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 04/15/2026
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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview, and policy review, the facility failed to ensure the physician was timely notified of a change in condition related to a fall and the facility further failed to ensure the family was notified of a resident fall. This affected one (#46) of three residents reviewed for notification of change. The facility census was 44.Findings include:Review of Resident #46's medical record revealed an admission date of 12/19/25 and a discharge date of 01/06/26. Diagnoses included unspecified intracapsular fracture of left femur, chronic obstructive pulmonary disease (COPD), protein calorie malnutrition, Alzheimer's disease, pressure ulcer of sacral region stage three, and anemia.Review of Resident #46's Medicare - five day Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #46 had severely impaired cognition with a Brief Interview for Mental Status (BIMS) score of three. Furthermore, Resident #46 required supervision or touching assistance for chair to bed transfers, bed to chair transfers, and required partial/moderate assistance for toilet transfers. Resident #46 had a surgical wound.Review of Resident #46's care plan dated 12/22/25 revealed Resident #46 was at risk for falls related to cognitive impairment, gait/balance problems, poor communication/comprehension and was unaware of safety needs with interventions that included to anticipate and meet resident needs, offer toileting and peri-care upon rising, before and after meals, at hours of sleep, and as needed.Review of the Incident/Accident log revealed Resident #46 suffered a fall on 12/20/25 at 1:55 A.M.Review of Resident #46's progress notes dated 12/20/25 at 1:55 A.M. revealed Resident #46 was found on the floor of her room by the exit door. Resident #46 reported hitting her head. An assessment was completed and vital signs were obtained. Resident #46 had a blood pressure of 197/106 (normal is 120/80) and her oxygen saturation was 90% (normal is greater than 87%, which is room air).Review of the undated Neurological Assessment document for Resident #46 revealed blood pressures following the fall read 191/103 at 2:10 A.M., 198/95 at 2:25 A.M., 191/97 at 2:40 A.M., and 203/108 at 3:10 A.M. Review of Resident #46's progress noted dated 12/20/25 at 11:12 A.M. revealed the physician was notified of the fall without injury that occurred at 1:55 A.M. on 12/20/25. There was no documentation regarding notification of Resident #46's blood pressure readings. Review of the medical record also contained no information of the family being notified of Resident #46's fall or elevated blood pressure.Interview on 04/13/26 at 3:13 P.M. with Licensed Practical Nurse (LPN) #51 revealed elevated blood pressures such as what Resident #46's blood pressures were following the fall need to be re-evaluated and should be reported to the physician. Furthermore, LPN #51 stated high blood pressure could indicate that the resident was in pain. LPN #51 verified family should always be notified when a resident experiences a fall or any change in condition.Interview on 04/14/26 at 9:34 A.M. with Nurse Practitioner (NP) #100 revealed if a resident had a fall during the night and had no injuries, it would be fine to be notified the next day, however if the resident sustained injuries, notification should be immediately. NP #100 verified based on the assessment and the continued elevated blood pressure for Resident #46, the provider should have been notified Interview on 04/14/26 at 2:17 P.M. with the Assistant Director of Nursing (ADON) #50 verified the physician should have been contacted after the resident was assessed. The ADON (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: 365571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2026
NAME OF PROVIDER OR SUPPLIER Otterbein Portage Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 20311 Pemberville Rd Pemberville, OH 43450	

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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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	also verified family should have been notified of the fall when it occurred.Review of the facility policy with a last revision date of 12/02/25 titled Falls Management revealed in the event a fall occurs, a physical assessment of the resident for any injuries, provide immediate care to the resident as needed, and notify the resident representative and physician of the fall and findings following the immediate assessment.This deficiency represents non-compliance investigated under Master Complaint Number 2716158.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365571	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Otterbein Portage Valley	20311 Pemberville Rd Pemberville, OH 43450

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interview, and policy review, the facility failed to ensure food that was opened was properly stored and stored. This had the potential to affect all residents as the facility verified all residents received food from the kitchen. The facility census was 44. Findings include:Observation on 04/13/26 at 8:03 A.M. of walk-in freezer #1 revealed cheese pizzas, a bag of pizza dough, a bag potato wedges, dinner rolls, brown bread, and a bag of diced onions were open and undated.Interview on 04/13/26 at 8:06 A.M. with Dietary Manager (DM) #97 verified the cheese pizzas, a bag of pizza dough, a bag potato wedges, dinner rolls, brown bread, and a bag of diced onions were open and undated. DM #97 verified any time food is opened, the food item should be marked with an open date.Review of the facility policy with a revision date of May 2013 titled Food Storage Policy and Procedure revealed the purpose of the policy was to assure all food is stored, labeled, and dated properly to ensure stock rotation and prevent foodborne illnesses. Furthermore, prepared food is to covered, dated and labeled with the month and day on which it was prepared. The label also indicates the use by date which is four to seven days after the food was prepared.This deficiency represents non-compliance investigated under Complaint Number 2701756.