

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Otterbein Portage Valley		STREET ADDRESS, CITY, STATE, ZIP CODE  20311 Pemberville Rd Pemberville, OH 43450	

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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44454</b></p> <p>Based on observation, medical record review, staff interview and review of the facility resident rights document, the facility failed to ensure requests made by a resident's guardian were adequately addressed. This affected one (#36) of one resident reviewed for requests made by a guardian. The facility census was 46.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #36 admitted to the facility on [DATE]. Diagnoses included dementia, severe protein-calorie malnutrition, adult failure to thrive, and muscle weakness. Further review revealed Resident #36's daughter was appointed legal guardian on 12/04/24.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #36 was cognitively impaired. The resident required supervision or touching assistance for chair/bed-to-chair transfers.</p> <p>Review of the plan of care dated 09/06/23, and revised 01/21/25, revealed Resident #36 had an activities of daily living (ADLs) self-care and/or physical mobility performance deficit related to impaired mobility. Interventions included multiple assistive signs hung in room per family request. Further review revealed no evidence of what specific care or needs were identified on the signs hung in Resident #36's room or what requests the facility implemented.</p> <p>Observation on 01/21/25 at 11:40 A.M. revealed Resident #36 was in bed in his room. Further observation revealed numerous signs were posted throughout the resident's room. A sign posted on the wall to the side of the resident's bed stated, Leave wheelchair next to bed as he will get out of bed when he realizes he has to go to the bathroom, not always so please check on him often. The sign also stated to contact the resident's guardian with any questions or concerns and provided a contact phone number. Resident #36's wheelchair was in the bathroom and not next to the resident's bed.</p> <p>Continued observations on 01/21/25 from 11:40 A.M. through 12:47 P.M. revealed Resident #36 remained in bed, with his wheelchair located in the bathroom.</p> <p>Interview on 01/21/25 at 12:47 P.M. with Unit Manager (UM) #386 verified Resident #36 was in bed, while his wheelchair was located in the bathroom. UM #386 confirmed the wheelchair was supposed to be next to Resident #36's bed when he was in it per his guardian's request.</p> <p>(continued on next page)</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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<p>F 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 01/21/25 with Resident #36's legal guardian confirmed she requested the resident's wheelchair be left next to the bed when he was in it and left a sign next to the bed as a reminder to staff. The resident's guardian stated Resident #36 would sometimes attempt to get up independently to go to the bathroom and she was concerned he would fall if the wheelchair was not accessible to him.</p> <p>Interview on 01/22/25 at 3:58 P.M. with the Director of Nursing (DON) confirmed Resident #36 sometimes attempted to get out of bed on his own, without staff assistance.</p> <p>Interview on 01/23/25 at approximately 1:00 P.M. with the Administrator confirmed Resident #36's guardian requested the resident's wheelchair be next to the bed but stated she was uncertain why the request was made. The Administrator indicated Resident #36 had no fall history that she was aware of or safety risks associated with the wheelchair being placed next to the resident's bed. The Administrator did not know if Resident #36 attempted to get out of bed on his own and she was uncertain who assessed the resident's mobility/transfer needs, adding he transferred to their facility from another facility. The Administrator reported the wheelchair next to Resident #36's bed was a guardian request, but not necessarily something the facility implemented. The Administrator confirmed there had been no further discussion with the resident's guardian related to the request.</p> <p>Further review of the medical record revealed no evidence the facility reviewed the guardian's request, completed any assessments related to the requests, or implemented any of the specific interventions identified on the signs hanging in Resident #36's room, including the wheelchair left at bedside.</p> <p>Review of the facility document titled Ohio Resident Rights &amp; Facility Responsibilities, revised 01/22/20, revealed residents had the right to participate in decisions that affected their life, including the right to communicate with the physician and employees of the home in planning the resident's treatment or care. The document further stated a sponsor may act on a resident's behalf to assure the home did not deny the resident's rights.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00161384.</p>		