STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365321	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oaks of West Kettering The	1150 West Dorothy Lane Kettering, OH 45409

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record reviews, staff interviews, and policy review, the facility failed to comprehensively assess pressure ulcer wounds upon admission. This affected two (#08 and #100) of four residents reviewed for pressure ulcer care and services. The facility census was 95. Findings include: 1.Review of the medical records or Resident #08 revealed an admission date of [DATE]. Diagnoses included fracture of left fibula, sepsis, cellulitis, end stage renal disease, type two diabetes, neuromuscular dysfunction of the bladder, anemia, abscess of foot, dependence on renal dialysis, and hypertension. Review of the care plan dated [DATE] revealed Resident #08 was, at risk for impaired skin integrity with interventions to monitor skin for moisture, apply barrier product as needed, monitor skin for redness, specifically over bony prominences, provide skin care per facility guidelines and PRN as needed. The care plan also stated, the resident has pressure ulcer to right buttock for pressure ulcer development with interventions to administer treatments as ordered and monitor for effectiveness, weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue, and exudate. The care plan also stated, the resident has a venous/stasis ulcer with interventions to evaluate wound for size, depth, margins: peri-wound skin, sinuses, undermining, exudates, edema, granulation, infection, necrosis, eschar, gangrene and document progress in wound healing on ongoing basis. Review of physician orders for Resident #08 dated [DATE] revealed pressure reducing cushion, pressure reducing mattress. Further review revealed orders from [DATE] revealed, paint bilateral lower extremities with betadine and wrap with Kerlix, bilateral buttock: cleanse area, apply Medi Honey and foam border, to encourage to elevate heels when in bed, barrier cream: apply house barrier cream to peri area/buttocks after each incontinent episode and as needed to prevent skin break down. Review of Resident #08 admission assessment dated [DATE] revealed skin conditions to the right buttocks other open, to the left buttock other open, to the right lower leg pressure unstageable, to the right toe other open lesion, bilateral upper extremity bruising, bilateral lower extremity other necrotic area/lesion, to the right forearm skin tear. There were no measurements included in the wound description. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365321	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oaks of West Kettering The	1150 West Dorothy Lane Kettering, OH 45409

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #08 Skin Assessment- V4 dated [DATE] revealed skin a skin condition on right and left buttock area with treatment in place, bilateral lower extremities with necrotic area and lesions with treatment in place, bruising to bilateral upper extremities, skin tear to right forearm, edema to all extremities, right chest dialysis port, and left upper extremity fistula. There were no measurements included in the wound description. Interview on [DATE] at 12:02 P.M. with the Director of Nursing (DON) confirmed the admission Assessment and Skin assessment dated [DATE] for Resident #08 did not include measurements and that the policy for new admitted residents was to fully document and measure wound. 2. Review of the medical record for Resident #100 revealed an admission date of [DATE] with medical diagnoses of end stage renal disease, congestive heart failure, dementia, obstructive and reflux uropathy, and diabetes mellitus. Further review revealed Resident #100 discharged to the hospital on [DATE], readmitted to the facility on [DATE], discharged to the hospital on [DATE], readmitted to the facility on [DATE], enrolled onto Hospice services on [DATE] and expired on [DATE]. Review of the Minimum Data Set (MDS) assessment, dated [DATE], revealed Resident #100 had moderate cognitive impairment and was dependent upon staff for all activities of daily living. Further review of the MDS revealed Resident #100 had a Stage IV pressure ulcer which was present upon admission and three arterial ulcers. Review of hospital transfer notes dated [DATE] revealed Resident #100 had open areas to right and left buttock on [DATE]. The note did not indicate type of open areas or measurements. Further review of the hospital transfer notes revealed on [DATE] Resident #100 had a Stage II pressure ulcer to right and left buttock and an order for magic butt paste to bilateral buttocks. The note did not include measurements for pressure ulcers. Review of a nursing evaluation assessment completed on [DATE] revealed Resident #100 readmitted to the facility with bruising to right and left hands and skin tear to bilateral cheeks. The assessments did not include measurements or descriptions of skin issues. Review of a weekly skin assessment, dated [DATE], revealed Resident #100 had redness to right and left buttock. The assessment did not include measurements or descriptions of areas. Review of Wound Nurse Practitioner (NP) notes, dated [DATE], stated Resident #100 had Stage III pressure ulcers to bilateral buttocks with a measurement of 5 centimeters (cm) by 8.5 cm by 0.1 cm with 40% eschar and serosanguinous drainage. The note indicated only one measurement for the wounds. Review of the Wound NP note indicated an order for alginate, bordered foam dressing three times per week. Further review of the medical record revealed Resident #100 was seen by Wound NP weekly. Review of the physician orders for Resident #100 revealed an order dated [DATE] for [NAME] paste 40% to bilateral buttocks every shift and a new order dated [DATE] to cleanse bilateral buttocks with cleanser, pat dry, apply calcium alginate, and foam dressing three times per week. Review of Resident #100’s [DATE] Treatment Administration Record (TAR) revealed treatments were completed as ordered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365321	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oaks of West Kettering The	1150 West Dorothy Lane Kettering, OH 45409

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on [DATE] at 8:35 A.M. with Director of Nursing (DON) and [NAME] President of Clinical Services (VPCS) #210 confirmed the medical record for Resident #100 did not have documentation to support the staff completed a comprehensive skin assessment upon readmission on [DATE] to measurements and description of wounds to bilateral buttocks. DON also confirmed Resident #100’s wounds were not measured until [DATE] by the Wound NP and only included one measurement for both wounds. Review of the facility policy titled, “Skin Assessment.” Revised [DATE] stated staff were to perform a full body skin assessment as part of their systemic approach to pressure injury prevention and management. The policy stated the documentation of the skin assessment was to include documentation of wound observation, wound location, and other information as indicated or appropriate. Review of the facility policy titled, Wound Management and Documentation, revised [DATE] stated the following elements are documented as part of a complete wound assessment included type of wound, stage of wound or degree of skin loss if non-pressure, measurements, and description of wound bed. This deficiency represents non-compliance investigated under Complaint Number 1353685 (OH00164606).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365321	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oaks of West Kettering The	1150 West Dorothy Lane Kettering, OH 45409

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff and resident interviews, and policy review, the facility failed to complete indwelling catheter care as per policy. This affected one (#62) rout of three residents reviewed for indwelling catheter care. The facility census was 95. Findings include: Review of the medical record for Resident #62 revealed an admission date of 06/21/24 with medical diagnoses of chronic respiratory failure with hypoxia, chronic viral Hepatitis C, neuromuscular dysfunction of bladder, anemia, paraplegia. Further review revealed Resident #62 discharge to hospital on [DATE] and readmission to the facility on 06/13 /25. Review of the quarterly Minimum Data Set (MDS) assessment, dated 05/14/25, indicated Resident #62 was cognitively intact, was dependent upon staff for all activities of daily living and had an indwelling catheter. Review of the medical record revealed a care plan, dated 11/20/24, which stated Resident #62 had an urinary catheter related to neurogenic bladder with an intervention to perform catheter care every shift. Review of Resident #62's June 2025 Treatment Administration Record (TAR) revealed there was documentation to support staff completed indwelling catheter care every shift from 06/01/25 until 06/06/25. However, further review of June 2025 TAR revealed no documentation to support the facility staff completed indwelling catheter care for Resident #62 after readmission on [DATE] until 07/01/25. Interview on 08/19/25 at 11:31 A.M. with Resident #62 stated staff usually do not perform catheter care on her for the night shift. Resident #62 stated she has gone several days without catheter care getting done. Interview on 08/19/25 at 2:30 P.M. with [NAME] President of Clinical Services (VPCS) #210 stated the expectation was for staff to complete indwelling catheter care for any resident with an indwelling catheter every shift. VPCS #210 confirmed the medical record for Resident #62 did not have documentation to support the facility completed indwelling catheter care as per facility standards and policy following the residents readmission in June 2025. Review of the facility policy titled, Catheter Care, revised 03/01/25, stated the facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. The policy stated catheter care would be performed every shift and as needed by nursing personnel. This deficiency represents non-compliance investigated under Complaint Number 1353687 (OH00165443).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365321	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oaks of West Kettering The	1150 West Dorothy Lane Kettering, OH 45409

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365321	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oaks of West Kettering The	1150 West Dorothy Lane Kettering, OH 45409

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on medical record review, staff interview, and policy review, the facility failed to complete pre-dialysis assessments thoroughly and failed to completed post dialysis assessments. This affected three (#07, #08, and #100) out of the three residents reviewed for dialysis. The facility census was 95. Findings include: 1. Review of the medical record for Resident #07 revealed an admission date of 07/09/25 with medical diagnoses of left hemiplegia, end stage renal disease, dependence on dialysis, bipolar disorder, and diabetes mellitus. Review of the admission Minimum Data Set (MDS) assessment, dated 07/16/25, revealed Resident #07 had moderate cognitive impairment and was dependent upon staff for all activities of daily living (ADLs). Review of the physician orders for Resident #07 revealed an order dated 07/29/25 for hemodialysis in-house (contracted dialysis center located at the facility) on Mondays, Tuesdays, Thursdays, and Fridays. Review of Resident #07's hemodialysis care plan stated Resident #07 was at risk for clotting, hemorrhage, and infection at the access site with an intervention to clinically assess the resident upon return to the facility from dialysis center. Review of Resident #07's Kidney Care Dialysis Hand Off Communication forms from 07/28/25 to 08/14/25 revealed pre-dialysis assessments were completed by facility staff but did not have documentation to support the facility assessed Resident #07's mental status, location of access site or if had any signs or symptoms of infection at the site. Review of the medical record for Resident #07 revealed no documentation to support the facility completed post dialysis assessments once Resident #07 returned from the dialysis center. 2. Review of the medical record for Resident #08 revealed an admission date of 07/19/25 with medical diagnoses of end stage renal disease, diabetes mellitus, left fibula fracture, and congestive heart failure. Review of an admission MDS assessment, dated 07/26/25, indicated Resident #08 was cognitively intact and required partial/moderate staff assistance for transfers, supervision for bed mobility, and substantial/maximum staff assistance for showers and toilet hygiene. The MDS indicated Resident #08 received dialysis. Review of Resident #08's physician orders revealed an order dated 07/31/25 for hemodialysis in-house on Mondays, Tuesdays, Wednesdays, and Thursdays. Review of Resident #08's hemodialysis care plan stated Resident #08 received hemodialysis related to end stage renal disease with an intervention to clinically assess the resident upon return to the facility from dialysis. Review of Resident #08's Kidney Care Dialysis Hand Off Communication forms from 07/07/25 to 08/19/25 revealed pre-dialysis assessments were completed by facility staff but did not have documentation to support the facility assessed Resident #08's mental status, location of access site or if had any signs or symptoms of infection at the site. Review of the medical record for Resident #08 revealed no documentation to support the facility completed post dialysis assessments once Resident #08 returned from the dialysis center. 3. Review of the medical record for Resident #100 revealed an admission date of 11/13/24 with medical diagnoses of end stage renal disease, congestive heart failure, dementia, obstructive and reflux uropathy, and diabetes mellitus. Review of the MDS assessment, dated 05/15/25, revealed Resident #100 had moderate cognitive impairment and was dependent upon staff for all activities of daily living. Review of the physician orders for Resident #100 revealed an order dated 05/12/25 for hemodialysis in-house on Mondays, Tuesdays, Thursdays, and Fridays. Review of the care plans for Resident #100 revealed an at risk for complications due to hemodialysis related to end stage renal disease with an intervention for staff to access site for signs of bleeding every shift and upon return from dialysis. Review of the medical record for Resident #100 revealed no documentation to support the facility completed any pre or post dialysis assessments. Interview on 08/19/25 at 3:00 P.M. with [NAME] President of Clinical Services (VPCS) #210 stated in-house dialysis is the dialysis provided by a contract dialysis company with a location in the facility. VPCS #210 confirmed the dialysis center in the facility was not affiliated with the facility's parent company. VPCS #210 confirmed that the medical records for Resident #07 and #08 did not contain documentation to support the facility staff completed thorough pre-dialysis assessments and the medical records did not contain documentation to support the facility completed post dialysis assessments for the residents once they returned from dialysis. VPCS #210 also confirmed that the medical record for Resident #100 did not contain documentation to support the facility completed pre or post dialysis assessments. Review of the facility policy titled, Hemodialysis, revised 03/01/25 stated the facility would provide the necessary care and treatment, consistent with professional standards of practice, physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences, to meet the special medical, nursing, mental, and psychosocial needs of residents receiving hemodialysis. The policy stated the facility would ensure that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365321	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oaks of West Kettering The	1150 West Dorothy Lane Kettering, OH 45409

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record reviews, staff and resident interviews, observations, and policy reviews, the facility failed to follow infection control procedures during wound and incontinence cares. This affected two (#08 and #62) out of three residents observed for infection control procedures. The facility census was 95. Findings include: 1. Review of the medical record for Resident #62 revealed an admission date of 06/21/24 with medical diagnoses of chronic respiratory failure with hypoxia, chronic viral Hepatitis C, neuromuscular dysfunction of bladder, anemia, paraplegia. Review of the quarterly Minimum Data Set (MDS) assessment, dated 05/14/25, indicated Resident #62 was cognitively intact, was dependent upon staff for all activities of daily living and had an indwelling catheter. Review of the medical record revealed a care plan, dated 11/20/24, which stated Resident #62 had a urinary catheter related to neurogenic bladder with an intervention to perform catheter care every shift. Review of physician orders for Resident #62 revealed an order dated 07/01/25 to perform catheter care every shift and as needed. Observations on 08/19/25 at 11:30 A.M. revealed State Tested Nursing Assistant (STNA) #332 and #321 prepared Resident #62 for indwelling catheter and incontinence cares by gathering supplies (basin of warm, soapy water, wash clothes, towel, plastic bags), washing hands, applying gloves and gowns, and explaining the procedure to Resident #62. STNA #332 assisted STNA #321 with positioning Resident #62 in bed. STNA #321 was observed washing Resident #62’s peri area with soapy washcloths including Resident #62’s indwelling catheter and then proceeded to wash areas with wet wash cloth only. STNA #321 discarded soiled wash clothes into plastic bags and grabbed a dry towel to dry Resident #62’s peri area. STNA #321 was observed to remove her gloves and applied a new pair of gloves and proceeded to get clean soap and water in the water basin. STNA #321 and #332 assisted Resident #62 with positioning on her side while the STNA's removed the soiled depends from under Resident #62. STNA #321 then proceeded to wash Resident #62’s bilateral buttocks with soapy washcloth and then washed with water only washcloth before using a dry towel to dry off the buttocks. STNA #321 was observed assisting STNA #332 with applying new pad and depends under Resident #62. STNA #321 was observed to remove gloves and wash hands after all soiled items had been placed in the plastic bag. The observation revealed STNA #321 had not performed hand hygiene after removing soiled gloves or before applying new gloves. The observation also revealed STNA #321 had not changed gloves after cleaning Resident #62’s peri area, catheter, or buttocks prior to using a clean towel to dry the areas off or after assisting STNA #332 with removing Resident #62’s soiled depends. Interview on 08/19/25 at 11:56 A.M. with STNA #321 confirmed she had not washed her hands after removing her gloves and prior to applying a new pair of gloves. STNA #321 also confirmed she has not changed gloves after cleansing Resident #62 and prior to drying her peri area, catheter, and buttocks with a clean towel or after removed soiled depends prior to application of new depends. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365321	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oaks of West Kettering The	1150 West Dorothy Lane Kettering, OH 45409

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled, “Hand Hygiene,” revised 06/19/25 stated all staff will perform proper hand hygiene procedures to prevent the spread of infections to other personnel, residents, and visitors. The policy stated “hand hygiene” is a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR). The policy stated the sue of gloves does not replace hand hygiene, and if your task required gloves to perform hand hygiene prior to donning gloves and immediately after removing gloves. 2.Review of the medical records for Resident #08 revealed an admission date of 07/19/25. Diagnoses included fracture of left fibula, sepsis, cellulitis, end stage renal disease, type two diabetes, neuromuscular dysfunction of the bladder, anemia, abscess of foot, dependence on renal dialysis, and hypertension. Review of MDS dated [DATE] revealed Resident #08 admitted with a stage three pressure ulcer and was independent with self-care. Review of the care plan dated 8/5/25 revealed Resident #08 was, at risk for impaired skin integrity with interventions to monitor skin for moisture, apply barrier product as needed, monitor skin for redness, specifically over bony prominences, provide skin care per facility guidelines and PRN as needed. The care plan also stated, the resident has pressure ulcer to right buttock for pressure ulcer development with interventions to administer treatments as ordered and monitor for effectiveness, weekly treatment documentation to include measurement of each area of skin breakdown's width, length, depth, type of tissue, and exudate. The care plan also stated, the resident has a [NAME]/stasis ulcer with interventions to evaluate wound for size, depth, margins: peri-wound skin, sinuses, undermining, exudates, edema, granulation, infection, necrosis, eschar, gangrene and document progress in wound healing on ongoing basis. Review of Resident #08 order dated 07/29/25 revealed, enhanced barrier precautions due to dialysis and wounds. Further review of orders dated 8/13/25 revealed wound care to the right buttocks, cleanse, pat dry, apply alginate and bordered foam dressing every Tuesday, Thursday, and Saturday and as needed. Observation on 08/19/25 at 10:03 A.M. of wound care for Resident # 08 revealed Licensed Practical Nurse (LPN) #232 explained the wound care procedure to Resident #08 then performed hand hygiene and applied gloves. LPN #232 removed the old dressing, performed hand hygiene, reapplied gloves, and completed wound care as ordered. The observation revealed LPN #232 did not don a gown during wound care. Observation also revealed a enhanced barrier precaution sign and personal protective equipment (PPE) cart located outside of the Resident #08's room. Interview on 08/19/25 at 10:11 A.M. with LPN #232 confirmed the resident was to be in enhanced barrier precautions, an enhanced barrier precaution sign was posted on the resident's door, and PPE was outside of the resident's room. LPN #232 confirmed they did not wear PPE during wound care for Resident #08. Review of the facility policy, Enhanced Barrier Precautions last revised on 7/1/25 revealed enhanced barrier precautions will be ordered for residents with wounds and personal protective equipment is necessary when performing high-contact care activities including wound care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365321	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oaks of West Kettering The	1150 West Dorothy Lane Kettering, OH 45409

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This deficiency is based on an incidental finding discovered during the course of the complaint investigation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365321	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oaks of West Kettering The	1150 West Dorothy Lane Kettering, OH 45409

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on medical record review, observations, and staff and resident interviews, the facility failed to ensure resident room was free from flies. This affected one (#11) out of three residents reviewed for pests/insects in rooms. The facility census was 95. Findings include: Review of the medical record for Resident #11 revealed an admission date of 07/26/25 with medical diabetes mellitus, chronic obstructive pulmonary disease, chronic kidney disease, and hypertension. Review of the admission Minimum Data Set (MDS) assessment, dated 08/02/25, revealed Resident #11 had moderate cognitive impairment and required partial/moderate staff assistance with toilet hygiene and substantial/maximum assistance for bathing, transfers, and bed mobility. Observation with interview on 08/18/25 at 11:28 A.M. of Resident #11's room revealed six flies either flying in the room or sitting on Resident #11's bedsheets. Resident #11 stated he has had issues with flies in his room since he arrived at the facility. Interview on 08/18/25 at 11:33 A.M. with Licensed Practical Nurse (LPN) #256 confirmed Resident #11's room had six flies either flying around in his room or sitting on his bed. Observation on 08/19/25 at 8:05 A.M. of Resident #11's room revealed the resident was sleeping and three flies noted to be sitting on his bed. Interview on 08/19/25 at 8:08 A.M. with LPN #232 stated several resident rooms have issues with flies and gnats which have been going on for a while. Interview on 08/19/25 at 8:47 A.M. with Maintenance Director #304 stated he started at the facility about one month ago and he noticed issues with flies and gnats in resident rooms. Maintenance Director #304 stated he had been working to resolve the fly and gnat issues with treatments to sinks and drains and had seen some improvement. Maintenance Director #304 stated a pest control company provided treatments monthly to common areas and kitchen and will spot treat rooms as needed. This deficiency represents non-compliance investigated under Complaint Number 1353684 (OH00166903).