

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365014	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2025
NAME OF PROVIDER OR SUPPLIER  Brethren Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE  750 Chestnut Street Greenville, OH 45331	

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>Based on staff interviews, employee record review, and policy review, the facility failed to employ a full time Director of Nursing (DON) for the skilled nursing facility. This had the potential to affect all 71 residents in the facility. Findings include: Interview on 09/19/25 with Licensed Practical Nurse (LPN) #448 confirmed the DON is over the skilled nursing and assisted living residents. Interview also confirmed the DON has been over the skilled nursing and assisted living residents for the past two years. Interview on 09/19/25 at 11:56 A. M. with the DON confirmed she has worked as the DON for the skilled nursing facility (SNF) and assisted living facility (ALF) full time since June 2025. Interview also confirmed she addresses concerns on the SNF and the AL as they arise and that she doesn't know how much time she spends on the SNF or the AL each week. Interview on 09/19/25 at 12:35 P.M. with the Licensed Nursing Home Administrator (LNHA) confirmed the DON is over the SNF and AL for the community full time. Interview also confirmed she has never been told the DON could not cover both buildings. Interview on 09/19/25 at 2:09 P.M. with the Director of Human Resources #314 confirmed the DON was given the position of DON over the SNF and AL on 06/12/25. Review of the Change of Status form revealed DON was given the DON position on 06/12/25. Review of the Director of Nursing job description, undated revealed the Director of Nursing assumes authority, responsibility, and accountability for the delivery of nursing services in the facility. Review of the Nursing Services - Registered Nurse policy, dated 04/2025 revealed the facility will designate a Registered Nurse to serve as the Director of Nursing on a full time basis.</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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