

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365789	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Sanctuary at Wilmington Place		STREET ADDRESS, CITY, STATE, ZIP CODE 264 Wilmington Avenue Dayton, OH 45420	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36303</p> <p>Based on medical record review and resident and staff interviews, the facility failed to ensure residents were assisted with arranging transportation to physician appointments. This affected one (#52) of three residents reviewed for appointments. The census was 57.</p> <p>Findings include:</p> <p>Review of Resident #52's medical record revealed an admitted d of 12/27/23. Diagnoses listed include type two diabetes mellitus, chronic obstructive pulmonary disease, chronic viral hepatitis, hypertension, and osteoarthritis of the hip.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #52 was cognitively intact with a brief interview for mental status (BIMS) score of 14 out of a possible 15.</p> <p>Review of physician orders revealed an order dated 12/28/23 for schedule an appointment with ortho (orthopedic physician). An order dated 01/19/24 was for schedule a follow-up with cardiologist (heart physician).</p> <p>Review of progress notes and transportation information revealed Resident #52 had yet to be seen by an orthopedic physician or cardiologist.</p> <p>A orthopedic appointment was first scheduled for on 02/24/24 for 02/28/24. Further record review revealed there was no documented reason for Resident #52 missing the appointment on 02/28/24. Resident #52 then missed orthopedic appointments on 03/11/24, 03/14/24, and 04/01/24 due to transportation related issues. An appointment for a cardiologist was first scheduled on 04/10/24 for 04/16/24. Record review revealed there was no documented reason for Resident #52 missing the appointment on 04/16/24.</p> <p>Interview with Resident #52 on 04/24/24 at 10:18 A.M. revealed he had yet to go to an orthopedic physician or cardiologist appointment while at the facility.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Director of Nursing (DON) on 04/24/24 at 8:30 A.M. confirmed there was delay in scheduling Resident #52's orthopedic and cardiologist appointments. The DON stated that Resident #52 was not able to be transported to the 04/01/24 orthopedic and 04/16/24 cardiologist appointments due to a change in payor source that was not caught before the scheduled appointment dates. The DON that facility staff were responsible for contacting transportation companies and providing correct payor source information.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152779.</p>		