

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365669	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2025
NAME OF PROVIDER OR SUPPLIER Four Winds Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 215 Seth Avenue Jackson, OH 45640	
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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, review of physician notes, policy review, and interview, the facility failed to ensure laboratory services were completed as ordered. This affected one (#22) resident of three residents reviewed for change in condition. The facility census was 70. Findings include:Record review revealed Resident #22 was admitted to the facility on [DATE] with diagnoses including type II diabetes, hypertension, and hyperlipidemia. Review of a minimum data set (MDS) completed on 04/16/25 revealed Resident #22 had mildly impaired cognition and no behaviors. Review of a physician note dated 06/23/25 at 1:00 A.M. by Physician #125 revealed Resident #22 was seen due to reports of nausea with some meals and diarrhea. The treatment plan would include drawing labs including a complete blood count (CBC), comprehensive metabolic panel (CMP), thyroid stimulating hormone (TSH), A1C, and a hepatic panel. Review of a nursing note dated 06/23/25 at 2:16 P.M. by Licensed Practical Nurse (LPN) #101 revealed Resident #22 was seen by her primary care physician (PCP) and new orders were received including labs to be drawn the next lab day. Resident #22 and her family were aware of orders. Review of orders revealed an order dated 06/23/25 for a CBC, CMP, TSH, A1c, and hepatic panel one time for Resident #22. The order was discontinued on 06/24/25. Additionally, an order dated 06/23/25 for CBC, CMP, TSH, A1C, and hepatic panel one time for Resident #22 to start on 06/24/25 and an end date of 06/25/25. Interview on 07/23/25 at 3:52 P.M. with the Administrator revealed there was an order for labs to be drawn on 06/23/25 but they were not completed. The Administrator did not have any additional information as to why labs were not drawn as ordered. Review of an undated policy titled Laboratory Orders revealed nursing staff should confirm all needed labs are on the draw sheet and will put the lab draw list in the lab logbook behind the date tab. Review of a policy titled Physician Orders revealed the attending physician prescribes the medical requirements of care for the residents he or she admits. Orders are obtained from the physician before providing care, treatment and services. The order is tailored to the residents' needs. The facility will provide care, treatment and services according to the most recent order. Each attending physician will designate an alternate physician to cover for him or her in order to provide regular or emergency care when the attending is not available. This deficiency represents non-compliance investigated under Complaint Number OH00166775.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 365669
		If continuation sheet Page 1 of 1