

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365640	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER Legacy Miamisburg		STREET ADDRESS, CITY, STATE, ZIP CODE 450 Oak Ridge Boulevard Miamisburg, OH 45342	

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** 44076</p> <p>Based on medical record review and staff and pharmacist interviews, the facility failed to ensure antibiotics were provided as physician ordered resulting in a significant medication error. This affected one (#12) of three residents reviewed for medication administration. Facility census was 78</p> <p>Findings include:</p> <p>Review of medical record for Resident #12 revealed an admitted [DATE]. Diagnoses include bipolar, anxiety, hypertension and chronic obstructive pulmonary disease (COPD).</p> <p>The quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #12 had a Brief Interview Mental Status (BIMS) score of 15 indicating intact cognition. Resident #12 required supervision for bed mobility, transfers, toileting and eating.</p> <p>Review of physician records for Resident #12 revealed an order for Imipenem-Cilastatin (antibiotic) intravenous solution reconstituted 500 milligrams (mg)-give intramuscularly four times daily with a start date of 09/02/24.</p> <p>Review of the September 2024 Medication Administration Record (MAR) for Resident #12 revealed Imipenem-Cilastatin (antibiotic) was scheduled four times a day at midnight, 6:00 A.M., 12:00 P.M. and 6:00 P.M. starting on 09/02/24. Further review revealed OT was documented on 09/02/24 at midnight through 6:00 A.M. (with the exception of 09/02/24 6:00 P.M. which was blank). Review of the chart code revealed OT was other.</p> <p>Review of the progress note dated 09/04/24 at 5:40 A.M. revealed Imipenem-Cilastatin was awaiting delivery from the pharmacy.</p> <p>Interview on 09/04/24 at 2:02 P.M. with Registered Nurse (RN) #104 revealed she discovered on 09/03/24 that Resident #12's Imipenem-Cilastatin had not been received from the pharmacy and called them to inquire of the status. RN #104 shared the pharmacy informed her the prescription had been profiled at the pharmacy but the order was not filled/sent out, and she was awaiting further clarification. RN #104 verified the medication had not been given as ordered and clarification had not been received at the time of the interview.</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
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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 09/04/24 at 2:20 P.M. with Pharmacist #105 revealed the route Resident #12's Imipenem-Cilastatin was ordered was no longer available. The medication could be given intravenously. Pharmacist 3105 further shared Resident #12 had a previous order for the same medication ordered intravenously which had been filled prior to her recent hospitalization . The readmission orders contained the same medication, ordered intramuscularly and the system deemed the most recent prescription as a duplicate order so the prescription was profiled (kept on file).</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00157637.</p>		