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	03/20/2025

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34291 Based on medical record review, observation, resident interview, staff interview, and review of the facility policy, the facility failed to ensure staff responded to resident requests in a timely manner. This affected one (Resident #61) of two residents reviewed for call lights. Based on medical record review, observation, staff interview and resident interview, the facility failed to ensure the automatic door opener to the front door was functioning properly. This affected one (Resident #43) of 27 residents sampled. The facility census was 95 residents. Findings include: 1.Review of the medical record for Resident #61 revealed an admitted [DATE] with diagnoses including hip fracture, Alzheimer's disease, and cerebrovascular attack (CVA). Review of the Minimum Data Set (MDS) assessment for Resident #61 dated 02/16/25 revealed the resident was severely cognitively impaired and was dependent on staff assistance with activities of daily living (ADLs.) Observation on 03/11/25 of Resident #61's room revealed the resident's call light was on from 3:38 P.M. to 4:02 P.M. while the resident yelled for the nurse. Further observation revealed Certified Nurse Aide (CNA) #33 entered the resident's room at 4:02 P.M. and what the resident was yelling about. Resident #61 told CNA #33 he wanted a glass of ice water. CNA #33 said okay, turned off the call light, and left the room. At 4:07 P.M. Resident #61 yelled out for the nurse to bring him ice water. At 4:09 P.M. CNA #227 was walking down the hall and Resident #61 yelled for her and said he wanted his water and a grilled cheese sandwich. CNA #227 told the resident she would help him as soon as she was done caring for another resident and left the room. Interview on 03/11/25 at 4:25 P.M. with Resident #61 confirmed he often had to wait up to an hour for staff to assist him Interview on 03/11/25 at 4:31 P.M. with CNA #227 confirmed she was taking care of 20 residents and was unable to get to the call lights in a timely manner. CNA #227 stated she had to change two people and get two people out of bed, before she could take care of Resident #61's needs. Interview with on 03/11/25 at 4:33 P.M with CNA #33 confirmed she answered Resident #61's call light and he wanted ice water, and she had turned off the call light and left the room because he had water in his room. She said she didn't know the code to get into the room where the ice was kept. (continued on next page)

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	03/20/2025

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled Answering the Call Light dated 2001 revealed staff should answer the resident call system immediately. The staff person should identify themselves and respond to the resident politely and if a resident needed assistance the staff person should indicate approximately how long it would take to respond to the request. If the request was something the person answering the light could fulfill, the request should be completed within five minutes. 48570 2. Review of the medical record for Resident #43 revealed an admitted [DATE] with diagnoses including vascular dementia, epilepsy, and major depressive disorder. Review of the MDS assessment for Resident #43 dated 01/11/25 revealed the resident was cognitively intact and required staff assistance with activities of daily living (ADLs.) Observation 03/11/25 at 1:38 P.M of the front exterior door revealed the push button to automatically open the front exterior door of the building did not open the front door of the facility when pressed. Interview on 03/11/25 at 1:38 P.M. with Corporate Registered Nurse (CRN) #500 confirmed the push button to automatically open the front exterior door of the building did not open the front door of the facility when pressed. Interview on 03/11/25 at 1:44 P.M. with Resident #43 confirmed she was unable to open the front door without the use the push button which automatically opened the door. Resident #43 confirmed the push button was not working on 03/11/25 and there had been other times when it had not worked. This deficiency represents noncompliance investigated under Complaint Number OH00162297 and Complaint Number OH00162213.

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	03/20/2025

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34291 Based on medical record review, staff interview, and review of the facility policy, the facility failed to notify resident physicians of significant weight loss. This affected one (Resident #40) of three residents reviewed for change in condition. The facility census was 95 residents. Findings include: Review of the medical record for Resident #40 revealed an admitted [DATE] with diagnoses including coronary artery disease, heart failure, diabetes, dementia, and aphasia. Review of the quarterly Minimum Data Set (MDS) assessment for Resident #40 dated 11/26/24 revealed the resident was severely cognitively impaired and required set up assistance for eating. Review of the weight records for Resident #40 revealed the resident weighed 133 pounds (lbs.) on 02/06/25 and the resident weighed 123 lbs. on 03/12/25 which was a significant weight loss of 7.5 percent (%) in 33 days. Review of the progress notes for Resident #40 dated 03/12/25 to 03/17/25 revealed the notes did not include documentation of physician or provider notification of the resident's significant weight loss. Interview on 03/17/25 at 11:36 A.M with Nurse Practitioner (NP) #300 confirmed the facility had not notified him of Resident #40's significant weight loss. Interview on 03/17/25 at 11:54 A.M. with Dietician #501 confirmed he had not been notified of Resident #40's significant weight loss. Review of the facility policy titled Change in Resident's Condition or Status dated February 2021 revealed the nurses should promptly notify the resident, his or her attending physician, and the resident representative of changes in the resident's medical / mental condition and/or status. The nurse would notify the resident's attending physician or physician on call when there had been a need to alter the resident's medical treatment significantly. A significant change of condition was defined as a major decline or improvement in the resident's status that would not normally resolve itself without intervention by staff.

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	03/20/2025

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48570 Based on medical record review, observation, resident interview, staff interview, and review of the facility policy, the facility failed to ensure activities of daily living (ADL) care was provided for dependent residents. This affected two (Residents #43, #69) of six residents reviewed for ADLs. The facility census was 95 residents. Findings include: 1. Review of the medical record for Resident #43 revealed an admitted [DATE] with diagnoses of hemiplegia and hemiparesis following cerebral infarction, morbid obesity, vascular dementia, and anxiety disorder. Review of the Minimum Data Set (MDS) assessment for Resident #43 dated 01/11/25 revealed the resident was cognitively intact, had limited range of motion to one side of his bilateral upper and lower extremities and was dependent on staff assistance with toileting hygiene and transfers. Review of the care plan for Resident #43 dated 03/06/24 revealed the resident had a self-care deficit related to weakness and impaired mobility due to right sided hemiparesis and hemiplegia following cerebral vascular accident with the intervention that staff would assist the resident with hygiene and toileting as needed. Observation on 03/10/25 at 2:27 P.M. of Resident #43 revealed the resident's call light was activated. Observation on 03/10/25 at 2:41 P.M. of Resident #43 revealed the resident's call light was still activated and the resident's incontinence brief was saturated with urine. Interview on 03/10/25 at 2:41 P.M. with Resident #43 confirmed his call light had been activated since 2:27 P. M. and he was awaiting staff assistance with incontinence care. Interview on 03/10/25 at 2:47 P.M. with Certified Nursing Aide (CNA) #218 confirmed Resident #43's incontinence brief was soaked with urine, and he needed incontinence care. CNA #218 she was unable to get to Resident #43 in a timely manner to assist him. 2. Review of the medical record for Resident #69 revealed an admitted [DATE] with diagnoses including chronic obstructive pulmonary disease, congestive heart failure, and type two diabetes mellitus. Review of the MDS assessment for Resident #69 dated 02/26/25 revealed the resident was cognitively intact and required staff assistance with bathing. Review of the care plan for Resident #69 dated 02/26/25 revealed the resident had a self-care deficit related to weakness and deconditioning, congestive heart failure, chronic obstructive pulmonary disease, and morbid obesity with an intervention for staff to provide assistance with bathing. (continued on next page)

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	03/20/2025

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the electronic medical record for Resident #69 revealed the resident was offered and received only two bed baths between 02/13/25 through 03/11/25 with no refusals documented. Interview on 03/10/25 at 2:42 P.M. with Resident #69 confirmed he has not been offered regular showers. He only received two bed baths in the past month. Interview on 03/12/25 at 12:48 P.M. with Licensed Practical Nurse (LPN) #238 confirmed Resident #69 had only received two bed baths in the time period of 02/13/25 to 03/11/25. Review of the facility policy titled Shower and Tub Bath dated February 2018 revealed the facility would offer baths to residents to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin. This deficiency represents noncompliance investigated under Complaint Number OH00163482 and Complaint Number OH00162841 and Complaint Number OH00162213 and Complaint Number OH00162183.

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	03/20/2025

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 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48570 Based on medical record review, observation, resident interview, staff interview, and review of the facility policy, the facility failed to properly and timely assess residents for change in condition. This resulted in Actual Harm for Resident #235 who had constipation with abdominal and rectal pain and had to be treated at the hospital for a fecal impaction. This affected one (Resident #235) of three residents reviewed for change in condition. The facility census was 95 residents. Findings include: Review of the medical record for Resident #235 revealed an admitted [DATE] with diagnoses including wedge compression fracture of T7 and T8 vertebra with routine healing, chronic obstructive pulmonary disease, and fibromyalgia. Review of the Minimum Data Set (MDS) assessment for Resident #235 dated 02/26/25 revealed the resident was cognitively intact and required staff assistance with activities of daily living (ADLs.) Review of the physician's orders for Resident #235 revealed an order dated 02/21/25 for oxycodone 5 milligrams (mg) every 6 hours as needed for pain, and orders dated 03/05/25 for Miralax Powder give 17 gram by mouth one time a day for constipation and Senokot give one tablet by mouth one time a day for constipation. Review of the care plan for Resident #235 dated 02/21/25 revealed the resident was at risk for pain related to nasal fracture and lacerations to face, neuropathy, arthritis, fibromyalgia, weakness and deconditioning. The care plan was revised on 03/11/25 to include the resident was at risk for complications with the gastrointestinal system due to constipation with a goal of will have no complications related to constipation. Interventions included the following: administer medications as ordered, listen to bowel sounds and complete an abdominal assessment as indicated, notify physician of gastrointestinal complications such as bloating, abdominal discomfort, changes in bowel patterns, record and monitor bowel movements. Review of the bowel movement log in the electronic medical record (EMR) for Resident #235 revealed the resident had a small, formed bowel movement on 02/22/25, a small, formed bowel movement on 03/04/25, and a small, loose bowel movement and a small soft bowel movement on 03/09/25. Review of the hospital emergency room note for Resident #235 dated 03/10/25 timed at 8:11 P.M. revealed upon rectal exam the resident had very soft stool in the rectum that was partially disimpacted but very soft and mobile. A CT scan of the abdomen and pelvis showed fecal loading and distention of the rectum consistent with constipation. Hospital staff gave the resident a soap-suds enema which did not yield any results. The physician with the assistance of nursing staff had to manually remove a fecal impaction from the resident's rectum. The hospital staff then administered a docusate enema which resulted in the resident having a bowel movement. Observation on 03/10/25 at 9:00 A.M. revealed Resident #235 was lying in bed and moaning loudly. (continued on next page)

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	03/20/2025

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 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Interview on 03/10/25 at 1:55 P.M. with Resident #235 confirmed the resident had felt sick all weekend and no one had helped her. Resident #235 further confirmed she had a cold sore on her rectum, and it was hurting, and she had also been having abdominal spasms all weekend. Interview on 03/10/25 at 2:06 P.M. with Licensed Practical Nurse (LPN) #70 confirmed she was aware Resident #235 wanted to go to the emergency room (ER) and was requesting to go by ambulance. LPN #70 further confirmed the facility was awaiting transport to take Resident #235 to the hospital and the nurse would give the resident a dose of as needed oxycodone for the resident's complaints of abdominal spams and rectal pain. Observation on 03/10/25 at 2:18 P.M. of revealed Resident #235 was screaming out in pain. Interview on 03/10/25 at 2:20 P.M. with Certified Nursing Assistant (CNA) #229 confirmed Resident #235 had screamed out all weekend in pain. CNA #229 confirmed he tried to reposition the resident to make her comfortable and the resident did have a small bowel movement on 03/09/25. Observation on 03/10/25 at 2:24 P.M. revealed Resident #235 was screaming out in pain. Interview on 03/10/25 at 2:30 P.M. with LPN #70 confirmed the Resident #235 had asked to go the ER due to abdominal spasms and pain to her abdomen and rectum. LPN #70 confirmed Resident #235 had not asked to go to the ER via emergency transport. LPN #70 confirmed she contacted Nurse Practitioner (NP) #300 prior to the resident's request to go to the ER and the NP gave an order for hemorrhoid cream. Interview on 03/11/25 at 8:02 A.M. with the Director of Nursing (DON) confirmed Resident #235 had gone to theER on [DATE] at 2:35 P.M., was treated at the hospital for a fecal impaction, and then returned to the facility. Interview on 03/12/25 at 1:58 P.M. with CNA #229 confirmed aides were responsible to document resident bowel movements in the bowel movement log in the resident EMR. Interview on 03/13/25 at 10:00 A.M. with LPN #79 confirmed Resident #235's bowel movement log in the EMR revealed the resident had only four small bowel movements from 02/20/25 through 03/09/25. LPN #79 further confirmed the facility had no documentation of notification to the physician or the NP of the resident's small infrequent bowel movements. Further interview with LPN #79 confirmed if a resident had not had a medium or large bowel movement every three days the nurses should notify the physician or NP for further instructions. Interview on 03/17/25 at 10:17 A.M. with the DON confirmed the facility did not have standing orders or a clinical protocol related to bowel movements. Interview on 03/17/25 at 10:38 A.M. with NP #300 confirmed the facility nurses should contact the physician or NP when a resident hasn't had a medium or large bowel movement within three days. NP #300 further confirmed the facility staff had not notified him Resident #235 had only four small bowel movements between 02/20/25 and 03/09/25 and the facility staff should have contacted him or the physician for orders or treatment for the resident's constipation. (continued on next page)

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	03/20/2025

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 0684 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Review of the facility policy titled Change in Resident's Condition or Status policy dated February 2021 revealed the facility staff would promptly notify the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status. The nurse would notify the resident's attending physician or physician on call when there had been a need to alter the resident's medical treatment that will not normally resolve without intervention. This deficiency represents noncompliance investigated under Complaint Number OH00162841.

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	03/20/2025

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34291 Based on medical record review, observation, staff interview, resident interview, review of staffing schedules, and review of the facility policy, the facility failed to ensure there was adequate staffing to meet residents' needs. This affected one (Residents #61) of two residents reviewed for activities of daily living (ADL) and 10 (Residents #33, #28, #32, #59, #14, #52, #51, #31, #46, #186) of 27 residents sampled. The facility census was 95 residents. Findings include: 1.Review of the medical record for Resident #61 revealed an admitted [DATE] with diagnoses including hip fracture, Alzheimer's disease, and cerebrovascular attack (CVA). Review of the Minimum Data Set (MDS) assessment for Resident #61 dated 02/16/25 revealed the resident was severely cognitively impaired and was dependent on staff assistance with activities of daily living (ADLs.) Observation on 03/11/25 of Resident #61's room revealed the resident's call light was on from 3:38 P.M. to 4:02 P.M. while the resident yelled for the nurse. Further observation revealed Certified Nurse Aide (CNA) #33 entered the resident's room at 4:02 P.M. and what the resident was yelling about. Resident #61 told CNA #33 he wanted a glass of ice water. CNA #33 said okay, turned off the call light, and left the room. At 4:07 P.M. Resident #61 yelled out for the nurse to bring him ice water. At 4:09 P.M. CNA #227 was walking down the hall and Resident #61 yelled for her and said he wanted his water and a grilled cheese sandwich. CNA #227 told the resident she would help him as soon as she was done caring for another resident and left the room. Interview on 03/11/25 at 4:25 P.M. with Resident #61 confirmed he often had to wait up to an hour for staff to assist him. Interview on 03/11/25 at 4:31 P.M. with CNA #227 confirmed she was taking care of 20 residents and was unable to get to the call lights in a timely manner. CNA #227 stated she had to change two people and get two people out of bed, before she could take care of Resident #61's needs. CNA #227 confirmed there had been a mistake on the schedule and they didn't have enough aides. Interview on 03/17/25 at 3:51 P.M. with Scheduler #72 confirmed the facility was supposed to have four aides scheduled on for second shift from 3:00 P.M. to 11:00 P.M. on 03/11/25 but there were only three aides working. Scheduler #72 further confirmed the shift wasn't filled because no one had signed up to take the shift and this would be a staffing issue because the three aides working had to take on more residents. Review of the schedule dated 03/11/25 for the 200 Hall revealed there were spaces on the schedule for four aides, but there were only three aides scheduled. (continued on next page)

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	03/20/2025

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility policy titled Answering the Call Light dated 2001 revealed staff should answer the resident call system immediately. The staff person should identify themselves and respond to the resident politely and if a resident needed assistance the staff person should indicate approximately how long it would take to respond to the request. If 2. Review of the medical record for Resident #33 revealed an admitted [DATE] with diagnoses including atrial fibrillation, heart failure, hypertension and dementia. Review of the physician's orders for Resident #33 revealed the following orders dated 03/10/25 for hydroxyzine 50 milligrams (mg) one tablet three times per day, Isosorbide Mononitrate extended release (ER) 60 mg one time per day, Lisinopril 10 mg one time per day, potassium chloride ER 10 milliequivalents (mEQ) one time per day, Lasix 20 mg one time per day, Sennosides 86 mg two tablets two times per day. Review of the Medication Administration Record (MAR) for Resident #33 dated 03/10/25 revealed the resident's medications were scheduled to be administered at 7:00 A.M. but were not signed off as given until 1:46 P.M. 3. Review of the medical record for Resident #28 revealed an admitted [DATE] with diagnoses including non-traumatic brain injury, dementia and depression. Review of the physician's orders for Resident #28 revealed orders dated 03/10/25: Memantine 10 mg one time per day, Galantamine Hydrobromide ER 16 mg one time per day, Lisinopril 10 mg one time per day, Duloxetine delayed release sprinkles one time per day. Review of the MAR for Resident #28 dated 03/10/25 revealed the resident's medications were scheduled to be administered at 7:00 A.M. but were not signed off as given until 12:14 P.M. 4. Review of the medical record for Resident #32 revealed an admitted [DATE] with diagnoses including non-traumatic brain injury, coronary artery disease, heart failure and dementia. Review of the physician's orders for Resident #32 revealed the following orders dated 03/10/25: Docusate Sodium Capsule 100 mg once per day, Risperdal 2 mg once per day, Lithium Carbonate 300 mg one tablet twice per day, Midodrine 10 mg one tablet three times per day, Sotalol 80 mg one tablet twice per day, Benztropine Mesylate 1 mg one tablet three times per day, Miralax 17 gram one time per day, Lactulose oral solution 30 milliliters (ml) twice per day. Review of the MAR for Resident #32 dated 03/10/25 revealed the resident's medications were scheduled to be administered at 7:00 A.M. but were not signed off as given until 12:09 P.M. 5. Review of the medical record for Resident #59 revealed an admitted [DATE] with diagnoses including atrial fibrillation, heart failure, coronary artery disease, and dementia. (continued on next page)

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	03/20/2025

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the physician's orders for Resident #59 revealed orders dated 03/10/25 for the following: Dapagliflozin 10 mg once per day, Insulin Glargine 45 units once per day, Duloxetine sprinkles 60 mg one time per day, Plavix 75 two times per day, Apixaban 5 mg one tablet two times per day, Aspirin 81 mg once per day, Carvedilol 3.125 mg one tablet twice per day, Lasix 20 mg once per day, Morphine 30 mg ER to give one tablet twice per day, Pantoprazole Sodium delayed release 40 mg one tablet twice per day, Miralax 17 gm one time per day. Review of the MAR for Resident #59 dated 03/10/25 revealed the resident's medications were scheduled to be administered at 7:00 A.M. but were not signed off as given until 11:19 A.M. 6. Review of the medical record for Resident #14 revealed an admitted [DATE] with diagnoses including diabetes, thyroid disorder, heart failure and dementia. Review of the physician's orders for Resident #14 revealed orders dated 03/10/25 for the following: Magnesium Oxide 400 mg one per day, Metformin 500 mg once per day, Salmeterol inhaler one puff once per day, Breo Ellipta inhaler one puff once per day, Topiramate 25 mg three tablets two times a day. Review of the MAR for Resident #14 dated 03/10/25 revealed the resident's medications were scheduled to be administered at 7:00 A.M. but were not signed off as given until 11:30 A.M. 7. Review of the medical record for Resident #52 revealed an admitted [DATE] with diagnoses including non-traumatic brain injury, coronary artery disease, renal disease, and diabetes. Review of the physician's orders for Resident #52 revealed orders dated 03/10/25 for the following: Buspirone 10 mg two tablets three times per day, Tylenol 325 mg two tablets three times a day. Review of the MAR for Resident #14 dated 03/10/25 revealed the resident's medications were scheduled to be administered at 1:00 P.M. but were not signed off as given until 2:15 P.M. 8. Review of the medical record for Resident #51 revealed an admitted [DATE] with diagnoses including atrial fibrillation, heart failure, hypertension and coronary artery disease. Review of the physician's orders for Resident #51 revealed an order dated 03/10/25for Gabapentin 400 mg one tablet every eight hours. Review of the MAR for Resident #51 dated 03/10/25 revealed the resident's medications were scheduled to be administered at 1:00 P.M. but were not signed off as given until 2:35 P.M. 9. Review of the medical record for Resident #31 revealed an admitted [DATE] with diagnoses including heart failure, hypertension, and diabetes. Review of the physician's orders for Resident #31 revealed orders dated 03/10/25 for the following: Sucralfate one gram two times per day and Tramadol 50 mg one tablet three times per day. Review of the MAR for Resident #31 dated 03/10/25 revealed the resident's Sucralfate was scheduled to be administered at 11:00 A.M. but was not signed off as given until 1:00 P.M. and the Tramadol was scheduled to be administered at 1:00 P.M. but was not signed off as given until 2:41P.M. (continued on next page)

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	03/20/2025

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	10. Review of the medical record for Resident #46 revealed an admitted [DATE] with diagnoses including non-traumatic brain injury, coronary artery disease, diabetes, hypertension, and dementia. Review of the physician's orders for Resident #46 dated 03/10/25 revealed orders for the following: Humalog insulin per sliding scale before meals, hydralazine 50 mg once per day. Review of the MAR for Resident #46 dated 03/10/25 revealed the resident's Humalog insulin was scheduled to be administered at 11:00 A.M. but was not signed off as given until 3:15 P.M. and the hydralazine was scheduled to be administered at 1:00 P.M. but was not signed off as given until 3:16 P.M. 11. Review of the medical record for Resident #186 revealed an admitted [DATE]. Review of the physician's orders for Resident #186 revealed orders dated 03/10/25 for the following: Albuterol Sulfate nebulizer 3 ml once per day, Metoprolol Tartrate 25 mg three times per day. Review of the MAR for Resident #186 dated 03/10/25 revealed the resident's Albuterol inhaler was scheduled to be administered at 12:00 P.M. but was not signed off as given until 3:20 P.M. and the metoprolol tartrate was scheduled to be administered at 1:00 P.M. but was not signed off as given until 3:30 P.M. Interview on 03/10/25 at 2:09 P.M. with Licensed Practical Nurse (LPN) #20 confirmed she was late with medication administration on 03/10/25 for Residents #33, #28, #32, #59, #14, #52, #51, and #31. LPN #20 further confirmed the facility was supposed to have five nurses working for a census of 95 residents but they only had three nurses working on 03/10/25. Interview on 03/10/25 at 2:56 P.M. with Registered Nurse (RN) #58 confirmed she was late with medication administration on 03/10/25 for Residents #46 and #186. RN #58 reported she was late giving medications because she was training a new nurse, and the facility didn't have enough nurses scheduled on 03/10/25 to be able to do the training and be on time for the medications. Review of the schedule dated 03/10/25 revealed there were four nurses scheduled and a trainee. There was one nurse who called off which made three nurses and a trainee for 03/10/25. Interview on 03/17/25 at 3:51 P.M. with Scheduler #72 confirmed the facility scheduled five nurses during the day, but on 03/10/25 there was a nurse who called off and there was another nurse who was training a new nurse so that left three nurses on the halls and a trainee. Scheduler #72 confirmed when the nurse called off sick she didn't replace the nurse and there wasn't enough staff ensure medications were passed in a timely manner. Review of the schedule dated 03/10/25 revealed there were four nurses scheduled and a trainee working with RN #186. One of the four nurses was marked as a call off which left three nurses and a trainee for 03/10/25. Review of the facility policy titled Staffing dated 04/01/07 revealed the facility provided adequate staffing to meet care and service needs for the resident population. (continued on next page)

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	03/20/2025

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility policy titled Administering Medications dated 04/01/19 revealed medications were to be administered in a safe and timely manner, and as prescribed. The staffing schedules would be arranged to ensure that medications were administered without unnecessary interruptions. This deficiency represents noncompliance investigated under Complaint Number OH00163482 and Complaint Number OH00162885 and Complaint Number OH00162841 and Complaint Number OH00162213.

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	03/20/2025

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48570 Based on medical record review, observation, staff interview, and review of the facility policy, the facility failed to ensure residents did not receive unnecessary medications. This affected one (Resident #43) of five residents reviewed for unnecessary drugs. Findings include: Review of the medical record for Resident #43 revealed an admitted [DATE] with diagnoses including hemiplegia and hemiparesis following cerebral infarction, vascular dementia, and anxiety disorder. Review of the weekly skin assessment for Resident #43 dated 12/11/24 revealed staff identified a fungal wound to the resident's scrotum on 12/04/25. Review of the physician's orders for Resident #43 revealed an order dated 12/14/24 revealed for Mupirocin ointment to the scrotum / tip of penis topically every shift for wound. Review of the wound progress note for Resident #43 dated 12/23/24 revealed there was a wound noted the central anterior scrotum with an order to apply Mupirocin ointment two times daily for seven days and then discontinue. Review of the Minimum Data Set (MDS) assessment for Resident #43 dated 01/11/25 revealed the resident was cognitively intact and required staff assistance with activities of daily living (ADLs). Review of the Medication Administration Records (MARs) for Resident #43 dated December 2024, January 2024, February 2024, and March 2024 (through 03/12/24) revealed staff applied Mupirocin topically to the resident's penis Interview on 03/12/25 at 1:06 P.M. with Licensed Practical Nurse (LPN) #15 confirmed he was not aware of Resident #43 having any wound to his penis. Observation on 03/12/25 at 1:38 P.M. of wound care for Resident #43 with LPN #15 revealed the resident did not have a wound on his penis. Interview on 03/12/25 at 2:06 P.M. with Registered Nurse (RN) #502 confirmed she had applied Mupirocin ointment to Resident #43's penis earlier in the day on 03/12/25. Interview on 03/13/25 at 2:16 P.M. with LPN Infection Control #61 confirmed if the antibiotic did not have a stop date she contacted the physician and got a stop date or had the medication stopped. Interview also confirmed she makes sure the physician or Nurse Practitioner (NP) documents the need. Interview on 03/13/25 at 3:32 P.M. with LPN #15 confirmed Resident #43 was seen by the wound nurse practitioner on 12/23/24 who gave orders to continue Mupirocin ointment to the scrotum / tip of penis topically two times daily for seven days, then discontinue. LPN #15 further confirmed the Mupirocin ointment to Resident #43's penis should have been discontinued on 12/31/24 and the medication was unnecessary. (continued on next page)

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	03/20/2025

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled Administering Medications dated April 2019 revealed were to be administered in a safe and timely manner, and as prescribed and should be administered in accordance with prescriber orders, including any required time frame. Review of the facility policy titled Antibiotic Stewardship dated December 2016 revealed antibiotics would be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program. If an antibiotic was indicated, prescribers would provide complete antibiotic orders which included duration of treatment, start and stop date, and/or number of days of therapy.

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	03/20/2025

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34291 Based on review of menus and spreadsheets, observation, staff interview, medical record review, resident interview, and review of the facility policy, the facility failed to ensure menu portion sizes were followed and menus were reviewed by a dietitian in advance. This affected all of the residents residing in the facility except for one (Resident #61) who received no food by mouth. The facility failed to ensure the resident got to make choices concerning breakfast. This affected three (Residents #22, #45, and #21) of three residents reviewed for choices during the annual survey. The facility census was 95 residents. Findings include: 1. Review of the handwritten menu spreadsheet dated 03/11/25 revealed residents on regular and mechanical soft diets were to receive a number 12 or 2.66 ounce (oz) scoop of scrambled eggs with cheese, one slice of toast, and 6 oz of oatmeal, and residents on pureed diets were to receive a number 12 or 2.66 oz scoop of pureed scrambled eggs with cheese, a number 16 or 2 oz scoop of pureed bread, and a 6 oz scoop of cream of wheat. Observation of the kitchen on 03/11/25 at 7:25 A.M. revealed residents on regular and mechanical soft diets were served a number 16 or 2 oz scoop of scrambled eggs with cheese, one slice of toast, and 6 oz of oatmeal, and pureed diets were served a number 16 or 2 oz scoop of pureed scrambled eggs with cheese, a number 20 or 1.6 oz scoop of pureed bread, and a 6 oz scoop of cream of wheat. Interview on 03/11/25 at 8:00 A.M with Dietary Manager (DM) #215 confirmed residents on regular and mechanical soft diets were served a number 16 or 2 oz scoop of scrambled eggs with cheese and they should have received a number 12 or 2.66 oz scoop of scrambled eggs with cheese per the menu spreadsheet. DM #215 also confirmed residents on pureed diets were served a number 16 or 2 oz scoop of pureed scrambled eggs with cheese, and a number 20 or 1.6 oz scoop of pureed bread and they should have received a number 12 or 2.66 oz scoop of pureed scrambled eggs with cheese and a number 16 or 2 oz scoop of pureed bread per the menu spreadsheet. 2.Review of the handwritten menu spreadsheets for breakfast, lunch and dinner for 03/11/25 to 03/14/25 revealed the spreadsheets had not been reviewed by a dietitian. Interview on 03/11/25 at 8:00 A.M. with DM #215 confirmed she had written the spreadsheets for all three meals for 03/11/25 to 03/14/25 by hand and the dietitian had not reviewed the spreadsheets. DM #215 confirmed the facility served breakfast was served on 03/11/25 without the dietitian's approval of the spreadsheet. Interview on 03/11/25 at 10:16 A.M with Registered Dietitian (RD) #501 confirmed he had not reviewed the meal spreadsheets for 03/11/25 to 03/14/25. Review of the facility policy titled Menus dated October 2017 revealed menus for regular and therapeutic diets were written at least two weeks in advance and were dated and posted in the kitchen at least one week in advance. The dietitian approved all menus. (continued on next page)

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	03/20/2025

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	4. Review of the medical record for Resident #22 revealed an admitted [DATE] with diagnoses including neurogenic bladder, diabetes and arthritis. Review of the Minimum Data Set (MDS) for Resident #22 dated 01/30/25 revealed the resident was cognitively intact. Interview on 03/10/25 at 2:27 P.M. with Resident #22 confirmed he didn't get a choice for breakfast meals. He reported the staff deliver a paper at lunchtime with lunch and dinner choices on it, but there were no breakfast choices. Observation on 03/13/25 at 11:50 A.M. with Resident #22 revealed the resident had a paper which listed lunch and dinner options to pick for the next day with no breakfast choices available. 5. Review of the medical record for Resident #45 revealed an admitted [DATE] with diagnoses including hypertension, depression and anxiety. Review of the MDS assessment for Resident #45 dated 11/29/24 revealed the resident was cognitively intact. Observation on 03/13/25 at 11:39 A.M. with Resident #45 revealed the resident had a piece of paper on his tray which listed choices for lunch and dinner for the next day. Interview on 03/13/25 at 11:39 A.M. with Resident #45 confirmed he didn't get to pick what he wanted for breakfast. 6. Review of the medical record for Resident #21 revealed an admitted [DATE] with diagnoses including dementia, anemia, and diabetes. Review of the MDS assessment for Resident #21 dated 01/30/25 revealed the resident was cognitively intact. Observation on 03/13/25 at 11:40 A.M. with Resident #21 revealed the resident had a piece of paper on his tray which listed choices for lunch and dinner for the next day. Interview on 03/13/25 at 11:40 A.M. with Resident #21 confirmed he didn't get to pick what he wanted for breakfast. Interview on 03/13/25 at 12:04 P.M. with Certified Nursing Assistant (CNA) #57 confirmed the residents received a paper to pick what they wanted for lunch and dinner the next day. CNA #57 confirmed residents did not get to choose what they wanted for breakfast. Interview on 03/13/25 at 12:10 P.M with DM #215 confirmed the facility no longer had residents choose breakfast items. DM #215 confirmed the facility used to let the residents choose breakfast items, but the residents were getting the same thing over and over again and it was a waste of time so they only ordered lunch and dinner items now. This deficiency represents noncompliance investigated under Complaint Number OH00162213 and Complaint Number OH00162183.

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	03/20/2025

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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. 48570 Based on review of dietary spreadsheets, observation, staff interview and review of facility recipes, the facility failed to ensure pureed eggs and pureed bread were prepared in a form to meet resident needs. This affected four (Residents #33, #42, #57, and #68) of four facility-identified resident who received pureed diets. The facility census was 95 residents. Findings include: Review of the dietary spreadsheet dated 03/11/25 revealed residents on pureed diets pureed scrambled eggs with cheese, pureed bread, and cream of wheat for breakfast. Observation in the kitchen on 03/11/25 at 7:25 A.M. of food to be served to residents on pureed diets revealed the pureed scrambled eggs had dime-sized chunks of eggs in them and the pureed bread had chunks of bread which were approximately one quarter inch in diameter. Interview on 03/11/25 at 8:00 A.M with Dietary Manager (DM) #215 confirmed the pureed scrambled eggs had chunks of egg which had not been blended and there were chunks of bread that were mixed in with the pureed bread. DM #215 confirmed that the pureed eggs and the pureed bread should have been blended until smooth and free of chunks. Review of the facility recipe for pureed scrambled eggs dated 01/15/25 revealed the eggs should be blended until smooth. Review of the facility recipe for pureed bread dated 01/15/25 revealed the bread should be proceeded until smooth. This deficiency represents noncompliance investigated under Complaint Number OH00162183.

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	03/20/2025

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48570 Based on medical record review, observation, staff interview and resident interview, the facility failed to ensure residents were not served food items to which they were allergic. This affected one (Resident #7) of 27 residents sampled. The facility census was 95 residents. Findings include: Review of the medical record for Resident #7 revealed an admitted [DATE] with diagnoses including displaced intertrochanteric fracture of left femur, chronic obstructive pulmonary disease, type two diabetes mellitus, vascular dementia, and congestive heart failure. Review of the Minimum Data Set (MDS) assessment for Resident #7 dated 02/04/25 revealed the resident was moderately cognitively impaired and required set up assistance with eating. Review of the nutritional care plan for Resident #7 dated 02/05/25 revealed the resident was allergic to eggs. Interventions included staff should provide the diet per the physician order. Review of the nutritional assessment for Resident #7 dated 02/05/25 per Registered Dietitian (RD) #501 revealed the resident was ordered a mechanical soft diet and had an egg allergy. Review of the physician's orders for Resident #7 dated March 2025 revealed the resident was ordered a regular diet, mechanical soft texture with thin liquids. Review of the physician's progress note for Resident #7 dated 03/08/25 per Physician #502 revealed the resident was allergic to eggs and egg derived products. Observation on 03/11/25 at 7:25 A.M. of meal preparation for Resident #7 per [NAME] #26 revealed Resident #7's meal ticket indicated the resident was allergic to eggs but [NAME] #26 added eggs to the resident's plate. Interview on 03/11/25 at 7:25 A.M with [NAME] #26 on confirmed she had added scrambled eggs to Resident #7's plate and also confirmed the resident was allergic to eggs. Interview on 03/11/25 at 10:16 A.M with RD #501 confirmed Resident #7 was allergic to eggs and should not receive eggs or egg products on her tray. Interview on 03/13/25 at 10:39 A.M. with Resident #7 confirmed she was allergic to eggs, and she felt like her throat closed up when she ate eggs.

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	03/20/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 34291 Based on observation, interview and record review, the facility failed to ensure the kitchen and food items were maintained in a manner to prevent foodborne illness. This affected all residents in the facility except for one resident (#61) that received no food by mouth. The facility census was 95. Findings include: Observation on 03/10/25 at 8:48 A.M of the kitchen with Dietary Manager (DM) #215 revealed the following kitchen sanitation concerns: there was built up dirt behind the dishwasher, the garbage disposal had rust in the bowl of it, in the dishwasher room there were splashes of a substance running down the walls from the celling to the floor, there were rusty and dusty vents above the steam table area, the window in the kitchen had cobwebs, the wall behind the sink in the kitchen area had splashes of a substance running down the walls, there was an open rusted drain on the floor, the handwashing sink had a white substance running down the entire sink outside and inside, all of the kitchen walls had splashes of a substance on the walls from top to bottom. Interview on 03/10/25 at 9:10 A.M. with DM #215 confirmed the kitchen sanitation concerns and confirmed the areas should be cleaned. Observation on 03/11/25 at 7:25 A.M of the kitchen with DM #215 revealed the following sanitation concerns: there was a black area on the ceiling above the three compartment sink, there was standing water in the handwashing sink, the air vent on the ceiling near the door to exit the kitchen had a gray fuzzy substance on it, there was black and white build up on the floors, there was a gray substance on the shelf above the stove that left a gray mark on a paper towel when wiped, there was a black substance on the nozzle of the juice dispenser. Observation of the dry storage area revealed there was an updated packed of uncooked pasta which was open to air. Observation of the walk-in refrigerator revealed a pan of peas and a pan of spinach which were undated, uncovered and open to air. Interview on 03/11/25 at 7:25 A.M. with DM #215 confirmed the kitchen sanitation concerns and also confirmed the improperly stored foods in the dry storage area and the walk-in refrigerator. Review of the facility policy titled Food Receiving and Storage policy dated November 2022 revealed all food stored in the refrigerator or freezer should be covered, labeled and dated. Dry foods should be handled and stored in a manner that maintained the integrity of packaging until they are ready to be used. Review of the facility policy titled Sanitization dated November 2022 revealed all kitchen areas should be kept clean, and shelves and equipment should be kept clean and maintained in good repair.