

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366368	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Springboro		STREET ADDRESS, CITY, STATE, ZIP CODE 9320 Avalon Circle Centerville, OH 45458	

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 - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, staff interview, and review of employee orientation documents, the facility failed to ensure a safe environment in the kitchen. This had the potential to affect four facility-identified cognitively impaired and independently-mobile (Residents #4, #6, #18, #22) of 12 residents residents residing in the house. The facility census was 58 residents. Findings include: Observation on 09/22/25 at 9:12 A.M revealed there was pot of eggs cooking in a boiling water on top of gas stove in the house kitchen. The gates to prevent entry to the kitchen were opened, and the kitchen was unattended by staff. Interview on 09/22/25 at 9:13 A.M with the Administrator confirmed there was an unsupervised gas stove on with a pot of eggs cooking with the kitchen gates opened. The Administrator also confirmed that the stove should never be left unattended while on and that the kitchen gates are supposed to be closed when the kitchen is left unattended or when the stove is in use. Interview on 09/22/25 at 9:55 A.M with Certified Nursing Assistant (CNA) #105 confirmed staff never leave the stove unattended while cooking and kitchen gates should be closed when the kitchen was left unattended or when the stove was in use. Review of the facility orientation education document titled Food Handling and Preparation revealed staff members should lock the gates to the kitchen when cooking or not in the common area and ensure the stove is off when not in use. This deficiency represents noncompliance investigated under Complaint Number 1364148 (OH00167224.)</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
---	-------	-----------