

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  04/30/2026
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and staff and resident guardian interviews, the facility failed to follow a resident's legal guardian's requests to not allow the resident to go on unsupervised Leave of Absences (LOA's) from the facility. This affected one (#59) out of three reviewed for supervision. The facility census was 59. Findings include: Review of the medical for Resident #59 revealed an admission date of 09/13/17 with diagnoses of bipolar disorder, current episode manic severe with psychotic features, anxiety disorder, and schizoaffective disorder. Review of the Annual Minimum Data Set (MDS), dated [DATE] revealed Resident #59 was cognitively intact with a brief interview mental status (BIMS) of 15 out of 15. Review of the care plan, dated 06/20/18 revealed Resident #59 was at risk for injury related to elopement, not a wanderer, unsatisfied with guardian placement, has intent to leave facility, and Schizophrenia, with interventions of update boundaries, mental status and guardian guidance/consent. Guardian sometimes gives permission for resident to sign self out. Review of the Amended Letters of Guardianship, dated 06/09/22 revealed Resident #59 was deemed incompetent and a legal guardian was in place over person only through the probate court of [NAME] county, Ohio. Review of the Release of Responsibility for Leave of Absence form, revealed between 12/26/25 and 04/20/26 Resident #59 signed herself out and went on unsupervised LOA's from the facility 159 times. Interview on 04/28/26 at 10:34 A.M. with Resident #59's guardian confirmed she has asked the facility Director of Nursing (DON) and the Administrator for months to not let Resident #59 leave the facility unsupervised due to the resident having Schizophrenia and is not taking her medications. Interview with Resident #59's guardian also confirmed despite the request the facility allows Resident #59 to go on unsupervised LOA's and she has seen the resident downtown at a bus stop punching people and at the bread store. Interview on 04/28/26 at 2:26 P.M. with Regional Director of Clinical Operations (RDCO) #209 confirmed the facility has allowed Resident #59 to leave the facility unsupervised on a daily based because the resident has a BIMS of a 15, cognitively intact and because she has rights. Interview with RDCO #209 also confirmed Resident #59 has a guardian who has voiced she does not want the resident to go on LOA's. Interview on 04/28/26 at 3:42 P.M. with Administrator and the DON confirmed they have allowed Resident #59 to leave the facility unsupervised on a daily basis, even though the guardian informed the facility to not let the resident leave. Interview with the Administrator and DON confirmed they allowed Resident #59 to leave on her own because of resident rights and resident has a BIMS of 15, which means she is cognitively intact. Interview with the Administrator and DON also confirmed that the facility has filed with the courts on resident's behalf for a new guardian. This deficiency represents non-compliance investigated under Complaint Number 2983488.</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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