

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  06/04/2025
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>Based on medical record review, observation, resident interview, and staff interview the facility failed to ensure the building and furnishings were in good repair. This affected Resident #43 and the 19 residents residing in the in the 300/400 hall (#2, #3, #8, #10, #11, #14, #18, #21, #23, #28, #32, #37, #39, #41, #42, #43, #44, #45, and #46). The facility census was 47 residents.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #43 revealed an admission date of 02/17/25 with diagnoses including chronic obstructive pulmonary disease and bipolar disorder.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #43 dated 05/21/25 revealed the resident had intact cognition and required assistance with activities of daily living (ADLs).</p> <p>Observation on 06/04/25 at 9:10 A.M. of Resident #43's room revealed there was a hole in the wall approximately 18 inches above the baseboard which measured approximately nine inches in diameter.</p> <p>Interview on 06/04/25 at 9:10 A.M. with Resident #43 confirmed the hole in his wall had been there when he was admitted to the facility in February 2025. Resident #43 confirmed he asked facility staff if they would repair the hole, but it had not yet been repaired. Resident #43 confirmed overall the facility was in poor repair.</p> <p>Interview on 06/05/25 at 9:25 A.M. with Licensed Practical Nurse (LPN) # 605 confirmed there was a hole in the wall of Resident #43's room which should be repaired.</p> <p>Interview on 06/04/25 at 3:40 P.M. with the Administrator confirmed there was a hole in the wall of Resident #43's room which was caused by a power wheelchair.</p> <p>3. Observation on 06/04/25 at 10:00 A.M. of the resident lounge area near the 400 hall revealed a built-in buffet cabinet which measured approximately 12 feet in length. Each end of the buffet had open areas below the counter measuring approximately three feet in diameter. There were missing baseboards, chipped wood, and multiple scuff marks to the buffet cabinet. Further observation revealed the drawers in the center of the buffet area were cracked and off-center.</p> <p>Interview on 06/04/25 at 10:00 A.M. with LPN #605 confirmed the built-in buffet area in the resident lounge was not in good repair and the cabinets looked like they were moldy.</p> <p>(continued on next page)</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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 06/05/25 at 10:48 A.M. with Maintenance Director (MD) #510 confirmed the cabinets needed some upkeep and had been in that poor condition since January 2025.</p> <p>Interview on 06/04/25 at 3:35 P.M. with the Administrator confirmed the cabinet/buffet area in the resident lounge was in disrepair and he considered closing the lounge to residents as an alternative to making the repairs or replacing the run-down furnishings in the lounge.</p> <p>4.Observation on 06/04/25 at 3:30 P.M. revealed the walls of the 300 and 400 halls had numerous areas of broken trim near the baseboards of the hall and doorways of resident rooms. Several resident room doors were noted to be scuffed and had chipped paint.</p> <p>Interviews on 06/04/25 at 9:02 A.M. with Resident #19 and at 10:15 A.M. with Resident #7 confirmed the facility was in bad repair.</p> <p>Interview on 06/04/25 at 3:32 P.M. with the Administrator confirmed the broken trim and scuffed doors on the 300/400 hall. The administrator confirmed the trim was last repaired in January and if they repaired the trim, it would just be damaged again, so there was no point in repairing the areas.</p> <p>Interview on 06/04/25 at 4:50 P.M. with Administrator at 4:50 PM confirmed the facility did not have a policy regarding the physical environment.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00164677.</p>		