STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366151	A. Building B. Wing	12/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dayspring of Miami Valley Hlth Care Center & Rehab	8001 Dayton Springfield Road Fairborn, OH 45324

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 48570 Based on observation, staff interviews, and policy review, the facility failed to ensure medications were securely stored in location inaccessible by the residents. This had the potential to affect 23 residents who were ambulatory with cognitive decline on the Healthcare II unit. The facility census was 119. Findings include: Observation on 12/15/24 at 3:54 P.M. of treatment cart on 1200 A Hall revealed a Humalog Pen with a covered needle intact, with 220 units of Humalog insulin remaining in the pen, laying on top of treatment cart unattended. Interview on 12/15/24 at 3:56 P.M. with Registered Nurse (RN) #260 confirmed a Humalog Pen with covered needle intact, with 220 units of Humalog insulin remaining in the pen, was laying on top of treatment cart unattended. Registered Nurse (RN) #260 reported she thought she placed it inside of the glove box. Interview on 12/15/24 at 3:57 P.M. with Registered Nurse (RN) Unit Manager #289 confirmed a Humalog Pen with covered needle intact, with 220 units of Humalog insulin remaining in the pen, was laying on top of treatment cart unattended. Interview also confirmed a glove box on top of cart is not an appropriate place to store an insulin pen. Review of the Medication Storage policy dated 12/2021 revealed facility ensures medications and biologicals, including treatment items are securely stored in a locked cabinet, cart or locked medication room that is inaccessible by the residents and visitors. This deficiency represents non-compliance investigated under Master Complaint Number OH00160536.

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