

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2026
NAME OF PROVIDER OR SUPPLIER Altercare Newark South Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 17 Forry Street Newark, OH 43055	
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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of resident medical records, staff interviews and review of facility policy, the facility failed to ensure staff was knowledgeable about advanced directive procedures. This affected four of four residents (#1, #22, #24, and #46) reviewed for advanced directives. The facility census was 42 residents. Findings include: 1. Review of a resident medical record revealed that Resident #22 was admitted to the facility on [DATE] with diagnoses that included Parkinson's disease and dysphagia. Review of Resident #22's face sheet revealed that there were no advanced directives noted. Review of Resident #22's care plan dated 11/19/25 revealed that Resident #22 had elected the hospice benefit, and a goal listed was to have end of life care coordinated with hospice and the facility. The code status was not addressed in the care plan. Review of Resident #22's orders revealed that there were no orders for advanced directives noted. An interview on 06/28/26 at 1:46 P.M. with the Director of Nursing (DON) revealed that the hard charts will contain a copy of the advanced directives if there are any code statuses other than full code for a resident. The DON revealed that if a resident is a full code status, there will not be a form in their physical chart. An interview on 06/28/26 at 1:45 P.M. with Registered Nurse (RN) #135 revealed that she was unaware that there were physical hard charts available for residents. An interview on 06/29/2026 at 8:12 A.M. with Licensed Practical Nurse (LPN) # 350 revealed she would look in the electronic charting system for current physician order and on the resident's face sheet for current code status. An interview with Regional Clinical Nurse #221 on 06/29/26 at 10:15 A.M. verified Resident # 22's physician orders and face sheet did not contain advanced directive information. (continued on next page)		

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
--	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2026
NAME OF PROVIDER OR SUPPLIER Altercare Newark South Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 17 Forry Street Newark, OH 43055	
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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	2. Review of a resident medical record revealed that Resident #46 was admitted to the facility on [DATE] and had diagnoses that included Type II Diabetes mellitus and malignant neoplasm of endometrium. Review of Resident #46's face sheet revealed that there were no advanced directives or code status. Review of Resident #46's care plan revealed that there were no advanced directives noted in the care plan. Review of Resident #46's orders revealed that there were no advanced directive orders or code statuses ordered. An interview on 06/28/26 at 1:46 P.M. with the Director of Nursing (DON) revealed that the hard charts will contain a copy of the advanced directives if there are any code statuses other than full code for a resident. The DON revealed that if a resident is a full code status, there will not be a form in their physical chart. An interview on 06/28/26 at 1:45 P.M. with Registered Nurse (RN) #135 revealed that she was unaware that there were physical hard charts available for residents. An interview on 06/29/2026 at 8:12 A.M. with Licensed Practical Nurse (LPN) # 350 revealed she would look in the electronic charting system for current physician order and on the resident's face sheet for current code status. An interview with Regional Clinical Nurse #221 on 06/29/26 at 10:15 A.M. verified Resident #46's physician orders and face sheet did not contain advanced directive information. 3. Review of Resident # 01's medical record revealed an admission date of 02/27/26 with diagnoses that included but were not limited to chronic diastolic heart failure, cardiac arrest, acute respiratory failure with hypoxia and chronic obstructive pulmonary disease. Further review of Resident # 01's record revealed a Do Not Resuscitate (DNR) form with DNR Comfort Care marked. Review of Resident # 01's current face sheet revealed no directive was selected for advanced directives. Review of Resident # 01's admission minimum data set (MDS) assessment dated [DATE] revealed the resident was cognitively intact and required assistance from staff with bathing, dressing and mobility. Review of Resident # 01's physician's orders dated May 2026 to June 2026 revealed no active orders for advanced directives. Review of Resident # 01's care plans last revised on 05/22/26 revealed no care plan for advanced (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2026
NAME OF PROVIDER OR SUPPLIER Altercare Newark South Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 17 Forry Street Newark, OH 43055	
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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	directives. 4. Review of Resident #24's medical record revealed an admission date of 05/17/24 with diagnoses that included but were not limited to cerebral vascular accident with left hemiparesis, paralysis of vocal cords, dementia, depression, anxiety and malignant neoplasm of the prostate. Review of Resident # 24's quarterly MDS assessment dated [DATE] revealed the resident was cognitively intact and required assistance from staff with hygiene and dressing. Review of Resident # 24's active physicians orders revealed no active order for advanced directives. Review of Resident # 24's current face sheet revealed no directive was selected for advanced directives. Review of Resident # 24's care plans revised on 06/26/26 revealed no care plan for advanced directives. Interview on 06/29/2026 with LPN # 350 revealed she would look in the electronic charting system for current physician order and on the resident's face sheet for current code status. Review of the medical record during the interview LPN #350 confirmed Resident #01 and Resident # 24 did not have active orders for advanced directives or advanced directives selected on their face sheets this. When asked if she would look anywhere else Nurse # 350 stated she did not know of anywhere else to look.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2026
NAME OF PROVIDER OR SUPPLIER Altercare Newark South Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 17 Forry Street Newark, OH 43055	
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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and staff interview the facility failed to timely implement physician recommendations per the Medication Regimen Review (MRR) for three residents, (#1, #4, and #24) of five reviewed for unnecessary medications. The facility also failed to ensure the MRR were reviewed by the physician in a timely manner for three residents, (#4, #24, and #46) of five reviewed for unnecessary medications. The facility census was 42. Findings include: 1. Review of the medical record for Resident #01 revealed an admission date of 02/27/26 with diagnoses of, but not limited to, chronic diastolic heart failure, chronic kidney disease, and chronic pain. Review of the quarterly Minimum Data Set (MDS) 3.0 dated 05/12/26 revealed the resident was cognitively intact. Review of the Medication Regimen Review (MRR) for May of 2026, signed 05/29/26, revealed a physician agreed with the recommendation to discontinue Tramadol (opioid), decrease Gabapentin (anticonvulsant) from 800 milligrams (mg) to 600mg three times a day for one week then 600mg twice a day. Review of the physician orders for Resident #01 revealed the Tramadol was not discontinued until 06/25/26 and the resident continued to have an active order, for Gabapentin 800mg three times per day with at start date of 02/27/26. Interview with Regional Nurse #221 on 06/30/26 at 2:25 P.M. confirmed the recommendations provided by the physician on the MRR were not followed. 2. Review of the medical record for Resident #04 revealed a readmission date of 02/15/25 with diagnoses of acute kidney failure, hyperlipidemia, and osteoarthritis. Review of the quarterly MDS 3.0 dated 06/22/26 revealed the resident was cognitively intact. Review of Resident #04 MRR for July of 2025 revealed a printed date of 07/21/25. The physician did not sign the MRR until 08/29/25. Review of the MRR for August of 2025 revealed an approved recommendation for laboratory (labs) tests for vitamin D, iron panel, and thyroid stimulating hormone (TSH) to be completed yearly and stated to draw the labs on the next convenient day. Review of the labs for Resident #04 revealed the labs were not drawn until May of 2026. Review of the MRR's revealed Resident #04 had no documented MRR for November of 2025 and February of 2026. Review of the MRR for March of 2026, printed 03/20/26 revealed no signature by the physician until (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2026
NAME OF PROVIDER OR SUPPLIER Altercare Newark South Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 17 Forry Street Newark, OH 43055	
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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	05/13/26. In addition, the MRR revealed an approved recommendation to discontinue bio freeze, Bisacodyl suppository (laxative), Docusate (stool softener), Fluticasone (antihistamine) nasal spray, Loperamide (antidiarrheal), and Ipratropium (anticholinergic), Albuterol (bronchodilator). Review of the physician orders for Resident #04 revealed the medications were not discontinued as recommended until 05/19/26. Interview with Regional Nurse #221 on 06/30/26 at 2:25 P.M. confirmed the recommendations provided by the physician on the MRR were not timely followed. Regional Nurse #221 also confirmed the missing MRR's for November of 2025 and February of 2026. 3. Review of the medical record for Resident #24 revealed a readmission date of 07/18/25 with diagnoses of, but no limited to, dementia, muscle weakness, and Type Two Diabetes. Review of the annual MDS 3.0 dated 04/22/26 revealed the resident was cognitively intact. Review of the MRR for September of 2025 revealed a physician supported recommendation for Carvedilol (antihypertensive) to be administered with food. Review of the physician orders for Resident #24 revealed the facility did not implement the change to the order until 10/24/25. Review of the MRR for March of 2026 revealed it was not signed by the physician until 05/13/26. Additional review of the MRR's revealed Resident #24 did not have a MRR for June of 2026. Interview with Regional Nurse #221 on 06/30/26 at 2:25 P.M. confirmed the recommendations provided by the physician on the MRR were not timely implemented. 4. Review of the resident medical record for Resident #46 revealed the resident was admitted to the facility on [DATE] and had diagnoses that included Type II Diabetes Mellitus and bullous pemphigoid. Review of Resident #46's MDS 3.0 assessment dated [DATE] revealed that Resident #46 was assessed as receiving insulin. Review of Resident #46's Medication Regimen Review dated 03/20/26 revealed it was recommended by the pharmacist that Lispro insulin (a fast-acting insulin) be discontinued, Ozempic, a GLP-2 receptor antagonist used to treat diabetes, be reduced to 0.5 milligrams (mg) weekly, and Dapagliflozin, a sodium-glucose co-transporter II inhibitor used to treat Type II Diabetes Mellitus, 5 mg daily be added. Review of the document revealed the physician responded on 04/24/26 to the pharmacist's recommendations. An interview with Regional Nurse #221 on 06/30/26 at 2:25 P.M. confirmed the response to the pharmacist's recommendations was not made by the physician in a timely manner. Review of the facility policy titled, Consulting Pharmacist Monthly Drug Review, dated 05/01/25, revealed that the consulting pharmacist will conduct a monthly medication regimen review for each (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2026
NAME OF PROVIDER OR SUPPLIER Altercare Newark South Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 17 Forry Street Newark, OH 43055	
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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident in the facility. The resident's attending physician must document in the medical record that the identified irregularity has been reviewed, and what, if any action has been taken to address it. If there is no change in the medication, the attending physician must document his or her rationale in the resident's medical record at the physician's next visit.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2026
NAME OF PROVIDER OR SUPPLIER Altercare Newark South Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 17 Forry Street Newark, OH 43055	
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on record review, interviews, and facility policy review, the facility failed to implement interventions to prevent pressure ulcers. This affected one resident, (#24), of three residents reviewed for pressure ulcers. The facility census was 42. Findings include: Review of the medical record for Resident #24 revealed a readmission date of 07/18/25 with diagnoses of, but no limited to, dementia, muscle weakness, and Type Two Diabetes. Review of the annual Minimum Data Set (MDS) 3.0 dated 04/22/26 revealed the resident was cognitively intact. The MDS further revealed the resident was at risk for pressure ulcers. Review of the residents wound management detail report revealed on 06/11/26 the resident was identified as having an abrasion to his left ankle. On 06/18/26 the report identified the wound as being stable and scabbed, and on 06/26/26 the report documented the wound was no longer an abrasion and identified the wound as being a stage three pressure ulcer. Review of the care plan for Resident #24, reviewed on 04/27/26, revealed the resident was care planned to be encouraged and have assistance to float his heels as tolerated. Additionally, the care plan stated to observe and report any noncompliance or rejection of care for wound management. Review of the medical record revealed in March 2026 the resident had a task for staff to off-load heels as tolerated by the resident. Review of the months April 2026 to June of 2026 revealed the off-loading heels prompt not to be present and there was no documentation in the record it completed. Review of the residents' physician orders revealed Resident #24 had orders for wound care treatment, however there were no ordered preventative skin measures. Interview on 06/29/26 at 11:30 A.M. with the Assistant Director of Nursing (ADON) #123 revealed the resident had a history of laying his foot ankle side down and refusing intervention to promote wound healing. ADON #123 was unable to identify where the residents' noncompliance/refusals were documented in the resident record. Interview on 06/29/26 at 1:00 P.M. with Regional Nurse #221 confirmed the Resident #24 had a task of off-loading heels in March 2026 but not for April 2026, May 2026, or June of 2026. Additional interview on 06/30/26 at 12:00 P.M. with ADON #123 confirmed if a resident had a wound and interventions are supposed to be in place it is an expectation for staff to be documenting when the intervention is in place or documenting the resident refusal. ADON #123 confirmed the facility was not doing this for Resident #24 and confirmed there was no documentation to show Resident #24 had preventative skin interventions in place to prevent his abrasion from becoming a stage three pressure ulcer. Review of the facility policy titled 'Pressure Injuries: Assessment, Prevention, and Treatment', updated 05/01/25, revealed it is the facility's policy to identify residents at risk for developing pressure injuries, implement interventions to prevent the development of pressure injuries, and provide care for existing pressure injuries.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2026
NAME OF PROVIDER OR SUPPLIER Altercare Newark South Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 17 Forry Street Newark, OH 43055	
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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of resident medical records, staff interviews, and review of facility policy, the facility failed to monitor the nutrition status quarterly for one resident (#22). The facility failed to complete nutrition assessments timely for two residents, (#7 and #22). The facility failed to identify a significant weight loss for one resident, (#7). The facility also failed to notify the physician of significant weight losses for two residents, (#03 and #7). This affected three of four residents reviewed for nutrition. The facility census was 42 residents. Findings include: 1. Review of resident medical record revealed that Resident #7 was admitted to the facility on [DATE] and had diagnoses that included osteomyelitis, dysphagia and major depressive disorder. Review of Resident #7's Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #7 had a Brief Interview for Mental Status (BIMS) score of 15, indicative of intact cognitive status. Resident #7 was assessed as being dependent for eating, and being on a therapeutic diet. Review of Resident #7's assessment titled, Nutrition Observation dated 09/17/25 revealed that Resident #7's nutrition assessment was completed forty days after Resident #7's admission to the facility. Review of Resident #7's care plan dated 08/21/25 revealed that Resident #7 was at risk for altered nutrition status related to having a pressure ulcer, paraplegia and depression. A goal listed for Resident #7 was to receive adequate nutrition to meet his estimated nutritional needs, as evidenced by no significant weight changes. An approach listed to help Resident #7 meet this goal was to monitor Resident #7's weights. The dietitian and physician will be informed of a significant weight change over 5% of body weight. Review of Resident #7's weight history revealed that on 08/25/25, Resident #7's weight was 189.4 pounds (lbs). On 02/12/26, Resident #7's weight was 170.2 lbs, which was a weight loss of 19.2 lbs (10.1%) in 6 months. Review of Resident #7's progress notes authored by Dietitian #225 dated 02/11/26 revealed that Resident #7 had lost weight. A recommendation to increase a protein supplement to three times daily was recommended and implemented at that time. The progress notes were silent for physician notification of significant weight change. Review of Resident #7's weight history revealed that on 10/27/25, Resident #7 weighed 183.6 lbs., on 03/11/26, Resident #7 weighed 174.6 lbs., and on 04/27/26, Resident #7 weighed 163.8 lbs. Based on Resident #7's weight on 04/27/26, Resident #7 at that time had lost 6.2% weight in 1 month, and 10.8% weight in 6 months, which was a significant amount of weight loss. Review of Resident #7's progress notes dated 04/27/26 through 06/28/26 did not address the (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2026
NAME OF PROVIDER OR SUPPLIER Altercare Newark South Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 17 Forry Street Newark, OH 43055	
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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	significant weight loss, and the progress notes were silent for physician notification of significant weight loss. Review of Resident #7's weight history revealed that from 04/27/26 to 06/01/26, Resident #7's weight stayed stable between 164 and 166.6 lbs. Review of Resident #7's MDS 3.0 assessment history revealed that Resident #7's comprehensive admission assessment was submitted on 08/22/25, and his quarterly assessments were submitted on 10/31/25, 01/23/26, and 04/24/26. An interview with Regional Nurse #221 on 06/29/26 at 5:36 P.M. confirmed the medical record was silent for the dietitian acknowledgment of the significant weight loss that occurred on 04/27/26 and silent for physician notification of the significant weight loss. An interview with Regional Dietitian #223 on 06/30/26 at 10:59 A.M. confirmed Resident #7 did have significant weight loss that was not addressed in the medical record, Resident #7's nutrition assessment was completed late and not within fourteen days of admission, that there was no evidence that the physician had been notified of the significant weight loss, and that the root cause of the weight loss was not investigated in a timely manner. 2. Review of resident medical record revealed that Resident #22 was admitted to the facility on [DATE] and had diagnoses that included Parkinson's disease and dysphagia. Review of Resident #22's MDS 3.0 assessment dated [DATE] revealed that Resident #22 had a BIMS score of 15, indicative of intact cognitive status. She was assessed as having no significant weight changes and having a mechanically altered diet. Review of Resident #22's MDS 3.0 history revealed that Resident #22 had a comprehensive assessment accepted on 03/13/25 and 12/05/25. Resident #22 had quarterly assessments accepted on 07/05/25, 08/22/25, 02/13/25, and 05/22/25. Review of Resident #22's assessment titled, Nutrition Observation, dated 03/25/25 revealed that Resident #22 had one nutritional assessment since admission. Resident #22 did not have a nutrition assessment that correlated with the comprehensive MDS assessment accepted on 12/05/25. Review of Resident #22's care plan dated 03/25/25 revealed that Resident #22 was at risk for altered nutrition status related to her diagnoses and was under hospice care as of November 2025. A goal listed for Resident #22 was to not have a significant change in her weight status. Review of Resident #22's weight history revealed that on 11/03/25, Resident #22 weighed 150.6 lbs, on 01/05/26, Resident #22 weighed 143.8 lbs, and on 04/07/26, Resident #22 weighed 138.2 lbs. Review of Resident #22's nutrition progress notes dated 02/11/26 authored by Dietitian #223 revealed that Resident #22 weighed 143.8 lbs, but did not acknowledge that Resident #22 had a weight loss trend of 6.8 lbs in 2 months. The medical record was silent for nutrition progress notes since (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2026
NAME OF PROVIDER OR SUPPLIER Altercare Newark South Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 17 Forry Street Newark, OH 43055	
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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	02/11/26, and did not have a nutrition progress note that correlated with the MDS quarterly assessment that was accepted on 05/22/26. The medical record did not acknowledge that Resident #22 had a 12.4 lb weight loss trend since 11/03/25. A dietitian did not document the root cause for the weight loss trend. An interview with Regional Dietitian #225 on 06/30/26 at 10:59 A.M. confirmed that residents should have nutrition assessments that correlate with the comprehensive MDS assessment schedule. Residents should be documented on by the dietitian every three months, in correlation to the MDS assessment schedule. Weight loss trends should be investigated and the root cause of the weight loss should be documented. If the weight loss was insidious, an intervention should be implemented to attempt to arrest the weight loss trend. Regional Dietitian #225 confirmed a resident being admitted to hospice does not negate the need to investigate a weight loss trend or document on a resident according to the MDS assessment schedule. 3. Review of the medical record for Resident #03 revealed a readmission date of 05/08/26 with diagnoses of, but not limited to, heart failure, atherosclerotic heart disease, and hypertension. Review of the quarterly Minimum Data Set (MDS) 3.0 dated 05/11/26 revealed the resident was cognitively intact. Review of the MDS also revealed the resident was not on a physician-prescribed weight loss regimen. Review of the weights for Resident #03 revealed on 04/28/26 the resident had a weight of 246.8 pounds (lbs), 04/29/26 a weight of 234.2lbs, and 05/01/26 a weight of 228.8lbs totaling a weight loss of 18lbs/-8.04% in three days. Review of the Care Plan for Resident #03, reviewed 05/19/26, revealed a problem area of nutritional status with an intervention dated 07/14/25 to notify the Registered Dietician/Physician if the resident had a significant weight change over 5%. The care plan further revealed an additional intervention to observe and report any weight loss or decrease in appetite. Review of the progress notes for the resident revealed no notification to the physician nor the registered dietician regarding the resident's significant weight loss. Additional review of the progress notes revealed the resident was not seen by the registered dietician until 05/20/26. Interview on 06/30/26 at 4:36 P.M. with Regional Nurse #221 revealed the resident was not seen by the registered dietician following their weight loss due to being hospitalized for a planned procedure, beginning 05/04/26. Regional Nurse #221 confirmed Resident #03 had no documented notification to the physician or the dietician following the significant weight loss. Interview on 06/30/26 at 10:59 A.M. with Regional Dietician #223 confirmed if a resident experiences a significant weight loss the staff are expected to notify the dietician and/or the physician. Review of the facility policy titled 'Weight/Reweigh Policy', not dated, revealed the family, resident, and physician shall be notified of any significant weight variance by the nursing staff. The policy also revealed the notification should be documented in the electronic medical record.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2026
NAME OF PROVIDER OR SUPPLIER Altercare Newark South Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 17 Forry Street Newark, OH 43055	
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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. Based on record review, staff interview and review of McGreer Criteria, the facility failed to ensure one resident, (#35) was not prescribed antibiotics unnecessarily. This affected one of five residents reviewed for infection control. The facility census was 42. Review of Resident # 35's medical record revealed an admission date of 02/21/25 with diagnoses that included but were not limited to encephalopathy, altered mental status, dementia with anxiety and obstructive uropathy. Review of Resident # 35's current care plans revealed the resident was cognitively impaired and required assistance from staff with toileting and dressing. Review of Resident # 35's Urine Culture and Sensitivity (UA C/S) dated 02/18/26 revealed the culture was positive for 60,000 colony-forming units per milliliter (col/ml) of Proteus mirabilis and 50,000 col/ml of staphylococcus aureus. Further review revealed susceptibility to proteus mirabilis. Review of Resident #35's McGeer's Criteria for Urinary Tract Infection (UTI) dated 02/19/26 at 6:02 P.M. revealed Resident # 35 did not meet criteria for a urinary tract infection. Review of Resident # 35's physicians orders revealed a new order for Ceftriaxone (antibiotic) 2 grams to be given via injection daily with a start date of 02/20/26 and an end date of 02/24/26, dated 2/19/26, and a new order for Nitrofurantoin (antibiotic) 100mg by mouth twice daily with a start date of 02/20/26 and an end date of 02/24/26, dated 02/19/26. Interview on 06/30/26 at 4:15 P.M. with the Director of Nursing (DON) revealed Resident # 35 was started on Ceftriaxone and Nitrofurantoin for the 02/18/26 UA C/S results. DON also verified the resident did not meet criteria for a UTI and starting antibiotics was not following antibiotic stewardship.		