (3/8 cup) of au gratin potatoes and a three ounce serving of mixed vegetables.</p> <p>On 08/27/24 between 11:22 A.M. and 11:40 A.M. observations were made of the tray line. All residents who received au gratin potatoes and mixed vegetables were provided the same amount with the same utensils utilized to measure out the food.</p> <p>On 08/27/24 at 11:35 A.M., Certified Dietary Manager (CDM) #100 verified staff had served 1/2 cup of au gratin potatoes to residents on the carbohydrate controlled diets instead of 3/8 cup as indicated on the spreadsheet. CDM #100 verified each resident was provided four ounces of mixed vegetables. After looking for a three ounce spoodle to serve the correct amount of mixed vegetables, CDM #100 stated there was no three ounce spoodle available to measure the correct portion. CDM #100 verified the trays which were observed being prepared were for service to the 200 hall residents.</p> <p>The facility identified residents on the 200 hall with orders for the low concentrated sweet (carbohydrate controlled) diets as Residents #32, #35, #36, #39, #40, and #43.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00156489.</p>		