STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365894	A. Building B. Wing	01/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCV Health Care Facilities, Inc	411 Western Row Road Mason, OH 45040

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview, and facility policy review, the facility failed to ensure accurate documentation of pain medication administration. This affected two (Resident #2 and #3) of the three residents reviewed. The facility census was 61.Findings include: 1.Review of the medical record for Resident #2 revealed an admission date of [DATE] with diagnoses including Parkinsonism, unspecified, anemia, dementia, psychosis, hypertension, anxiety. The resident is long term care, cognitively impaired and receiving hospice care. Review of the electronic Medical Record Report (eMAR) revealed Resident #2 was ordered Morphine Sulfate Oral Solution (opioid) 20 milligrams per milliliter (mg/ml), give 0.25 mg by mouth every eight hours for pain and Morphine Sulfate Oral Solution 20 mg/ml, give 0.25 mg by mouth every two hours as needed (PRN) for pain. Review of the eMAR under the order of Morphine Sulfate Oral Solution 20 mg/ml, give 0.25 mg by mouth every eight hours for pain revealed a dose of 0.25mg Morphine Sulfate was administered at 5:00 A.M. on [DATE]. Review of the Controlled Drug Log revealed the dose administered on [DATE] at 5:00 A.M. was documented on the PRN order of Morphine Sulfate Oral Solution 20 mg/ml, give 0.25 mg by mouth every two hours as needed for pain. Interview with DON on [DATE] at 9:01 A.M. verified the entry was made on the incorrect Controlled Drug Log page. 2. Review of the medical record for Resident #3 revealed an admission date of [DATE] with diagnoses including cerebral infarction, Alzheimer's Disease, atrial fibrillation, anxiety disorder, Type II Diabetes Mellitus, dysphagia, and unspecified convulsions. The resident received Hospice care and expired in the facility on [DATE]. Review of the medication orders for Resident #3 revealed the resident had an order for Oxycodone HCl (opioid) oral tablet 5mg, give one tablet by mouth two times a day for pain and Oxycodone HCl oral tablet 5mg, give one tablet every four hours as needed for pain. Review of the Controlled Drug Log for [DATE] revealed a PRN dose of Oxycodone 5mg was administered on [DATE] at 8:00 P.M. and on [DATE] at 1:00 A.M. Review of the [DATE] eMAR revealed missing entries for the PRN administrations of Oxycodone 5mg on [DATE] at 8:00 P.M. and [DATE] at 1:00 A.M.Review of the Controlled Drug Log for [DATE] revealed a PRN dose of Oxycodone 5mg was administered on [DATE] at 8:00 P.M. and on [DATE] at 11:00 P.M. Review of the [DATE] eMAR revealed missing entries for the PRN administrations of Oxycodone 5mg on [DATE] at 8:00 P.M. and [DATE] at 11:00 P.M.Interview with DON on [DATE] at 9:01 A.M. verified the above entries of Oxycodone 5mg PRN were made on the Controlled Drug Log under the PRN order page but were not documented on the eMAR. Record review of the Medication Administration Policy, updated [DATE], revealed the individual administering the medication must electronically sign the resident's eMAR on the appropriate box, after giving the medication. This deficiency represents non-compliance investigated under Complaint Number 2605790.

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