Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365821	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Walnut Creek Nursing Center	5070 Lamme Road Kettering, OH 45439

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 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36303 Based on medical record review, staff interview, physician interview, review of the National Pressure Injury Advisory Panel (NPIAP) website, the facility failed to adequately assess residents' skin, failed to identify a pressure ulcer (a pressure ulcer is a localized injury of the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction), and/or aid in the healing of existing pressure ulcers. This resulted in Actual Harm to one resident (#17) who was at risk for developing pressure ulcers, was readmitted to the facility without a pressure ulcer, and subsequently developed an avoidable, in-house acquired pressure ulcer on 01/31/25 which was first identified as a stage III (full-thickness skin loss in which adipose [fat] is visible) pressure ulcer to the sacrum. The affected one (#17) of four residents reviewed for pressure ulcers. The census was 95 . Findings include: Review of Resident #17's medical record revealed an admitted [DATE]. Diagnoses included malnutrition, cerebral palsy, chronic kidney disease stage three, dysphagia, and atherosclerotic heart disease. Resident #17 was discharged to a local hospital on 12/30/24 and readmitted to the facility on [DATE]. Review of a care plan for Resident #17 revised 05/23/23, revealed the resident had a potential for impaired skin integrity and/or development of pressure related ulcers and/or skin breakdown related to impaired mobility, muscle weakness, cerebral palsy, incontinence, stage three chronic kidney disease, and coronary artery disease. Interventions included to assess skin with routine care, provide routine skin care with morning and evening care, keep skin clean and dry, apply lotion and refer to the weekly Skin Check Sheet and or the Treatment Administration Record (TAR) for treatment plan for actual impaired skin integrity problems. Review of the medical record for Resident #17 from 01/06/25 through 01/30/25, revealed no documented evidence of skin assessments or pressure ulcer risk assessments being completed until 01/31/25, when the resident was found with a stage III pressure ulcer on buttock. Review of a significant change Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #17 was cognitively intact, had no pressure ulcers and received Hospice services. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365821	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Walnut Creek Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5070 Lamme Road Kettering, OH 45439	

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 0686 Level of Harm - Actual harm Residents Affected - Few	Review of a progress note for Resident #17 dated 01/31/25 at 3:37 P.M., revealed when a Hospice aide and a nurse gave the resident a bath, two small areas covered in slough were noted to the resident's right buttock. A new order was obtained for wound treatment from the Hospice provider. Review of a Weekly Skin Assessment for Resident #17 dated 01/31/25, revealed the resident was documented as having two pressure ulcers to the right buttocks. One pressure ulcer measured 2.0 centimeters (cm) in width by 2.0 cm in length by 0.1 cm in depth and the second one measured 1.0 cm in width by 1.0 cm in length by 0.1 cm in depth. There were no other documented weekly skin assessments from the time the resident was readmitted on [DATE] until this assessment was completed. Review of a physician order for Resident #17 dated 02/01/25, revealed the resident was ordered to have sacrum cleansed with normal saline (NS), patted dry, a small amount of Medi-honey (wound treatment gel) applied, covered with calcium alginate (absorbent wound dressing) and a foam dressing every three days and as needed (PRN). Review of a Wound Nurse Practitioner (WNP) note for Resident #17 dated 02/06/25 and authored by WNP #602, revealed the resident was assessed for a new traumatic wound to her sacrum. Resident #17 was documented as having an in-house acquired stage III pressure ulcer to the sacrum that measured 1.0 cm in width by 1.0 cm in length by 0.1 in depth with 60 percent (%) slough (non-viable [dead] tissue that separates from the wound bed), 40 % granulation (healing skin), and a small amount of serosanguinous exudate (drainage). The resident was ordered to have Medi-honey (wound treatment gel) applied, covered with calcium alginate (absorbent wound dressing) and a bordered foam dressing three times a week and PRN (as needed). Review of the February and March 2025 Treatment Administration Records (TARs) revealed Resident #17's sacrum area wound treatment was not documented as being completed on 02/10/25, 02/16/25, 02/25/25, 03/01/25, and 03/11/25. Interview with Regional Director of Clinical Operations (RDCO) #600 on 03/19/25 at 11:01 A.M., confirmed weekly skin assessments and a pressure injury risk assessment were not completed for Resident #17 upon re-admission to the facility on [DATE]. RDCO #600 confirmed weekly skin assessments, and a pressure ulcer risk assessment were not completed until 01/31/25 when Resident #17 was discovered with a stage III pressure ulcer on her sacrum. RDCO #600 confirmed Resident #17's skin should have been assessed upon re-admission and weekly. RDCO #600 also confirmed pressure ulcer treatments were not completed as ordered. Interview with WNP #602 on 03/20/25 at 9:12 A.M. and immediately after providing wound treatment to Resident #17, confirmed the resident had a stage III pressure ulcer that measured 1.0 cm in width x 0.5 cm in length x 0.1 cm in depth. Resident #17's stage III pressure ulcer currently had no slough and was pink in color. WNP #602 confirmed Resident #17's stage III pressure ulcer was in-house acquired. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365821	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Walnut Creek Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5070 Lamme Road Kettering, OH 45439	

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 0686 Level of Harm - Actual harm Residents Affected - Few	Review of the facility's policy Pressure Injury Risk Assessment revised August 2024, revealed the facility will complete a standardized risk assessment which will be initiated upon admission and continue throughout the resident's stay in our facility. The purpose is to maintain an on-going process of assessing a resident's risk for pressure injury development in order to create and implement a person-centered plan of care. All residents will have a risk assessment completed by a licensed nurse upon admission, quarterly, and with a significant change in condition. All residents will have a complete head-to-toe skin check by a licensed nurse upon admission. Review of the NPIAP website (https://npiap.com/page/PressureInjuryStages), revealed skin and soft tissue assessment is the basis of pressure injury prevention and treatment. Skin and tissue assessment is an essential component of any pressure injury risk assessment and should be conducted as soon as possible after admission and as a component of a full risk assessment. Each time the individual's clinical condition changes, a comprehensive skin and tissue assessment should be conducted to identify any alterations to skin characteristics or integrity, and to identify any new pressure injury risk factors. A comprehensive skin and soft tissue assessment consists of a head-to-toe assessment with particular focus on skin overlying bony prominence's including the sacrum, ischial tuberosities, greater trochanters and heels. In addition to comprehensive skin assessment, a brief skin assessment of the pressure points should be undertaken during repositioning. A stage III pressure injury involved full-thickness skin loss. Full-thickness loss of skin, in which adipose is visible in the ulcer and granulation tissue. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury, which is a full-thickness pressure injury. This deficiency represents non-compliance investigated under Complaint Number OH00161918.

Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365821	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER: Walnut Creek Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 5070 Lamme Road Kettering, OH 45439	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36303 Based on medical record review, observation, staff interview, and review of facility policy, the facility failed to ensure fall interventions were in place for a resident who was at risk for falls and had recent falls. This affected one (#69) of the three residents reviewed for accidents. The census was 95. Findings include: Review of Resident #69's medical record revealed an admitted [DATE]. Diagnoses listed included psychotic disorder, cognitive disorder with Lewy bodies, anxiety disorder, depressive disorder, and muscle weakness. Review of a care plan for Resident #69 dated 11/18/24, revealed the resident was at risk for falls and potential injury related to dementia, impaired balance, impaired cognition, medications, poor decision-making skills, unsteady gait, history of falls, and keeps eyes closed when walking. An intervention of anti-rollbacks to the resident's wheelchair was implemented on 02/03/25. Review of a significant change Minimum Data Set (MDS) assessment for Resident #69 dated 01/03/25, revealed Resident #69 was assessed by staff as being severely cognitively impaired and rarely understood and received Hospice services. Review of an incident note for Resident #69 dated 02/01/25 at 1:00 P.M., revealed the resident was sitting in a wheelchair at the dining room table, stood up and attempted to sit back down in wheelchair. Resident #69 missed the wheelchair and fell on the floor, landing on buttocks with back against wheelchair. The nurse obtained vital signs and assessed range of motion within normal limits. The nurse and caregiver assisted Resident #69 back to the wheelchair. The nurse took the resident to the bedroom, laid the resident down in bed and completed a skin assessment. No injuries were noted. Neurological (neuro) checks were initiated. Resident #69's physician, the Director of Nursing (DON), and power of attorney (POA) were notified. Review of an Interdisciplinary Team (IDT) note for Resident #69 dated 02/03/25 at 11:48 A.M., revealed the resident fell on [DATE]. Resident #69 was witnessed sitting in a wheelchair at the dining room table, stood up and attempted to sit down in wheelchair, missed the wheelchair and fell on the floor. Resident #69 landed on the buttock with back against wheelchair. No injury or pain was noted. Risk factors for falls were dementia, depression, anxiety, neurocognitive disorder with Lewy bodies. Intervention of anti-rollbacks to the resident's wheelchair were added. Review of a health status note for Resident #69 dated 02/13/25 at 11:40 A.M., revealed the resident was found lying on the floor in the room with a laceration to right side of forehead. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365821	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER: Walnut Creek Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 5070 Lamme Road Kettering, OH 45439	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of an IDT note for Resident #69 dated 02/13/25 at 12:12 P.M., revealed the resident fell on [DATE]. Resident #69 was noted on floor with a laceration to right side of the forehead. An intervention of medication review with Hospice was added. Risk factors for fall included neurocognitive disorder with Lewy bodies, abnormality of gait and mobility, dementia, anxiety, major depression disorder. The responsible party and physician were made aware. Observation of Resident #69 in the memory care unit dining room on 03/18/25 at 10:19 A.M., revealed the resident was sitting in a high back wheelchair. The wheelchair did not have any anti-rollback device affixed to the wheelchair. Resident #69 kept standing up and sitting back down in the wheelchair while in front of a dining table. No facility staff were present. Observation of Resident #69 in the memory care unit dining room on 03/19/25 at 10:12 A.M., revealed the resident was sitting in a high back wheelchair. The wheelchair did not have any anti-roll back device affixed to the wheelchair. Interview with Certified Nurse Aide (CNA) #133 and CNA #603 on 03/19/25 at 10:13 A.M., confirmed Resident #69's did not have an anti-rollback device affixed to the wheelchair. Both CNA #133 and CNA #603 sated Resident #69 may be in the wrong wheelchair. Review of the facility's policy Falls and Fall Risk Managing revised August 2024, revealed based on previous evaluations and current data, the staff will identify interventions related to the resident's risk and causes to try to prevent the resident form falling and try to minimize complications from falling.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365821	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Walnut Creek Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5070 Lamme Road Kettering, OH 45439	

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44080 Based on record review, staff interview, and facility policy review, the facility failed to ensure medications were administered per physician's order. This affected one (#71) resident out of the five residents reviewed for medications. The facility census was 95. Findings Include: Review of medical record for Resident #71 revealed an admitted [DATE]. Diagnoses included acute respiratory failure, obstructive and reflux uropathy, acute and chronic respiratory failure, pleural effusion, chronic obstructive pulmonary disease, morbid obesity, and sleep apnea. Review of a physician order for Resident #71 dated 12/04/24 and discontinued on 01/24/25, revealed the resident had an order for Midodrine five milligrams (mg) by mouth every eight hours as needed (PRN) for hypotension related to systolic blood pressure less than 100 millimeters or mercury (mm/Hg), and do not give the medication four hours before bedtime. Review of a physician order for Resident #71 dated 01/01/25, revealed the resident was ordered to have a blood pressure taken twice daily (morning and night) and check blood pressure two hours before therapy, and if systolic blood pressure is less than 100 mm/Hg systolic, administer Midodrine. Review of blood pressures for Resident #71 revealed the following: a) On 01/24/25, a blood pressure reading of 97/52 mm/Hg was recorded. Review of the correlating Medication Administration Records (MAR) revealed Midodrine 2.5 mg was administered. b) On 01/31/25, a blood pressure reading of 95/60 mm/Hg was recorded. Review of the MAR revealed no documented evidence Midodrine was administered. c) On 02/04/25 at 6:59 A.M., a blood pressure reading of 95/47 mm/Hg was recorded. Review of the MAR revealed no documented evidence Midodrine was administered. d) On 02/08/25, a blood pressure reading of 98/57 mm/Hg was recorded. Review of the MAR revealed no documented evidence Midodrine was administered. e) On 02/10/25, a blood pressure of 94/56 mm/Hg was recorded. Review of the MAR revealed no documented evidence Midodrine was administered. f) On 02/17/25 at 9:48 A.M., a blood pressure of 98/60 mm/Hg was recorded. Review of the MAR revealed no documented evidence Midodrine was administered. g) On 03/01/25 at 9:10 A.M., a blood pressure of 94/59 mm/Hg was recorded. Review of the MAR revealed no documented evidence Midodrine was administered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365821	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Walnut Creek Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5070 Lamme Road Kettering, OH 45439	

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	h) On 03/03/25 at 8:44 A.M., a blood pressure of 99/51 mm/Hg was recorded Review of the MAR, revealed no documented evidence Midodrine was administered. i) On 03/09/25 at day shift, a blood pressure of 97/47 mm/Hg was recorded. Review of the MAR revealed no documented evidence Midodrine was administered. Review of Minimum Data Set (MDS) for Resident #71 dated 02/12/25, revealed the resident who had a Brief Interview of Mental Status (BIMS) of 15 which indicated she was cognitively intact. Resident #71 required set up and clean up for meals. Interview on 03/20/25 at 2:00 P.M. with Director of Nursing (DON). verified Resident #71 didn't receive Midodrine when her blood pressure met the parameters for the medication to be given. Review of facility policy titled Administering Medications revised April 2019, revealed medications will be administered in safe and timely manner and as prescribed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365821	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Walnut Creek Nursing Center	5070 Lamme Road Kettering, OH 45439

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36303 Based on medical record review, staff interview, and review of facility policy, the facility failed to ensure abnormal involuntary movement scale (AIMS) assessments were completed as ordered. This affected two (#69 and #76) of the five residents reviewed for unnecessary medications. The facility also failed to ensure an ordered stop date for an as needed (PRN) antianxiety medication was implemented. This affected one (#69) of the five residents reviewed for unnecessary mediations. The census was 95. Findings include: 1. Review of Resident #69's medical record revealed an admitted [DATE]. Diagnoses listed included psychotic disorder, cognitive disorder with Lewy bodies, anxiety disorder, depressive disorder, and muscle weakness. Review of a monthly medication review (MMR) dated 11/26/24, revealed Resident #69 was currently receiving the antipsychotic medication Risperdal and recommended an AIMS assessment be completed due to this antipsychotic therapy requiring an AIMS assessment. The MMR was signed by facility physician on 12/04/24 with a hand-written order to obtain an AIMS assessment. Review of a significant change Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #69 was assessed by staff as being severely cognitively impaired, was rarely understood and was receiving Hospice services. Review of physician orders, revealed an order dated 01/26/25 for Ativan 0.5 milligrams (mg) every four hours PRN for anxiety. The order did not have a stop date. Review of an MMR dated 01/28/25, revealed Resident #69 was currently receiving the antipsychotic medication Risperdal and recommended an AIMS assessment be completed due to this antipsychotic therapy requiring an AIMS assessment. The MMR was signed by facility physician on 02/19/25 with hand-written order to obtain an AIMS assessment. The MMR also noted Resident #69 was currently receiving the antianxiety medication Ativan 0.5 milligram (mg) every four hours PRN. A stop date order of 03/05/25 was signed by physician 02/19/25. Review of March 2025 Treatment Administration Record (TAR), revealed Resident #69 was administered Ativan 0.5 mg PRN on 03/06/25, 03/17/25, and 03/20/25. Further review of Resident #69's medical record, revealed no documentation of an AIMS assessment being completed Interview with Regional Director of Clinical Operations (RDCO) #600 on 03/19/25 at 11:01 A.M., verified an AIMS assessment was not completed as ordered for Resident #69. RDCO #600 also confirmed Resident #69's Ativan 0.5 mg PRN did not have a stop date. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365821	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Walnut Creek Nursing Center	5070 Lamme Road Kettering, OH 45439

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	44080 2. Review of medical records revealed that Resident #76 admitted [DATE]. Diagnoses dementia, cognitive communication deficit, hypertension, type two diabetes, anxiety disorder, sleep disorder, and major depressive disorder. Review of Quarterly MDS assessment dated [DATE],revealed Resident #76 was severely cognitively impaired. Review of the plan of care dated 02/12/25, revealed that Resident #76 used psychotropic medications related to disease process and psychotic disorder. Interventions included administering psychotropic medications as ordered, consulting with pharmacy and physicians to consider a dose reduction, discuss with physician and family on ongoing need for use of medications, review behaviors, and alternative therapies. Review of physician orders for Resident #76 dated 09/18/24, revealed the resident was ordered Galantamine Hydrobromide (used to treat mild to moderate dementia) 4 mg twice a day. Review of physician orders for Resident #76 dated 10/09/24, revealed the resident was ordered Risperdal 0. 5 mg at bedtime related to psychotic disorder, and delusions. Review of a Gradual Drug Reduction (GDR) dated 10/25/24, revealed Resident #76 had a recommendation by pharmacy to complete an AIMS assessment. Review of medical record for Resident #76, revealed an AIMS assessment wasn't completed until 02/28/25. Interview on 03/20/25 at 1:13 P.M. with Director of Nursing (DON), verified Resident #76 didn't have a timely AIMS test completed when the pharmacy recommended the assessment on 10/25/24. Review of the facility's undated policy Psychotropic Drug Use revealed the assessment of side effects for customers receiving antipsychotic therapy includes the following adverse effects: tardive dyskinesia, postural or orthostatic hypotension, cognitive and/or behavior impairment, akathisia and parkinsonism. The AIMS test or Dyskinesia Identification System: Condensed User Scale (DISCUS) are methods that may be used for monitoring tardive dyskinesia.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365821	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Walnut Creek Nursing Center	5070 Lamme Road Kettering, OH 45439

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44080 Based on observations, interviews, and facility policy, the facility failed to ensure the proper storage of medications when outdated and expired medications were being stored in the medication carts. This affected two (#47 and #70) residents of the five residents reviewed for medications. The facility census was 95. Findings Include: Review of medical record for Resident #70 revealed an admitted [DATE]. Diagnoses included depression, type two diabetes, anemia, and hypertension. Review of record for Resident #47, revealed an admitted [DATE]. Diagnoses included heart failure, depression and atrial fibrillation. Observation of the 100-hall medication cart on 03/19/25 at 10:55 A.M. with Licensed Practical Nurse (LPN) #117, revealed an Insulin Aspart (fast acting insulin) 100 units per milliliter belonging to Resident #70 with an open date of 02/06/25. Interview with LPN #117 at the same time verified Resident #70's insulin was opened 02/06/25. Observation of the 200-hall medication cart on 03/19/25 at 11:24 A.M. with LPN #32, revealed a container Potassium Chloride 10 milliequivalents (mEq) per 7.5 milliliters belonging to Resident #47 with no open date and expired 01/24/25. Interview with LPN #32 at the same time verified Resident #47's bottle of Potassium Chloride expired on 01/24/25. Interview on 03/19/25 at 11:55 A.M. with Director of Nursing (DON), stated insulin Aspart was fast acting and should be discarded 28 days after opening. The DON stated no medication should be expired in medication carts and/or medication rooms. Review of facility policy titled Medication Storage undated, revealed medications will be stored in a manner that maintains the integrity of the product, ensures the safety of the residents and was in accordance with Ohio Department of Health guidelines. Review of the facility policy titled 7.0 Insulin Pen Labeling and Packaging undated, revealed insulin pens are to be individually labeled and placed in a closable plastic bag to control the spread of infections. Insulin was refrigerator until opened, keep insulin in bag with sticker, and a yellow sticker that had date and expiration date.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365821	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Walnut Creek Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5070 Lamme Road Kettering, OH 45439	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36303 Based on medical record review, observation, staff interview, review of online resources from Centers for Disease Control and Prevention (CDC), and review of facility policy, the facility failed to timely implement Enhanced Barrier Precautions (EBP). This affected three (#14, #17, and #46) residents of five reviewed for Transmission-Based Precautions (TBP). The census was 95. Findings include: 1. Review of Resident #17's medical record revealed an admitted [DATE]. Diagnoses listed included malnutrition, cerebral palsy, chronic kidney disease stage 3, dysphagia, and atherosclerotic heart disease. Review of a significant change Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #17 was cognitively intact, was receiving Hospice services and did not have any pressure ulcers. Further review of Resident #17's medical record, revealed a stage III (full-thickness skin loss in which adipose [fat] is visible) pressure ulcer to the resident's sacrum was identified on 01/31/25 and treatments were started. Review of the physician orders, revealed EBP were not ordered for Resident #17 until 03/17/25. Observation on 03/19/25 at 10:05 A.M., revealed no personal protective equipment (PPE) supplies or any signs posted at Resident #17's room entrance informing staff that Resident #17 was in EBP. Interview with Assistant Director of Nursing (ADON) #160, confirmed EBP should have been ordered for Resident #17 prior to 03/17/25. ADON #160 confirmed wound care had been provided prior to 03/17/25. ADON #160 confirmed no current EBP signs or PPE at Resident #17's room entrance. 2. Review of Resident #46's medical record, revealed an admitted [DATE]. Diagnoses listed included rheumatoid arthritis, acute kidney failure, sepsis, altered mental status, iron deficiency anemia, and malnutrition. Review of a significant change MDS dated [DATE], revealed Resident #46 was rarely understood by staff, had a feeding tube, and received Hospice care. Further review of Resident #46's medical record, revealed she had received nutrition per feeding tube since 01/24/25. Test results were received on 03/12/25 from the hospital reporting Resident #46 was positive for Candida Auris a multi-drug-resistant organism (MDRO). Review of a hospital acquired laboratory results dated [DATE], revealed Resident #46 was positive for Candida Auris. Interview with ADON #160 and Regional Director of Clinical Operations (RDCO) #160 on 03/18/25, confirmed Resident #46 should have been ordered and placed in EBP prior to 03/17/25 due to having a feeding tube and being identified positive for Candida Auris on 03/12/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365821	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER: Walnut Creek Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 5070 Lamme Road Kettering, OH 45439	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Review of Resident #14's medical record revealed an admitted [DATE]. Diagnoses listed included congestive heart failure, dementia, and anxiety Review of the most current annual MDS assessment dated [DATE], revealed Resident #14 was severely cognitively impaired and was dependent on staff for all care. Further review of Resident #14's medical record revealed she had a Stage II pressure ulcer (partial-thickness skin loss, appearing as a shallow open sore or an intact or ruptured blister, with a red or pink wound) on her left calf . Observations of Resident #14 on 03/17/25, 03/18/25 and 03/19/25, revealed the resident was not in EBP's. Observations of the dressing change on 03/19/25 at 11:00 A.M. revealed the residents bandage to her leg had active drainage. Interview with ADON #160 and RDCO #600 on 03/19/25, confirmed that Resident #14 should have been ordered EBP prior to 03/19/25 due to having a pressure ulcer. Review of CDC guidance, revealed candida Auris is a MDRO and transmission-based precautions should be implemented. Enhanced Barrier Precautions expand the use of PPE and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. MDROs may be indirectly transferred from resident-to-resident during these high-contact care activities. Nursing home residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDROs. The use of gown and gloves for high-contact resident care activities is indicated, when Contact Precautions do not otherwise apply, for nursing home residents with wounds and/or indwelling medical devices regardless of MDRO colonization as well as for residents with [NAME] infection or colonization. Review of the facility's policy Enhanced Barrier Precautions date 04/01/24, revealed Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of MDROs that employs targeted gown and glove use during high contact resident care activities. EBP's are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. Place EBP signage on resident's room door, have PPE (gowns and gloves available and face protection may also be needed if performing activity with risk of splash or spray) available. Require gowns, and gloves only for high-contact resident care activities (face protection may also be needed if performing activity with risk of splash or spray). Examples of MDROS targeted by CDC include Candida Auris.