STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365374	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legacy Beavercreek	1974 North Fairfield Road Dayton, OH 45432

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45751 Based on medical record review, resident interview, and staff interview, the facility failed to residents were free from significant medication errors. This affected two (Resident #23 and Resident #34) out of three residents reviewed for medications. The facility census was 72. Findings include: Review of the medical record for Resident #23 revealed admitted [DATE] with diagnoses including but not limited to malignant neoplasm of rectum, chronic kidney disease stage two, congestive heart failure, and celiac disease. Review of the Minimum Data Set (MDS) assessment, dated 04/22/24, revealed Resident #23 was cognitively intact. Review of Resident #23's physician orders revealed an order for capecitabine (medication used to treat cancer) 500 milligrams (mg) by mouth, give three tablets one time a day seven days on and seven days off for cancer treatment, and give two tablets by mouth at bedtime seven days on and seven days off for cancer treatment. The order had a start date of 02/24/24. Review of Resident #23's Medication Administration Record (MAR) for March 2024 revealed capecitabine 500 mg was documented as not available on 03/28/24 evening shift and 03/29/24 evening shift. Review of the nurse's note, dated 03/29/24, revealed the nurse spoke with the pharmacy about Resident #23's capecitabine. The pharmacy stated the medication will be out on the next run. The nurse stressed the importance of the medication. The pharmacy stated he would have to wait until after 7:00 A.M. to request a refill when the pharmacist comes in but he would call with any questions. Review of Resident #23's nurse's notes revealed there were no nurses notes regarding notification of the physician that the capecitabine was unavailable. Interview with Resident #23 on 05/01/24 at 11:36 A.M. revealed the facility ran out of her medication on one occasion. Interview on 05/01/24 at 2:49 P.M. with Registered Nurse (RN) #705 verified Resident #23's capecitabine was documented as not available on 03/28/24 evening shift and 03/29/24 evening shift. RN #705 verified there was no documentation the physician was notified. (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
	365374	A. Building B. Wing	05/01/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 05/01/24 at 3:55 P.M. with the Director of Nursing (DON) revealed Resident #23 had a pharmacy supply and home supply of cancer medication and it should not have run out. The DON stated she was unsure why the nurse documented that the medication was not given on the evening shift when Resident #23 received the day shift dose both days. The DON verified the medication was marked as not available and was not given. 2. Review of the medical record for Resident #34 revealed an admitted [DATE] with diagnoses including but not limited to paraplegia, type two diabetes, major depressive disorder, anxiety, chronic pain disorder, spinal stenosis, and constipation. Review of Resident #34's MDS assessment, dated 01/31/24, revealed the resident was independent for daily decision making. Review of Resident #34's physician orders revealed an order for fentanyl (narcotic pain medication) 75 micrograms patch every 72 hours. The order had a start date of 03/06/24 and a discontinue date of 03/20/24. Review of Resident #34's MAR for March 2024 revealed the fentanyl patch was marked as not available on 03/18/24. Further review of the MAR for March 2024 revealed the fentanyl patch was applied on 03/20/24 when it was received from the pharmacy and the next patch was to be applied on 03/23/24. Review of Resident #34's progress notes revealed no documentation that the physician was notified of Resident #34's fentanyl not being available. Interview on 05/01/24 at 12:55 P.M. with Resident #34 revealed he did not receive his fentanyl patch on 03/18/24 and 03/19/24. Resident #34 stated he received his fentanyl patch on 03/20/24. Interview on 05/01/24 at 2:49 P.M. with RN #705 verified Resident #34's fentanyl was documented as not given. RN #705 stated Resident #34 would try and order medications from another pharmacy and the facility would be unable to reorder the medications. RN #705 verified there was no documentation regarding the physician having been notified of the fentanyl being unavailable or not given. This deficiency represents non-compliance investigated under Complaint Number OH00152754.