

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365621	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Legacy Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1141 Northview Drive Hillsboro, OH 45133	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25908</p> <p>Based on medical record review and staff interview, the facility failed to ensure resident Preadmission Screening and Resident Reviews (PASARRs) were accurate and included resident's mental health diagnoses and mental health services. This affected two (#05 and #14) of the three residents reviewed for PASARRs. The facility census was 71 residents.</p> <p>Findings include:</p> <p>1) Review of the medical record for Resident #05 revealed an admitted [DATE] with diagnoses including dementia, psychosis, mood disorder. Review of the current diagnoses revealed a new diagnosis of anxiety added on 07/26/24.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #05 had severely impaired cognition.</p> <p>Review of the completed PASARR documents revealed the facility did not complete a new PASARR designation following the addition of the anxiety diagnosis on 07/26/24.</p> <p>33023</p> <p>2) Review of the medical record for Resident #14 revealed an admitted [DATE] with diagnoses including acute and chronic respiratory failure, chronic obstructive pulmonary disease, diabetes mellitus type II, congestive heart failure, acute kidney failure, hypertension, hypothyroidism, depression, diverticulosis, anemia, cerebrovascular disease, neuromuscular dysfunction of the bladder, insomnia, anxiety, unspecified psychosis, bipolar disorder, and adult failure to thrive. Review of the current diagnoses revealed a new diagnosis of unspecified psychosis not due to a substance or known physiological condition was added on 03/21/25.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #14 had severely impaired cognition.</p> <p>Review of the completed PASARR documents revealed the facility did not complete a new PASSAR designation following the addition of the unspecified psychosis diagnosis on 03/21/25.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365621	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Legacy Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1141 Northview Drive Hillsboro, OH 45133	
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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with Social Services Director (SSD) #14 on 05/08/25 at 09:47 A.M., verified a new PASARR should have been completed for Resident #05 following a new diagnosis of anxiety on 07/26/24. SSD #14 also verified a new PASARR should have been completed for Resident #14 following a new diagnosis of unspecified psychosis on 03/21/25.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365621	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Legacy Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1141 Northview Drive Hillsboro, OH 45133	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42728</p> <p>Based on medical record reviews, observations, and staff interviews, the facility failed to ensure the medication error rate was less than five percent, as evidenced by three medication errors out of 31 opportunities observed, resulting in 9.68 percent (%) medication error rate. This affected two (#17 and #60) of the four residents observed for medication administration. The facility census was 71.</p> <p>Findings include:</p> <p>1) Record review for Resident #17 revealed the resident was admitted to the facility on [DATE] and had diagnoses which included hypertension, bipolar disorder, and insomnia.</p> <p>Review of the physician order for Resident #17 dated 03/07/25, revealed an order for Amlodipine Besylate 10 milligrams (mg) to be administered one time a day for hypertension and to hold the medication for a systolic blood pressure (SBP) below 120 millimeters of mercury (mm/Hg) or a diastolic blood pressure (DBP) below 80 mm/Hg.</p> <p>Review of the physician order for Resident #17 dated 03/10/25, revealed an order for Hydralazine 25 mg to be administered twice a day for hypertension and administer the medication if the resident's SBP is over 160 mm/Hg and/or DBP over 120 mm/Hg.</p> <p>Observation of the medication administration on 05/06/25 at 8:28 A.M., with Licensed Practical Nurse (LPN) #517 revealed medications including Amlodipine Besylate 10 mg and Hydralazine 25 mg were prepared for administration to Resident #17. LPN #517 entered the room of Resident #17 with the prepared medications and obtained the residents Blood Pressure (BP) with results of SBP 155 mg/Hg and DBP 74 mm/Hg. LPN #517 administered all ordered medications, including the Amlodipine Besylate and Hydralazine, to the resident and exited the room. Interview with LPN #517 at the same time, verified the medications were administered to Resident #17.</p> <p>Interview on 05/07/25 at 10:05 A.M., with the Director of Nursing (DON) verified Resident #17 should not have been administered Amlodipine Besylate or Hydralazine by LPN #517 on 05/06/25 at 8:20 A.M. due to the residents BP reading being outside the parameters for administration.</p> <p>2) Record review for Resident #60 revealed the resident was admitted to the facility on [DATE] and had diagnoses which included paroxysmal atrial fibrillation, hypertension, and presence of a cardiac pacemaker.</p> <p>Review of the physician order dated 03/06/25 revealed an order for Digoxin 125 micrograms (mcg) to be administered once a day for the Heart.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365621	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Legacy Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1141 Northview Drive Hillsboro, OH 45133	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation of the medication administration on 05/06/25 at 8:20 A.M., with LPN #517 revealed medications including Digoxin 125 mcg were prepared for administration to Resident #60. LPN #517 entered the room of Resident #60 with the prepared medications and obtained the residents pulse using a pulse oximeter placed on the residents left first finger. The pulse oximeter was in place for less than 30 seconds with a result of 77 heart beats per minute. LPN #517 administered all ordered medications, including the Digoxin, to the resident and exited the room. Interview with LPN #517 at the same time, verified the medication was administered to Resident #17.</p> <p>Interview on 05/07/25 at 10:05 A.M., with the DON verified the facility nurses should obtain a resident's apical pulse (the pulse rate located at the apex of the heart on the left side of the chest) for one full minute prior to the administration of Digoxin.</p> <p>Review of the facility policy titled Administering Medications, revised 04/2019, revealed medications are administered in a safe and timely manner, and as prescribed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365621	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Legacy Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1141 Northview Drive Hillsboro, OH 45133	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42728</p> <p>Based on medical record reviews, observations, staff interview, and review of facility policy, the facility failed to ensure medications were administered per physician's order resulting in significant medication errors. This affected two (#17 and #60) of the four residents observed for medication administration. The facility census was 71.</p> <p>Findings include:</p> <p>1) Record review for Resident #17 revealed the resident was admitted to the facility on [DATE] and had diagnoses which included hypertension, bipolar disorder, and insomnia.</p> <p>Review of the physician order for Resident #17 dated 03/07/25, revealed an order for Amlodipine Besylate 10 milligrams (mg) to be administered one time a day for hypertension and to hold the medication for a systolic blood pressure (SBP) below 120 millimeters of mercury (mm/Hg) or a diastolic blood pressure (DBP) below 80 mm/Hg.</p> <p>Review of the physician order for Resident #17 dated 03/10/25, revealed an order for Hydralazine 25 mg to be administered twice a day for hypertension and administer the medication if the resident's SBP is over 160 mm/Hg and/or DBP over 120 mm/Hg.</p> <p>Observation of the medication administration on 05/06/25 at 8:28 A.M., with Licensed Practical Nurse (LPN) #517 revealed medications including Amlodipine Besylate 10 mg and Hydralazine 25 mg were prepared for administration to Resident #17. LPN #517 entered the room of Resident #17 with the prepared medications and obtained the residents Blood Pressure (BP) with results of SBP 155 mg/Hg and DBP 74 mm/Hg. LPN #517 administered all ordered medications, including the Amlodipine Besylate and Hydralazine, to the resident and exited the room. Interview with LPN #517 at the same time, verified the medications were administered to Resident #17.</p> <p>Interview on 05/07/25 at 10:05 A.M., with the Director of Nursing (DON) verified Resident #17 should not have been administered Amlodipine Besylate or Hydralazine by LPN #517 on 05/06/25 at 8:20 A.M. due to the residents BP reading being outside the parameters for administration.</p> <p>2) Record review for Resident #60 revealed the resident was admitted to the facility on [DATE] and had diagnoses which included paroxysmal atrial fibrillation, hypertension, and presence of a cardiac pacemaker.</p> <p>Review of the physician order for Resident #60 dated 03/06/25 revealed an order for Digoxin 125 micrograms (mcg) to be administered once a day for the Heart.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365621	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Legacy Hillsboro		STREET ADDRESS, CITY, STATE, ZIP CODE 1141 Northview Drive Hillsboro, OH 45133	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation of the medication administration on 05/06/25 at 8:20 A.M., with LPN #517 revealed medications including Digoxin 125 mcg were prepared for administration to Resident #60. LPN #517 entered the room of Resident #60 with the prepared medications and obtained the residents pulse using a pulse oximeter placed on the residents left first finger. The pulse oximeter was in place for less than 30 seconds with a result of 77 heart beats per minute. LPN #517 administered all ordered medications, including the Digoxin, to the resident and exited the room. Interview with LPN #517 at the same time, verified the medication was administered to Resident #17.</p> <p>Interview on 05/07/25 at 10:05 A.M., with the DON verified the facility nurses should obtain a resident's apical pulse (the pulse rate located at the apex of the heart on the left side of the chest) for one full minute prior to the administration of Digoxin.</p> <p>Review of the facility policy titled Administering Medications, revised 04/2019, revealed medications are administered in a safe and timely manner, and as prescribed.</p>		