STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365014	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brethren Retirement Community	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, staff interview and review of facility policy,the facility failed to ensure wound treatment orders were completed as ordered. This affected one resident (#12) of three reviewed for wounds. The facility census was 67.Findings include:Review of medical record for Resident #12 revealed admission date of 01/31/25. The resident's medical diagnosis included Chronic Obstructive Pulmonary Disease (COPD), osteoarthritis, Congestive Heart Failure (CHF), anxiety, depression and peripheral autonomic neuropathy. The resident remained in the facility.The annual Minimum Data Set (MDS) dated [DATE] revealed Resident #12 had a Brief Interview Mental Status (BIMS) score of 14 indicating intact cognition. He was independent with eating and dependent upon staff for toileting hygiene, bed mobility and transfers.Review of the physician orders revealed Resident #12 had an order dated 04/29/26 to cleanse the skin tear on the right lower leg with wound cleanser and apply a band aid daily.Observation of the dressing change for Resident #12 with Registered Nurse (RN)#104 on 05/19/26 at 12:28 P.M. revealed the bandage removed from the right lower leg was dated 05/17/26. RN #104 verified the date on the dressing was 05/17/26 and acknowledged she had worked the previous day (05/18/26) and did not provide the treatment as ordered. Review of the facility policy, wound treatment management revised 02/26 documented wound treatments would be provided in accordance with the physician orders, including cleansing method, type of dressing and frequency.This deficiency represents non-compliance investigated under Complaint Number 2978398.

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