STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365364	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden Court Nursing and Rehabilitation Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44080 Based on observation, interview, and review of facility policy, the facility failed to ensure a comfortable environment. This affected one (Resident #46) of three residents reviewed for comfortable temperatures. The facility census was 48. Findings include: Review of medical records for Resident #46 revealed the resident admitted to the facility on [DATE]. Diagnoses included psychosis, anxiety disorder, type two diabetes, and schizoaffective disorder bipolar type. Review of annual Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #46 had a Brief Interview of Mental Status (BIMS) score of three, indicating he was severely cognitively impaired. Resident #46 required supervision and touching for meals, personal hygiene, toileting, bathing, placing shoes on and off, dressing upper and lower body, and oral care. Observation on 02/26/25 from 9:53 A.M. through 10:20 A.M. of Resident #46's room revealed the door was open and the temperature was 66 degrees Fahrenheit. There was a heater outside the door set to 103 degrees. Interview on 02/26/25 at 10:01 A.M. with Housekeeping Technician (HT) #212 stated the facility installed the new heating and a/c units in the rooms and had not finished the final connection to the outside condenser because the facility had to find a drill bit that would break through to the outside throw steel in the wall to connect to the outdoor condenser. At this time the new units were not working and still using the old heater in the hallways to heat resident rooms. Interview on 02/26/25 at 10:15 A.M. with Certified Nurse Aide (CNA) #319 verified Resident #46's room was very cold, and was not sure why the heat was not working. CNA #319 stated that the residents keep their doors open to hallway for the heat to go in their room. Interview on 02/26/25 at 10:17 A.M. with the Administrator verified with a laser thermometer that Resident #46's room was 66 degrees Fahrenheit. The Administrator stated he would have it fixed by the end of the day. (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: 365364	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled, Extreme Cold Policy and Procedure, dated 01/01/16 revealed when facility internal temperature drops below 71 degrees, the facility will implement procedure due to residents had a higher risk for hypothermia when the environment temperature was below 65 degrees for four consecutive hours. This deficiency represents non-compliance investigated under Master Complaint Number OH00162643 and Complaint Number OH00161961.

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 02/27/2025
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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44080 Based on medical record review, staff interview, and review of facility policy, the facility failed to ensure medications were administered as ordered. This affected one (Resident #44) of three residents reviewed for medication administration. The facility census was 48. Findings include: Review of medical records for Resident #44 revealed an admitted on 08/24/21. Diagnoses included chronic obstructive pulmonary disease, heart disease, delusional disorder, and chronic pain. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #44 had a Brief Interview of Mental Status (BIMS) score of 15 indicating he was cognitively intact. Resident #44 had required extensive bed mobility assistance, one-person physical assist for bed mobility, transfers in bed mobility, and toileting hygiene. Review of the plan of care dated 12/18/24 revealed Resident #44 was at risk for pain related to muscle spasm, post procedural pain, and chronic pain. Interventions included to administer medication as ordered. Review of physician order dated 12/13/24 revealed Resident #44 had an order for Oxycodone Hcl 5 milligram (mg) take one tablet two times a day. Review of the Medication Administration Record (MAR) for month of February 2025 revealed Resident #44 did not receive Oxycodone Hcl 5 mg on 02/19/25 at 9:00 A.M. and 9:00 P.M. Review of progress note dated 02/19/25 by Licensed Practical Nurse (LPN) #259 revealed awaiting Oxycodone 5 mg delivery from pharmacy. Review of progress note dated 02/19/25 revealed Resident #44 currently out of Oxycodone 5 mg supply, pharmacy awaiting new script, provider made aware. Interview on 02/26/25 at 10:59 A.M. with the Director of Nursing (DON) verified on 02/19/25, Resident #44 had run out of Oxycodone Hcl 5 mg and this was placed in the book for the physician to review on 02/18/25. The DON reported the new prescription was ordered timely. The DON also verified the emergency drug kit supply could not be pulled to administer pain medication on 02/19/25. Review of the facility policy titled, Medication Administration General Guidelines, dated 01/2018 revealed medications are administered as prescribed in accordance with good nursing practices and only by persons legally authorized to do so. This deficiency represents non-compliance investigated under Complaint Number OH00161961.

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 02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden Court Nursing and Rehabilitation Center	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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44080 Based on record review, observations, staff interview, and review of facility policy, the facility failed to ensure the facility was free from medication error rate less than 5%. A total of 30 opportunities were observed with two errors observed, resulting in a 6.6% medication error rate. This affected one resident (#44) of three residents reviewed for medication administration. The facility census was 48. Findings include: Review of medical records for Resident #44 revealed an admitted on 08/24/21. Diagnoses included chronic obstructive pulmonary disease, heart disease, delusional disorder, and chronic pain. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #44 had a Brief Interview of Mental Status (BIMS) score of 15, indicating he was cognitively intact. Resident #44 required extensive bed mobility assistance, one-person physical assist for bed mobility, transfers in bed mobility, and toileting hygiene. Review of physician order dated 08/20/24 revealed Resident #44 had an order for Magnesium Hydroxide oral suspension take 10 milliliter (ml) one time a day for laxative. Review of physician order dated 08/20/24 revealed Resident #44 had an order for folic acid 1 milligram (mg) take one tablet by mouth one time a day. Observation 0n 02/27/25 at 9:09 A.M. revealed Licensed Practical Nurse (LPN) #288 administered one Magnesium Oxide 400 mg tablet and one Folic Acid 400 micrograms (mcg) tablet to Resident #44. Interview on 02/27/25 at 12:20 P.M. with LPN #288 verified she administered Magnesium Oxide 400 mg in tablet form and Resident #44 had an order for liquid form. Furthermore, LPN #288 verified Resident #44 had Folic Acid 400 mcg administered in pill form and should have had Folic Acid 1 mg in tablet form. Observation on 02/27/25 at 12:20 P.M. with LPN #288 and the Director of Nursing (DON) revealed Magnesium Hydroxide oral suspension in liquid was found in the medication cart and should have been given to Resident #44. Review of the facility policy titled, Medication Administration General Guidelines, dated 01/2018 revealed medications are administered as prescribed in accordance with good nursing practices and only by persons legally authorized to do so. This deficiency represents non-compliance investigated under Complaint Number OH00161961.