

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366035	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER Momentous Health at Vandalia		STREET ADDRESS, CITY, STATE, ZIP CODE 208 North Cassel Road Vandalia, OH 45377	

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 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37447</p> <p>THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NON-COMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY.</p> <p>Based on review of the online license verification system of the Bureau of Executives of Long-Term Services and Supports (BELTSS), review of the Administrator job description, and staff interview, the facility failed to ensure there was a licensed nursing home administrator (LNHA) with a valid license providing supervision and leadership to the facility. This had the potential to affect all of the residents residing in the facility. The facility census was 106 residents.</p> <p>Findings include:</p> <p>Review of the online license verification system for BELTSS at https://beltss.ohio.gov/licensing/license-lookup revealed Administrator #1 was issued an Ohio LNHA license on [DATE] with an expiration date of [DATE].</p> <p>Review of the online license verification system for BELTSS at https://beltss.ohio.gov/licensing/license-lookup revealed Administrator #2 was issued an Ohio LNHA license on [DATE] with an expiration date of [DATE].</p> <p>Review of the facility job description titled Administrator dated [DATE] revealed the Administrator must possess a valid license to practice as a nursing home administrator in the state of Ohio and provided overall direction for all activities related to administration, personnel, physical structure, information systems, office management, and marketing of the entire facility. The Administrator should work closely with all members of the management team and others to ensure their responsibilities were effectively and consistently discharged .</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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<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on [DATE] at 11:35 A.M. with Administrator #1 confirmed she had served as the facility LNHA of record since [DATE]. Administrator #1 confirmed a representative from BELTSS notified her on [DATE] that her license to practice as an LNHA had expired on [DATE]. Further interview with Administrator #1 confirmed she asked Administrator #2, who was employed with a sister facility, to serve as the LNHA for the facility until she could get her license renewed. Administrator #1 confirmed Administrator #2 served as the LNHA of record from [DATE] until [DATE]. Administrator #1 confirmed her license was renewed and valid on [DATE], and she had been serving as LNHA of record since then. Administrator #1 confirmed the facility did not have an LNHA with a valid license serving from [DATE] to [DATE].</p> <p>Interview on [DATE] at 5:42 P.M. with Administrator #2 confirmed she served as the LNHA of record for the facility from [DATE] through [DATE]. Administrator #2 confirmed she had a valid Ohio license to practice as an LNHA during the time frame she worked in the facility.</p> <p>The deficient practice was corrected on [DATE] when the facility implemented the following corrective actions:</p> <ul style="list-style-type: none"> -On [DATE] Administrator #2 became the LNHA of record for the facility. -On [DATE] Administrator #1 updated her email address with BELTSS to ensure she received communications from them. -On [DATE] Administrator #1 educated the Human Resources Director (HRD) to perform an annual audit of the renewal date for the LNHA of record for the facility to ensure the license was valid and current. -On [DATE] Administrator #1's Ohio license to practice as an Ohio LNHA was renewed through [DATE]. <p>This deficiency represents noncompliance investigated under Complaint Number OH00156149 and Complaint Number OH00156286.</p>		