

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER Carecore at Mary Scott		STREET ADDRESS, CITY, STATE, ZIP CODE 3109 Campus Dr Dayton, OH 45406	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36303</p> <p>Based on medical record review and staff interview, the facility failed to administer a medication as ordered. This affected one (#3) of three residents reviewed for medication administration. The census was 75.</p> <p>Findings include:</p> <p>Review of Resident #3's medical record revealed an admitted [DATE]. Diagnoses listed included psychoactive substance abuse, obesity, osteomyelitis, pulmonary embolism, and attention-deficit hyperactivity disorder.</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #3 was cognitively intact.</p> <p>Review of physician orders revealed an order dated 09/12/24 for Ertapenem Sodium Reconstituted (antibiotic) one gram. Use one gram intravenously (IV) every 24 hours for infection until 10/29/24.</p> <p>Review of medication administration records (MAR) revealed Ertapenem Sodium Reconstituted one gram (IV) was not documented as being administered on 09/18/24, 09/27/24, 10/02/24, 10/04/24, 10/08/24, 10/10/24, 10/16/24, and 10/17/24.</p> <p>Interview with the Director of Nursing (DON) on 10/29/24 at 12:35 P.M. confirmed Resident #3's Ertapenem Sodium Reconstituted one gram (IV) was not administered as ordered on 09/18/24, 09/27/24, 10/02/24, 10/04/24, 10/08/24, 10/10/24, 10/16/24, and 10/17/24.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159248.</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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