STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365920	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Embassy of Lebanon	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)
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** Based on observation, staff interview and policy review, the facility failed to ensure that residents had the appropriate signage, Personal Protective Equipment (PPE), and orders for being in Enhanced Barrier Precautions (EBP). This affected two Residents (#28 and #40) of three residents sampled for enhanced barrier precautions. The facility census was 55. Findings include: 1) Review of the medical record revealed Resident #40 was admitted on [DATE]. Diagnoses included chronic obstructive pulmonary disease (COPD), cerebral infarction, neuromuscular dysfunction of bladder, unspecified dementia, and seizures. Review of the Minimum Data Set (MDS) comprehensive assessment dated [DATE], revealed Resident #40 was cognitively intact and was dependent on staff for Activities of daily living (ADL) including transfers. Observation on 05/21/26 at 10:00 A.M., revealed Resident #40 had a foley indwelling catheter with a dignity bag hanging on the side of his bed. There was no signage at the resident's room indicating the resident was ordered to be in EBP. Additionally, there was not a cart containing PPE outside of the room. During an interview on 05/21/26 at 12:05 P.M., the Director of Nursing (DON) confirmed that Resident #40 was ordered to be in EBP. The DON stated signage for EBP should be posted outside of a resident's room. The DON verified there was no signage posted or a PPE cart outside of Resident #40's room . 2) Review of the medical record revealed Resident #28 was admitted to the facility on [DATE]. Diagnoses for Resident #28 include respiratory failure, hemiplegia, diabetes, and COPD. Review of the MDS comprehensive assessment dated [DATE], revealed Resident #28 had intact cognition and required maximum assistance with activities of daily living skills. Observation of Resident #28 on 05/21/26 at 9:35 A.M., revealed the resident had a Foley indwelling catheter in place. There was no signage near the entrance to the resident's room indicating he was in EPB and there was no PPE cart at the entrance. During an interview on 05/21/26 at 12:08 P.M., The DON verified Resident #28 had a foley catheter which required EBP isolation precautions. The DON verified there should have been EBP signage on Resident #28's door, PPE available outside the door and a disposal container for the PPE.Review of the policy titled Enhanced Barrier Precaution and dated 07/13/22 revealed an order for EBP would be obtained for residents with indwelling medical devices including urinary catheters. Clear signage will be posted on the door or wall outside of the resident room indicating the type of precautions required PPE, and the high-contact resident care activities that require the use of gown and gloves. Gowns and gloves should be made available immediately outside of the resident's room.

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