

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 07/11/2025
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, staff interview, and facility policy review, the facility failed to ensure the medication error rate did not exceed five percent (%). Two medication errors occurred within 25 opportunities for an error rate of eight percent. This affected one (Resident #32) of two residents observed during medication administration. The facility census was 55. Findings included: Record review for Resident #32 revealed an admission date of 08/23/23. Diagnoses included kidney disease, metabolic encephalopathy, and seizures. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #32 had mild cognitive impairment. Review of the active physician orders for Resident #32 for 07/01/25 revealed the orders included Aspirin 81 milligrams (mg) chewable one tablet every day for deep vein thrombosis (DVT) prevention and Mucinex (Guaifenesin) 12-hour 600 mg extended release twice a day for pneumonia. Observation on 07/07/25 at 9:40 A.M. revealed Licensed Practical Nurse (LPN) #255 administering medications to Resident #32. LPN #255 prepared Resident #32's medication which included: Aspirin 81 mg enteric coated one tablet and Guaifenesin 400 mg extended release one tablet. At 10:00 A.M., LPN #256 crushed the medications including Aspirin and Guaifenesin. Interview on 07/07/25 at 11:30 A.M. with LPN #256 verified she did crush Resident #32's Aspirin 81 mg enteric coated one tablet and verified Resident #32 was to receive Aspirin 81 mg chewable. LPN #256 also verified she crushed Resident #32's Guaifenesin 400 mg extended release one tablet and verified there was no physician order to crush Resident #32's medication. Interview on 07/07/25 at 3:01 P.M. with the Director of Nursing (DON) verified Resident #32 had no physician order to crush the medications. Review of the facility policy titled Medication Administration dated 08/22/22 revealed medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. Do not crush medications that are slow release and enteric coated. Review of the facility document titled Med Pass dated 2002 revealed medications not to be crushed included Guaifenesin extended release and Aspirin Enteric Coated. This deficiency represents non-compliance investigated under Complaint Number OH00167226 (1365859).</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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