

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 12/31/2024
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>48570</p> <p>Based on observation and interviews, the facility failed to provide a safe environment for the residents, staff, and public. This had the potential to affect all residents. The facility census was 86.</p> <p>Findings include:</p> <p>Observation on 12/30/24 at 1:00 P.M. revealed a section of the exterior wall, at the front of the facility with a hole present, without bricks. The area is approximately five-foot width by four foot high. The opening was covered with clean plastic. Upon examination of the interior section that correlated with the exterior wall missing, revealed the opening continued into the interior section of the building with the same opening of approximately five-foot width by four foot high, covered in clean plastic.</p> <p>Interview on 12/30/24 at 1:10 P.M. with Maintenance Director #246 along with the Licensed Nursing Home Administrator (LNHA) confirmed a family member struck the facility, with their vehicle, around Thanksgiving and the facility was waiting on the car owner's insurance to cover the damage. The facility found out the car owner's insurance was not going to cover the damage and now Legacy's Corporate office is working on it. Interview confirmed the facility currently does not have any quotes to show how much the damage would cost or when the repaid could be completed.</p> <p>Interview on 12/30/24 at 1:59 P.M. with Maintenance Director #246 confirmed Public Adjustor #400 will need to be called to speak of the progress with the repairs related to the facility being struck by a vehicle. Interview also confirmed Maintenance Director #246 applied plastic to cover the hole due to his concerns with applying any hard surface, like wood, would cause the wall structure to cave in further. Interview also confirmed the facility does not have a policy related to the need for repair.</p> <p>Telephone call on 12/30/24 at 2:30 P.M. to Public Adjustor #400 for the facilities Insurance Company confirmed the insurance company had completed an inspection on the damage to the facility wall, due to a vehicle hitting it, on 12/10/24, along with two other adjustors, and they currently do not have any of the estimates / quotes for repair complete. Interview also confirmed the car incident that caused the damage to the facility structure occurred on 11/07/24. Interview further confirmed the facility can apply something more substantial to the exterior or interior wall, like wood to prevent the elements from getting into the facility, like wind, rain, or rodents / animals.</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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