

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365920	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Embassy of Lebanon		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Monroe Road Lebanon, OH 45036	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34291</p> <p>Based on medical record review, staff interview, and resident interview, the facility failed to ensure residents were free of significant medication errors. This affected one (Resident #27) of three residents reviewed for medication administration. The census was 58 residents.</p> <p>Findings included:</p> <p>Review of the medical record for Resident #27 revealed an admitted [DATE] with diagnoses including coronary artery disease, heart failure, hypertension, and diabetes.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment for Resident #27 dated 10/16/24 revealed the resident was cognitively intact and was independent with activities of daily living (ADLs.)</p> <p>Review of a progress note dated 12/24/24 revealed no evidence the resident went on a LOA for the night.</p> <p>Review of the physician's orders for Resident #27 revealed the resident should receive the following medications on 12/25/24 between 6:00 A.M. and 10:00 A.M.: Norvasc 2.5 milligram (mg), Plavix 75 mg, Pepcid 20 mg, fenofibrate 48 mg, Jardiance 10 mg, Kapsargo 100 mg, magnesium oxide 400 mg, pantoprazole 40 mg, Gabapentin 800 mg, potassium 40 milliequivalents (MeQ) two tablets, Mirapex 0.125 mg, Senna 8.6 mg two tablets, Torsemide 100 mg, Effexor 37.5 mg, Vitamin B-12 500 micrograms (mcg.)</p> <p>Interview on 01/16/25 at 10:52 A.M with Resident #27 confirmed he left the facility on a leave of absence (LOA) on 12/24/24 after Licensed Practical Nurse (LPN) #164 administered his morning medications. Resident #27 confirmed LPN #164 gave him his medications for the evening of 12/24/24 but she did not give the resident his morning medications for 12/25/24. Resident #27 confirmed when he woke up on 12/25/24 he discovered he did not have his medications for the morning. Resident #27 called the facility, and the staff told him the morning medications were still in the cart. Resident #27 confirmed he had vomiting and diarrhea on the morning of 12/25/24 and he didn't know if the symptoms were related to him not receiving his morning medications.</p> <p>Interview on 01/16/25 at 11:26 A.M. with LPN #159 confirmed she got a phone call from Resident #27 on the morning of 12/25/24 and the resident said LPN #164 had not given him morning medications for 12/25/24. LPN #159 confirmed when she looked in the medication cart, the resident's morning medications for 12/25/24 were still in the medication cart and had not been sent with the resident.</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This deficiency represents noncompliance investigated under Complaint Number OH00160745.</p>		