| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 366304 | A. Building<br>B. Wing | 05/12/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Marion Valley Post Acute | 400 Barks Road West<br>Marion, OH 43302 |

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 0678<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.<br><br>Based on observation, interview, record review, and facility policy review the facility failed to ensure the crash carts were inspected routinely. This had the potential to affect all 47 residents the facility identified to have a Full Code status. The facility census was 87.<br><br>Findings include:<br><br>Review of the crash cart sign off sheet revealed staff to check every shift to verify the lock code is the same as the shift prior. If the code needs to be changed because the cart was accessed, use the provided inventory sheet to confirm all items have been replaced. Apply a new lock and document the code on the sheet. The subsequent shift should then verify the lock number is the same as the shift prior (new lock applied, if indicated).<br><br>Observation on 05/12/25 at 2:17 P.M. of crash cart in the nurse's station on 400/500/600 hall revealed the Automated External Defibrillator (AED) was in the bottom drawer.<br><br>Review of the Crash cart sign off for the 400/500/600 hall revealed the lock was verified by one nurse 03/01/25 through 03/11/25 and the lock was changed on 03/11/25. The sign off was completed only by one nurse.<br><br>Observation on 05/12/25 at approximately 2:20 P.M. of crash cart for 100 hall revealed the cart was unlocked and the AED pads were on top of the cart. AED was located in the bottom drawer of the cart.<br><br>Review of Crash Cart sign off for 100 hall revealed the contents and the lock were verified on 04/26/25, and 10/01/24 through 10/03/24. The lock was verified as in place 03/01/25 through 03/05/25, 03/15/25 and 03/16/25 and the lock was documented as changed on 03/05/25 and 11/13/24. The items were verified and documented as restocked on 11/05/24-11/07/24, 11/12/24, 11/13/24, 10/08/24 and 10/07/24. All checks and verifications were completed by only one nurse.<br><br>Observation on 05/12/25 at approximately 2:22 P.M. of crash cart located at the nurse's station at 300/MB hall revealed there was no ambu bag located on the cart. The AED was located on the top of the cart.<br><br>Review of Crash Cart sign off for 300/MB hall revealed the cart was verified as locked on 05/01/25 through 05/11/25, 04/01/25 through 04/30/25, and 03/11/25 through 03/31/25. The lock was documented as changed on 05/07/25, 03/31/25 and 03/14/25. All checks were completed by only one nurse.<br><br>(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 |
|---|---|---|

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| F 0678<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Interview on 05/12/25 at 2:24 P.M. with Minimum data set (MDS #506) verified the crash cart on 100 hall was unlocked. MDS #506 stated the crash carts are to be checked nightly. MDS #506 verified the facility crash carts were not checked nightly according to the documentation provided on the carts.<br><br>Interview on 05/12/25 at 2:30 P.M. with MDS #506 verified there was no ambu bag on the crash cart on 300/MB hall. MDS #506 verified the contents of the crash cart need to be checked when the crash cart is used. MDS #506 verified the staff are to check the lock numbers each shift to ensure the crash cart has not been used. MDS #506 verified the lock on the 300/MB hall was opened on 05/07/25 with no content check. MDS #506 verified no documentation was located on the cart to indicate the contents had ever been checked.<br><br>Review of the crash cart checklist revealed the top of the cart should have oxygen tank (ensure tank is full), suction machine, six-foot suction tubing, eighteen-inch suction tubing, aerosol machine, and back board. Drawer one should have oxygen key, flashlight, D batteries (2), pulse oximeter, oral thermometer, instant glucose (2), alcohol pads (1 box), bandage scissors, paper tape, band-aids, tubex injector, kerlix, Christmas tree oxygen adapter (3), and 8.5 milliliter (ml) normal saline. Drawer two should have suction kit (4), yankauer (2), seven-foot oxygen tubing (2), ABD pads, drain sponges, and gauze sponges. Drawer three should have tracheotomy mask, nebulizer kit, tracheostomy care kit (2), venturi mask, partial rebreather mask, non-rebreather mask (2), simple face mask, and ambu bag. Drawer four should have surgical face mask (1 box), manual sphygmomanometer (BP cuff), disposable isolation BP cuff, isolation gown, vinyl powder free exam gloves (1 box), stethoscope, sharps container, and bleach wipes. Drawer five should have cervical collar and intravenous flow regulator set.<br><br>Review of the crash cart checklist completed for 400/500/600 hall on 11/05/24 revealed the following items not initialed as being in the cart bleach wipes, disposable isolation BP cuff, tracheotomy care kit, venturi mask, partial rebreather mask, drain sponges, gauze sponges, bandage scissors, paper tape, band-aids, tubex injector, kerlix, Christmas tree oxygen adapter, oral thermometer, six-foot suction tubing, eighteen-inch suction tubing, and aerosol machine.<br><br>Review of policy titled Best Practice: Crash Cart Inspection not dated revealed the crash cart will be inspected daily by designated nursing personnel to ensure all emergency equipment and supplies are present, within expiration dates, and in working order. Any deficiencies will be reported and corrected immediately. An official crash cart inspection log will be maintained and kept with the cart. The log will include date and time of inspection, name of inspecting nurse, and lock number on the cart, confirmation of the following lock is intact and unbroken, oxygen tank present and regulator is functional, and suction equipment is present and operational. The Director of Nursing or designee will review crash cart logs weekly for compliance and ensure corrective action is taken for any missed inspections.<br><br>This deficiency represents an incidental finding while investigating Master Complaint Number OH00165447 and Complaint Number OH00164432. |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and facility policy review, the facility failed to ensure fall interventions were in place. This affected one (#71) of three residents reviewed for falls. The facility census was 87.<br><br>Findings include:<br><br>Review of medical record for Resident #71 revealed an admission date of 02/26/24 with diagnoses including but not limited to senile degeneration of brain, Alzheimer's disease, major depressive disorder, unsteadiness on feet, and disorientation.<br><br>Review of minimum data set (MDS) dated [DATE] revealed the resident had severe cognitive impairment.<br><br>Review of care plan for falls revealed the following interventions non-skid material under cushion and on top of wheelchair cushion and non-skid strips to the closet side of the bed.<br><br>Observation on 05/12/25 at 2:05 P.M. of Resident #71 revealed no non-skid strips to the closet side of the bed or any non-skid material in Broda chair.<br><br>Interview on 05/12/25 with Certified Nursing Assistant (CNA #368) verified no non-skid strips to the closet side of the bed and no non-skid material in the resident's Broda chair.<br><br>Review of policy titled Falls and Fall Risk, Managing not dated revealed based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try and minimize complications from falling.<br><br>This deficiency represents non-compliance investigated under Complaint Number OH00164432. |