STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365990	A. Building B. Wing	07/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Dawn Rehabilitation and Healthcare Center	865 East Iron Avenue Dover, OH 44622

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review the facility failed to ensure physician notification occurred related to elevated blood glucose levels resulting in the potential for inadequate diabetes management. This affected one resident (Resident #39) of five residents reviewed for medication management. Findings include: Record review revealed Resident #39 was admitted to the facility on [DATE] with diagnoses including, malnutrition, end stage renal disease, type one diabetes, [NAME] disease, chronic kidney disease, hypertension, and major depressive disorder.Review of minimum data set revealed a brief interview for mental status score of 12 out of a possible 15 points indicating some cognitive impairment. Review of Resident #39 care plan dated 06/23/25 revealed the resident has diabetes mellitus. Interventions included diabetes medication as ordered by doctor.Record review of Resident #39 vital signs revealed on 07/25/25 at 8:00 P.M. Resident #39 blood sugar check was 578. On 07/26/25 at 5:17 A.M Resident #39 blood sugar was 537.Progress note dated 07/25/25 at 8:00 P.M. for Resident #39 revealed a medication administration record (MAR) progress note stating end of scale given supervisor notified. No documentation a physician or on call provider was notified to give follow up orders regarding the blood sugar of 578, exceeding the sliding scale.Progress note dated 07/26/25 at 5:17 A.M. for Resident #39 revealed a medication administration record (MAR) progress note stating end of scale given. No documentation a physician or on call pinnacle was notified to give follow up orders regarding the blood sugar of 537, exceeding the sliding scale.Record review revealed an active order for HumaLOG Injection Solution 100 UNIT/milliliter(ML) (Insulin Lispro). Inject as per sliding scale: if 201 - 250 = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 10 units; 401 - 450 = 12 units, subcutaneously before meals and at bedtime for diabetes.Record review revealed an active order for Lantus Subcutaneous Solution 100 UNIT/ML (Insulin Glargine). Inject 33 unit subcutaneously in the morning for diabetes mellitus.Interview on 07/29/25 at 11:00 A.M. with Licensed Practical Nurse (LPN) # 56 revealed if a blood glucose reading is out of range you should put in a progress note. If its to low, each sliding scale resident has an order for glucagon. If it is to high you would call on call pinnacle to let them know what the blood sugar reading is and they will follow up, they'll tell you what to do. LPN# 56 states you always call pinnacle if the blood sugar is over 450.This deficiency represents noncompliance investigated under Complaint Number OH001393427.

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