STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365482	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Altercare of Navarre Ctr for Rehab & Nrsg Care	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)
F 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the medical record and interview, the facility failed to ensure laboratory tests for urine culture and sensitivity were obtained timely and as ordered for Resident #90. This effected one resident (#90) of three reviewed for bowel and bladder. The facility census was 91.Findings Include: Review of the medical record revealed Resident #90 was admitted to the facility on [DATE]. Diagnoses included quadriplegia, extended spectrum beta lactamase, neurogenic bowel, chronic respiratory failure, urinary tract infection, neuromuscular dysfunction of bladder, chronic pain syndrome, gastro-esophageal reflux disease without esophagitis, hypotension, cachexia, chronic idiopathic constipation, polyneuropathy, irritable bowel syndrome with constipation, hyperlipidemia, generalized anxiety disorder, diabetes, major depressive disorder, personal history of urinary (tract) infections, generalized hyperhidrosis, localized edema, insomnia, hypertension, seizures, and hydronephrosis with ureteral stricture.Review of the Quarterly Minimum Data Set assessment dated [DATE] revealed Resident #90 had intact cognition and had an indwelling catheter. Review of the Progress Note dated 05/19/26 at 4:37 P.M. revealed Resident #90 was diaphoretic, had an elevated blood pressure, his catheter was draining cloudy and odorous urine. His catheter was flushed without difficulty and was draining. Urology was called and was awaiting a call back at this time. The Nurse Practitioner was notified and new order received for completed blood count and a basic metabolic panel. The resident and his responsible party were notified of the new orders.Review of the Progress note dated 05/20/26 at 9:27 A.M. revealed urology called back and ordered for them to change his suprapubic catheter in house, collect his urine to be sent for culture, fax the results to urology and initiate minocycline 100 milligrams every 12 hours for seven days due to his symptoms. The resident and responsible party were updated. Review of the May 2025 physician's orders revealed Resident #90 had an order to collect a urine to be sent out for a culture dated 05/20/26.Review of the Progress Note dated 05/20/26 at 2:39 P.M. revealed the suprapubic catheter was changed for Resident #90 and the specimen was collected for the lab and placed in the specimen refrigerator. Further review of the medical record revealed no culture and sensitivity results dated 05/20/26 through 05/29/26. On 05/29/26 at 10:55 A.M. the Corporate Director of Nursing verified they never received the results from the laboratory concerning the urine culture and sensitive. She also indicated she had just called the laboratory today and they had no record of the urine culture and sensitivity for Resident #90 being picked up by the laboratory. This deficiency represents non-compliance investigated under Complaint Number 2998973.

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