STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366000	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sycamorespring of Miamisburg	2164 E Central Ave Miamisburg, OH 45342

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on medical record review, observation, staff interview, and review of the facility policy the facility failed to ensure medication error rate was below five percent (%). There were three medication errors observed over 33 medication opportunities resulting in a medication error rate of 9.09%. This affected two (Residents #3 and #48) of three residents observed for medication administration. The facility census was 93 residents.Findings include:1.Review of the medical record for Resident #48 revealed an admission date of 01/11/26 with diagnoses including peripheral vascular disease (PVD), atrial fibrillation, and dysphagia. Review of the Minimum Data Set (MDS) assessment for Resident #48 dated 03/23/26 revealed the resident had intact cognition and required staff assistance with activities of daily living (ADLs.) Review of the physician's order for Resident #48 dated 01/11/26 revealed an order for Flonase nasal spray once daily. Observation on 04/07/26 at 8:21 A.M. revealed Licensed Practical Nurse (LPN) #156 did not administer Flonase to Resident #48. The medication was not available. Interview on 04/07/26 at 8:25 A.M. with LPN #156 verified she did not administer Flonase nasal spray to Resident #48 because the medication was not available. 2.Review of the medical record for Resident #3 revealed an admission date of 04/19/19 with diagnoses including schizoaffective disorder, major depressive disorder, and convulsions. Review of the physician's orders for Resident #3 revealed orders dated 03/07/24 for fluorometholone eye drops twice a day and Refresh eye drops twice a day. Review of the MDS assessment for Resident #3 dated 02/11/26 revealed the resident was cognitively impaired and dependent with ADLs. Observation on 04/07/26 at 8:46 A.M. revealed Registered Nurse (RN) #151 did not administer Fluorometholone eye drops and Refresh eye drops to Resident #3. The medications were not available. Interview on 04/07/26 at 8:50 A.M. with RN #151 verified she did not administer Flurometholone eye drops and Refresh eye drops to Resident #3 because the drops were not available. Review of the facility policy titled Administration Oral Medications revised on March 2026 revealed the facility would ensure patients were given medications per the physician. orders. If there were any issues with physician orders, the nurse would contact the physician for clarification.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366000	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sycamorespring of Miamisburg	2164 E Central Ave Miamisburg, OH 45342

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(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. Based on medical record review, observation, staff interview, and review of the facility policy, the facility failed to ensure enhanced barrier precautions (EBP) were followed during medication administration. This affected one (Resident #3) of three residents reviewed for medication administration. The facility census was 93 residents.Findings include: Review of the medical record for Resident #3 revealed an admission date of 04/19/19 with diagnoses including schizoaffective disorder, major depressive disorder, and convulsions. Review of the Minimum Data Set (MDS) assessment for Resident #3 dated 02/11/26 revealed the resident was cognitively impaired and dependent with activities of daily living (ADLs). Review of the care plan for Resident #3 dated 02/24/25 revealed the resident required tube feeding related to anoxic brain injury. Interventions included staff were to maintain EBP due to the presence of a gastrostomy tube (g-tube). Observation on 04/07/26 at 8:49 A.M. revealed Registered Nurse (RN) #151 administered medications to Resident #3 via g-tube and she had not donned a gown prior to administration. Interview on 04/07/26 at 8:57 A.M. with RN #151 confirmed Resident #3 was on EBP due to the g-tube. RN #151 stated she had not donned a gown prior to administering medications via g-tube to Resident #3. Review of the facility policy titled Infection Control - Transmission Based Precautions revised September 2025 revealed EBP was an infection control intervention designed to reduce transmission of specific multidrug-resistant organisms (MDRO) that employed the use of gown and gloves during high contact resident care activities. EBP were indicated for residents with indwelling medical devices including feeding tubes.