

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365364	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER Garden Court Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4911 Covenant House Drive Dayton, OH 45426	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36303</p> <p>Based on observation, staff and resident interviews, review of the facility census and review of facility policy, the facility failed to ensure air temperatures were maintained within comfortable ranges for residents residing on the secure behavioral unit (100 hall). This had the potential to affect 13 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, and #13) residents who resided on the secure behavior unit (100 hall). The census was 49.</p> <p>Findings include:</p> <p>Observation of the secure behavioral unit (100 hall) on 01/21/25 from 4:16 P.M. to 4:30 with Maintenance Director (MD) #110 and the Administrator revealed air temperatures were below 71 degrees Fahrenheit (F). A check of room air temperatures revealed room [ROOM NUMBER] was at 43.6 degrees F, room [ROOM NUMBER] was at 55 degrees F, and room [ROOM NUMBER] was at 51.1 degrees F. The air temperature in all 12 rooms ranged from 43.6 F to 55 F. Two portable heating units were present in the hallway. Residents were observed in the secure behavioral unit and no residents were observed in distress.</p> <p>Interview with MD #110 and the Administrator during tour confirmed air temperatures were not at comfortable levels MD #110 stated resident room heater were working, but not able to keep up with current low outside temperatures. MD #110 and the Administrator confirmed there are 13 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, and #13) residents residing on the secure behavioral unit (100 hall) that could potentially be affected by the temperatures.</p> <p>During an interview on 01/21/25 at 4:23 P.M. Resident #4 stated it's cold in here.</p> <p>Review of facility census revealed 13 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, and #13) residents reside on the secure behavioral unit (100 hall).</p> <p>Review of the facility's policy titled Room Temperature dated revised July 2020 revealed it is the policy of this procedure to maintain safe and comfortable room temperatures in all resident rooms and resident areas. Every reasonable attempt will be made to maintain room temperatures in all resident rooms between 71-81 degrees F.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00161777.</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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