

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 01/27/2026
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide timely assistance with eating for a dependent resident. This affected one (Resident #22) of four residents reviewed for feeding assistance. The facility census was 55. Findings include: Review of the medical record revealed Resident #22 was admitted to the facility on [DATE]. Diagnoses included chronic obstructive pulmonary disease, unspecified dementia, anxiety disorder, essential hypertension, overactive bladder, and spinal stenosis. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #22 had moderately impaired cognition and required supervision for meals. Review of the care plan dated 04/30/25 revealed Resident #22 required assistance with meals as needed. Review of the medical record revealed Resident #22 had physician orders dated 05/28/25 for pureed texture, thin/regular consistency, for upright during meals, and total supervision during meals as resident needs assistance with feeding. Review of the quarterly nutrition assessment dated [DATE] revealed Resident #22 had orders for supervision at meals with full dependence required at times. Observation on 01/22/26 at 8:35 A.M. revealed Resident #22 sitting in chair in his room with his eyes closed with a breakfast tray in front of him, with a lid on it. Observation on 01/22/26 at 8:42 A.M. revealed Resident #22 sitting in chair in his room with a breakfast tray in front of him, with a lid on it. Observation and interview on 01/22/26 at 8:51 A.M. revealed Certified Nurse Aide (CNA) #34 went into Resident #22's room to feed Resident #22. CNA #34 reported CNA #58 delivered the tray to the residents room earlier. Observation and interview on 01/22/26 at 8:54 A.M. revealed CNA #58 entered Resident #22's room to feed him. CNA #58 stated she put the tray in Resident #22's room around 8:35 A.M. CNA #58 stated staff usually put the trays in the resident's room on the table if they need assistance with eating, and then they deliver the other trays, and return back to the room to assist with eating. Interview on 01/22/26 at 1:02 P.M. with the Dietary Supervisor (DS) #82 and Corporate Compliance (CC) #111 confirmed the CNAs or any other staff should not be delivering the trays to the residents' rooms who need assistance with eating until they are ready to assist the residents to eat. Interview on 01/27/26 at 12:57 P.M. with Dietician #112 revealed Resident #22 needs assistance and supervision at all times when eating, the resident tries to help when getting assistance with eating. Review of the policy titled, Activities of Daily Living, dated 2025 revealed care and services will be provided for the following activities of daily living: eating to include meals and snacks. This deficiency represents non-compliance investigated under Complaint Number 2621161.</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: 365789
		If continuation sheet Page 1 of 1