

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/14/2024
NAME OF PROVIDER OR SUPPLIER  Legacy Beavercreek		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>45751</p> <p>Based on staff punches, interview, and policy review, the facility failed to ensure a Registered Nurse (RN) was on duty seven days a week for eight consecutive hours. This had the potential to affect all residents. The facility census was 78.</p> <p>Findings include:</p> <p>Review of staff punches for the week of 08/04/24 through 08/10/24 revealed no RN worked on Sunday 08/04/24.</p> <p>Interview on 08/14/24 at 1:53 P.M. with the Administrator verified no RN worked on 08/04/24.</p> <p>Review of policy titled, Staffing and Scheduling, dated 06/08/2022 revealed the facility will comply with Centers for Medicare and Medicaid Services (CMS) and state staffing requirements.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00156691.</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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