STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365812	A. Building B. Wing	06/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellspring Health Center	8000 Evergreen Ridge Drive Cincinnati, OH 45215

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on medical record review, staff interview, and review of the facility policy, the facility failed to ensure residents were free from significant medication errors. This affected one (Resident #10) of three residents reviewed for pain medication. The facility census was 43 residents.Findings include: Review of the medical record for Resident #10 revealed an admission date of 03/09/26 with diagnoses including left lower leg fracture, depression, adjustment disorder, and anxiety disorder. Resident #10 was discharged home with family on 03/30/26. Review of the care plan for Resident #10 dated 03/20/26 revealed the resident had the potential for pain related to status post fracture repair and multiple contributing factors. Review of the physician order audit revealed an order for hydrocodone-acetaminophen 5-325 milligrams (mg) (opioid pain medication) give one tablet by mouth every four hours as needed for pain for 30 days was created on 03/20/26 and backdated to 03/17/26. Review of the Medication Administration Record (MAR) for Resident #10 dated for 03/2026 revealed hydrocodone-acetaminophen 5-326mg was given to the resident one time on 03/17/26, three times on 03/18/26, and three times on 03/19/26 when there was no active order for the medication to be given. Review of the Minimum Data Set (MDS) assessment for Resident #10 dated 03/30/26 revealed the resident was cognitively intact and required substantial to moderate assistance with activities of daily living (ADLs.) Interview on 06/01/26 at 10:00 A.M. with the Director of Nursing (DON) verified the physician order for hydrocodone-acetaminophen 5-325mg was created three days after medication had be given to Resident #10, and the facility staff had administered the pain medication without a valid physician's order. Review of the facility policy titled Medication Administration dated 09/09/25 revealed medications were to be administered as ordered by the physician and in accordance with professional standards of practice. This deficiency represents noncompliance investigated under Complaint Number 2962542.

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