

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365716	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/18/2025
NAME OF PROVIDER OR SUPPLIER Grafton Oaks Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 405 Grafton Avenue Dayton, OH 45406	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on medical record review, staff interview, and review of the facility policy, the facility failed to maintain the confidentiality of resident private health information. This affected one (Resident #82) of three residents reviewed for confidentiality. The facility census was 78 residents. Findings include: Review of the medical record for Resident #82 revealed an admission date of 07/01/25 with diagnoses including acute myeloblastic leukemia, type two diabetes mellitus, atherosclerotic heart disease, and hypertension and a discharge date of 07/14/25. Review of the Minimum Data Set (MDS) assessment for Resident dated 07/07/25 revealed the resident had moderately impaired cognition and required staff assistance with activities of daily living (ADLs.) Review of the discontinued physician orders for Resident #82 revealed an order for Lasix 40 milligrams (mg) one tablet daily for hypertension. Review of the facility investigation dated 07/17/25 revealed Resident #82's medication card for Lasix 40 mg was given to another resident (Resident #81) at discharge. Review of the investigation revealed Resident #81's family notified the facility they received Resident #82's medication in error. Interview on 08/18/25 at 10:13 A.M. with the Administrator and the Director of Nursing (DON) verified staff accidentally sent Resident #82's medication card for Lasix home with Resident #81 at discharge. The Administrator stated Resident #81's family contacted the facility to inform staff of the error, but did not return the medication as requested. Review of the facility policy titled Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security undated revealed it was the policy of the facility to protect the confidentiality of resident protected health information. This deficiency represents noncompliance investigated under iQIES Complaint Number 2582200.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 365716
		If continuation sheet Page 1 of 1