STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365514	A. Building B. Wing	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allen View Healthcare Center	2615 Derr Road Springfield, OH 45503

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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44069 Based on closed record review and interview, the facility failed to provide residents with discharge summaries. This affected three (#110, #111, and #112) out of three residents reviewed for discharge. The facility census was 100. Findings include: 1. Review of the closed medical record for Resident #110 revealed an admitted [DATE] and a discharge date of [DATE]. Diagnoses included disruption of internal operation surgical wound, acute metabolic acidosis, severe sepsis with septic shock, type two diabetes mellitus with unspecified diabetic retinopathy without macular edema, chronic obstructive pulmonary disease, atherosclerotic heart disease of native coronary artery without angina pectoris, end stage renal disease, congestive heart failure, and major depressive disorder. Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #110 had severely impaired cognition. Resident #110 was assessed to require partial to moderate assistance for eating, oral hygiene, personal hygiene, and bed mobility, substantial to maximal assistance for bathing and dressing, and was dependent for toileting. Review of the discharge summary for Resident #110 dated 09/16/24 revealed it was completed on 09/19/24. 2. Review of the closed medical record for Resident #111 revealed an admitted [DATE] and a discharge date of [DATE]. Diagnoses included hyperkalemia, end stage renal disease, noninfective gastroenteritis and colitis, type one diabetes mellitus with hyperglycemia, atherosclerosis of coronary artery bypass graft(s) without angina pectoris, fluid overload, heart failure, peripheral vascular disease, hypoglycemia, dependence on renal dialysis, hypothyroidism, critical illness polyneuropathy, and anemia. Review of the discharge MDS assessment dated [DATE] revealed Resident #111 was cognitively intact. Resident #111 was assessed to be independent for eating, oral hygiene, toileting, bathing, dressing, personal hygiene, bed mobility, and transfer. Review of the discharge summary for Resident #111 dated 09/17/24 revealed it was incomplete. (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 0661 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Review of the closed medical record for Resident #112 revealed an admitted [DATE] and a discharge date of [DATE]. Diagnoses included hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, morbid (severe) obesity due to excess calories, type two diabetes mellitus with hyperglycemia, angina pectoris, atherosclerotic heart disease of native coronary artery with other forms of angina pectoris, conversion disorder with seizures or convulsions, iron deficiency anemia, Tourette's disorder, mixed hyperlipidemia, other stimulant dependence, other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence, hypomagnesemia, homelessness, major depressive disorder, psychophysiologic insomnia, occlusion and stenosis of bilateral carotid arteries, viral cardiomyopathy, restless legs syndrome, generalized anxiety disorder, and syncope and collapse. Review of the admission MDS assessment dated [DATE] revealed Resident #112 had moderately impaired cognition. Resident #112 was assessed to require setup assistance for oral hygiene, personal hygiene, bed mobility, and transfer, supervision for toileting, bathing, and dressing, and was independent for eating. Review of the discharge summary for Resident #112 dated 09/16/24 revealed it was completed on 09/23/24. Interview on 09/24/24 at 2:33 P.M. with the Administrator verified the discharge summaries were incomplete or completed after the resident discharged from the facility. This deficiency represents non-compliance investigated under Master Complaint Number OH00158112.