

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365616	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2026
NAME OF PROVIDER OR SUPPLIER Kettering Heights Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3313 Wilmington Pike Kettering, OH 45429	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and policy review, the facility failed to ensure the care plan represented the resident's current status of having a pressure ulcer. This affected one (Resident #49) of three residents reviewed for care planning. The census was 99. Findings include: Review of the medical record revealed Resident #49 was admitted to the facility on [DATE]. Diagnoses included gastrostomy, gastrojejunal ulcer, cognitive communication deficit, unspecified atrial flutter, and malignant neoplasm of the prostate. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #49 was cognitively intact. Review of the Comprehensive Skin Evaluation dated 03/13/26 for Resident #49 revealed the resident had a stage II pressure ulcer to the coccyx present upon admission. Review of the baseline care plan dated 03/13/26 for Resident #49 revealed the stage II pressure ulcer was not listed and there were no interventions in place related to the pressure ulcer. Interview on 03/20/26 at 11:55 A.M. with the Director of Nursing (DON) and MDS Coordinator #10 confirmed the care plan did not address Resident #49's pressure ulcer and there were no interventions in place. Review of the policy titled, Baseline Care Plan, dated 03/2022 revealed a baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident within 48 hours of admission. This deficiency represents non-compliance investigated under Complaint Number 2795881.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and policy review, the facility failed to develop a comprehensive person-centered care plan for pressure ulcers for two residents (#106 and #107). This affected two residents (#106 and #107) of three residents reviewed for care planning. The facility census was 99. Findings include: 1. Review of the medical record revealed Resident #106 was admitted to the facility on [DATE] and discharged on 02/25/26. Diagnoses included essential hypertension, paroxysmal atrial fibrillation, chronic obstructive pulmonary disease, and acute kidney failure. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #106 cognitively intact and had an unstageable pressure ulcer upon admission. Review of the progress notes for Resident #106 dated 02/18/26 revealed the resident had a stage II pressure ulcer. Review of the care plan for Resident #106 revealed no plan or interventions for stage two pressure ulcer. 2. Review of the medical record revealed Resident #107 was admitted to the facility on [DATE]. Diagnoses included rheumatoid arthritis, chronic obstructive pulmonary disease, and cognitive communication deficit. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #107 was cognitively intact. Review of the skin evaluation dated 02/05/26 for Resident #107 revealed the resident had a pressure injury to sacrum present upon admission. Review of the care plan for Resident #107 revealed no plan or interventions for a pressure ulcer. Interview on 03/20/26 at 2:04 P.M. with MDS coordinator #10 and the Director of Nursing (DON) confirmed the care plans did not address the residents' pressure ulcers or contain interventions for Residents #106 and #107. Review of the policy titled, Care Planning, dated 09/2013 revealed a comprehensive care plan for each resident is developed within seven days of completion of the resident assessment. This deficiency represents non-compliance investigated under Complaint Number 2795881.</p>		