

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366281	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Windsor House at Champion		STREET ADDRESS, CITY, STATE, ZIP CODE  200 East Glendola Avenue Champion, OH 44483	

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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49041</b></p> <p>Based on closed medical record review, interview and policy review the facility failed to ensure physician ordered laboratory testing was completed to monitor medication use. This affected one resident (Resident #90) of three residents reviewed for unnecessary medications. The facility census was 93.</p> <p>Findings include:</p> <p>Review of the closed medical record for Resident #90 revealed an admitted [DATE] with diagnoses including Alzheimer's Disease, depressive disorder, type 2 diabetes, congestive heart failure, and atrial fibrillation (abnormal heart rhythm). Resident #90 was discharged from the facility on 02/13/24.</p> <p>Review of the physician orders revealed an order to administer Depakote 250 milligram three times a day for unspecified mood disorder and glargine insulin 40 units subcutaneous daily at bed time, 23 units subcutaneous daily in the morning for diabetes. Further review of the physician orders revealed an order dated 10/13/23 for a valproic acid (also known as Depakote) (VPA) level on 10/16/23 and then again every three months. Further review of the physician orders revealed an order dated 10/23/23 for a glycoslated hemoglobin (A1c) (a lab test that reflects your average blood sugar level for the past two to three months) to be completed in December 2023.</p> <p>Review of the laboratory results for Resident #90 revealed an A1c test was completed on 10/12/23 with no evidence of an additional A1c testing completed in December of 2023. A VPA level test was completed on 10/16/23 with no evidence of subsequent VPA level in January of 2024 (three months following the initial test date).</p> <p>An interview with Registered Nurse #500 on 04/24/24 at 1:50 P.M. verified there was no evidence of an A1c test was completed in December of 2023 or a VPA level test in January of 2024.</p> <p>Review of the Standards of Resident Care Policy dated 02/2024 indicated the facility staff will follow physician/practitioner orders of care.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152515.</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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