

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365763	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2024
NAME OF PROVIDER OR SUPPLIER Arbors at Mifflin		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 Crider Rd Mansfield, OH 44903	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47569</p> <p>Based on medical record review, interview, and facility policy review the facility failed to ensure antibiotics were administered as ordered and the physician was notified when the antibiotics were not available for administration. This deficient practice affected one resident (Resident #25) out of two residents reviewed for antibiotic medication orders. The facility's census was 87.</p> <p>Findings Include:</p> <p>A review of Resident #25's medical record revealed admitted [DATE] with diagnoses including but not limited to urinary tract infection (UTI), infection of prosthetic hip joint, osteoarthritis, and major depression disorder. Resident #25 required assistance from staff to complete Activities of Daily (ADL) tasks including transfers by a mechanical lift. Resident #25 had intact cognition with a Brief Interview of Mental Status (BIMS) score of 15 out of 15 dated 10/10/24.</p> <p>A review of Resident #25's physician orders revealed an ordered dated 11/13/24 for an antibiotic Doxycycline Hyclate capsule 100 milligrams (mg) give 100 mg orally every morning and at bedtime related to cellulitis of other sites for 730 total administrations.</p> <p>A review of Resident #25's Admission [NAME] Data Set (MDS) dated [DATE] revealed in Section N - Medications Resident #25 was receiving antibiotic medication for infection of prosthetic joint replacement.</p> <p>A review of Resident #25's Medication Administration Record (MAR) dated 12/01/24 to 12/23/24 revealed the antibiotic order for Doxycycline Hyclate capsule 100 milligrams (mg) give 100 mg orally every morning and at bedtime related to cellulitis of other sites for 730 administrations and had been administered as ordered until the morning doses on 12/19/24 and 12/20/24. Further review revealed the order had been discontinued on 12/21/24 following the administration of the morning dose and restarted on 12/21/24 for the evening dose which was not administered on 12/21/24 or on 12/22/24 for both the morning and evening doses. On 12/23/24 for the morning dose, the medication was marked as being administered.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident #25's Orders-Administration Note dated 12/19/24 at 9:28 A.M. revealed antibiotic Doxycycline Hyclate capsule 100 mg give 100 mg orally every morning and at bedtime related to cellulitis of other sites for 730 administrations marked na for reason not administered. Further review of Resident #25's Orders-Administration Notes revealed on 12/20/24 at 9:31 A.M. antibiotic Doxycycline Hyclate capsule 100 mg give 100 mg orally every morning and at bedtime related to cellulitis of other sites for 730 administrations marked na for reason not administered, on 12/21/24 at 10:40 P.M. antibiotic Doxycycline Hyclate capsule 100 milligrams mg give 100 mg orally every morning and at bedtime related to cellulitis of other sites for 730 administrations marked on order for reason not administered. On 12/22/24 at 8:59 A.M. antibiotic Doxycycline Hyclate capsule 100 mg marked na for reason not administered. On 12/22/24 at 11:10 P.M. antibiotic Doxycycline Hyclate capsule 100 mg marked not available in contingency, waiting on delivery for reason not administered.</p> <p>A review of Resident #25's progress notes dated 12/19/24 to 12/23/24 revealed there were no notifications to either a physician or a nurse practitioner concerning Resident #25 not being administered the antibiotic Doxycycline Hyclate capsule 100 mg on the dates indicated.</p> <p>An interview on 12/23/24 at 4:15 P.M. with the Director of Nursing (DON) confirmed Resident #25 did not receive the antibiotic Doxycycline Hyclate as ordered on 12/19/24, 12/20/24, 12/21/24, and on 12/22/24 and there was no notifications to the physician concerning the antibiotic not being administered and not available for administration. The DON stated the nurses should be administering medications as ordered and when unable to do so the nurses should be documenting the reason for a medication not being administered and notifying the physician for further orders or instructions.</p> <p>A review of the facility's policy titled, Medication Administration dated 01/17/23 revealed, Medications are administered by licensed nurse, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection.</p> <p>A review of the facility's policy titled, Notification of Changes dated 08/29/24 revealed, The facility promptly informs the resident, consults the resident's physician; and notifies, consistent with his or her authority, resident's representative when there is a change requiring notification.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00160489.</p>		