

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/28/2026
NAME OF PROVIDER OR SUPPLIER Xenia Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 126 Wilson Drive Xenia, OH 45385	

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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on medical record review, observation, and staff interview, the facility failed to ensure medications were administered as ordered resulting in two medication errors of 33 medication opportunities which resulted in a 6.06 percent (%) error rate. This affected one (Resident #15) of three residents reviewed for medication administration. The facility census was 27 residents. Findings include: Review of the medical record for Resident # 15 revealed admission date of 01/01/21 with diagnoses including dementia, chronic obstructive pulmonary disease, diabetes mellitus, and depression. Review of the Minimum Data Set (MDS) assessment for Resident #15 dated 03/10/26 revealed the resident was cognitively impaired and was dependent upon staff assistance with activities of daily living. Review of the physician's orders for Resident #15 revealed orders dated 02/06/26 for Singulair 10 milligrams (mg) daily and calcium/vitamin D3 500mg/5 microgram (mcg) tablet every morning and at bedtime. Observation on 04/28/26 at 8:24 A.M. of medication administration for Resident #15 per Registered Nurse (RN) #105 revealed the nurse did not administer Singulair or calcium/vitamin D3 as neither medication was available for administration. Interview on 04/28/26 at 8:34 A.M. with RN #105 verified neither Singulair nor calcium/vitamin D3 were available for administration to Resident #15 as ordered. This deficiency represents noncompliance investigated under Complaint Number 2687604.</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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