

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365821	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2024
NAME OF PROVIDER OR SUPPLIER Walnut Creek Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5070 Lamme Road Kettering, OH 45439	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44076</p> <p>Based on medical record review and staff interviews, the facility failed to ensure physician orders were followed and parameters were met prior to the administration of insulin resulting in significant medication errors. This affected one resident (#10) of three residents reviewed for medication administration. Facility census was 85.</p> <p>Findings include:</p> <p>Review of medical record for Resident #10 revealed admitted [DATE]. Diagnoses include diabetes mellitus with skin complications, congestive heart failure, peripheral vascular disease, and hypertension. Resident #10 was admitted to hospice on 08/26/24 for a diagnosis of senile asthenia.</p> <p>The quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #10 had a Brief Interview Mental Status (BIMS) score of seven out of 15. Resident #10 required extensive two-person assistance for transfers, one person assistance for bed mobility, dependent for toileting and independent for eating. Medications documented injections were received seven of seven days during the lookback period.</p> <p>Review of Resident #10's physician orders revealed an order for Lantus (Long-acting insulin)-inject ten units subcutaneously at bedtime for diabetes. Call Doctor if blood glucose was less than 70 milligrams (mg) per (l) deciliter (dl) or more than 300 mg/dl. With a start date of 07/23/24.</p> <p>Review of Resident #10's July 2024 Medication Administration Record (MAR) revealed there was no documentation of glucose levels being obtained prior to the 9:00 P.M. Lantus administration.</p> <p>Review of the electronic record for Resident #10 revealed no documentation a glucose level being obtained prior to the scheduled 9:00 P.M. Lantus administration.</p> <p>Interview on 09/03/24 at 4:17 P.M. the Director of Nursing (DON) verified there had been no documentation a glucose level being obtained prior to Resident #10's 9:00 P.M. dose of Lantus. The DON acknowledged despite not knowing the glucose level the medication was documented as given.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00156567.</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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