STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(x2) multiple construction	(X3) DATE SURVEY COMPLETED
	365376	a. building _____ b. wing _____	06/13/2025

name of provider or supplier	street address, city, state, zip code
OHIO VALLEY MANOR NURSING AND REHABILITATION	5280 STATE ROUTES 62 68 RIPLEY OH, 45167

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BEPRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000	INITIAL COMMENTS COMPLAINT INVESTIGATION COMPLAINT NUMBER OH00165207 ADMINISTRATOR: Shari Shafer, #7450 CERTIFIED BED CAPACITY: 140 CENSUS IN HOUSE: 130 The following deficiency is based on the complaint investigation completed on 06/13/25.	F 0000		
F 0760 SS=D	483.45(f)(2) Residents are Free of Significant Med Errors The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This STANDARD is not met as evidenced by: Based on medical record review, staff interview, and review of the facility policy, the facility failed to ensure residents were free of significant medication errors. This affected one resident (Resident #150) of three reviewed for medication errors. The facility census was 130 residents. Findings include Review of the medical record for Resident #150 revealed an admission date of 04/09/25 with diagnoses including atrial fibrillation, protein calorie malnutrition, dementia, depression, and transient ischemic attacks.	F 0760	Resident was assessed for changes in condition and any side effects from the medication and non were noted. Assessment was completed by RN unit manager and evaluated by LPN staff nurses on 4/25/25. No new interventions needed. The physician was notified on 4/25/25 and no new orders provided. There was no change in the resident's condition. The facility DON and/or designee completed an audit of orders for patients on Dilantin and/or Diltiazem to ensure that orders are correct. The audit was completed on 6/26/25 All nurses in the facility will be educated on ensuring that appropriate medication is picked from drop-down box in the EMR and to be aware of look-alike names such as Dilantin and Diltiazem. Education will be completed by DON and/or designee and will be completed by 7/10/25. The DON and/or designee will audit new medication orders on 2-3 residents per unit weekly x 4 weeks. The results of the audit will be forwarded to QAPI Committee to determine next steps.	07/10/2025

laboratory director's or provider/supplier representative's signature	title	(x6) date
	SHARON.SHAFER	07/08/2025

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.

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F 0760	Continued From page 1 Review of the care plan for Resident #150 initiated on 04/09/25 revealed the resident had a potential for cardiac complications related to atrial fibrillation with interventions including to administer medications per orders. Review of the Minimum Data Set (MDS) assessment for Resident #50 dated 04/15/25 revealed the resident had minimal cognitive impairment and required supervision and assistance from staff with activities of daily living (ADLs) Review of the physician's orders for Resident #150 revealed as order dated 04/24/25 per the resident's primary care provider for Diltiazem 180 milligrams (mg) one tablet by mouth every day. Review of physician's orders for Resident #150 transcribed by facility staff on 04/24/25 revealed an order for Dilantin 180 mg one tablet by mouth every day. Review of the Medication Administration Record (MAR) for Resident #150 dated 04/25/25 revealed the resident received Dilantin 180 mg one tablet by mouth on 04/25/25 Review of the Medication Error Form for Resident #150 revealed the resident received Dilantin instead of Diltiazem due to an error in transcription by the facility staff.	F 0760		

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F 0760	Continued From page 2 Interview on 06/13/25 at 1:00 P.M. with the Director of Nursing (DON) confirmed there was a medication error involving Resident #150 which occurred on 04/25/25. Resident #150 was supposed to received Diltiazem 180 mg but instead got Dilantin 180 mg due to a transcription error. The facility provided education to Licensed Practical Nurse (LPN) #840, the nurse involved with the error for Resident #150, regarding the importance of properly transcribing medications following any changes by the physician. Review of the facility policy titled Administering Medications Policy revised 2022 revealed medications were to be administered in a safe and timely manner and as prescribed. This deficiency represents noncompliance investigated under Complaint Number OH00165207.	F 0760		