

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366027	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Altercare of Hartville Ctr For		STREET ADDRESS, CITY, STATE, ZIP CODE 1420 Smith Kramer Road Hartville, OH 44632	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on medical record review and staff interview, the facility failed to ensure fall incidents were documented timely in the medical record. This affected one (Resident #70) of three residents reviewed for falls. The facility census was 71. Findings include:Review of Resident #70's medical record revealed an admission date of 02/16/26 with diagnoses including metabolic encephalopathy, muscle weakness and cerebrovascular accident. Further review of the medical record revealed a progress note entered as a late entry on 02/20/26 at 8:21 A.M. that indicated Resident #70 suffered a fall in his room on 02/19/26 at 8:00 P.M. No evidence of any documentation of the fall incident was entered following the fall on 02/19/26 at 8:00 P.M. Interview with Registered Nurse (RN) #115 and RN #117 on 03/30/26 at 12:05 P.M. revealed the fall incident for Resident #70 on 02/19/26 at 8:00 P.M. was not documented in the medical record until 02/20/26 at 8:21 A.M. They stated fall incidents should be entered in the medical record as soon as possible following the event. This deficiency represents non-compliance investigated under Complaint Number 2785120.</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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