

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366444	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/04/2024
NAME OF PROVIDER OR SUPPLIER  Vancrest of Ada		STREET ADDRESS, CITY, STATE, ZIP CODE  600 West North Avenue Ada, OH 45810	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>45751</p> <p>Based on review of nursing schedules, review of timecards, staff interview, and policy review, the facility failed to ensure an Registered Nurse (RN) was scheduled for at least eight hours everyday. This had the potential to affect all 54 residents residing in the facility.</p> <p>Findings include:</p> <p>Review of the daily schedule dated 09/01/24 revealed no RN was scheduled.</p> <p>Review of the RN nursing timecards for 09/01/24 revealed no RN worked on 09/01/24.</p> <p>Interview on 09/04/24 at 1:06 P.M. with the Administrator verified the facility had no RN coverage for 09/01/24.</p> <p>Review of the policy titled Staffing, Sufficient and Competent Nursing dated August 2022 revealed a Registered Nurse provides services at least eight hours every 24 hours, seven days a week. Registered Nurses may be scheduled more than eight hours depending on the acuity needs of the resident.</p> <p>This was an incidental finding discovered during the course of the complaint investigation.</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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