

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366400	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2026
NAME OF PROVIDER OR SUPPLIER Beavercreek Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 3854 Park Overlooke Drive Beavercreek, OH 45431	
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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident and staff interview, and policy review, the facility failed to ensure adequate water temperatures throughout the building were maintained. This had the potential to affect all residents. The facility census was 62. Findings included: Observations made throughout the facility on 02/17/26 from 9:00 A.M. to 9:34 A.M. revealed water temperatures measured 99.2 degrees Fahrenheit in the Red spa room. Water temperatures measured above 120 degrees Fahrenheit in resident rooms 105, 108, 205, 216, 307, 308, 310, and 315. During an interview on 02/17/26 at 9:34 A.M., the Director of Maintenance #119 stated water temperatures were expected to be kept between 105 and 120 degrees Fahrenheit throughout the facility. Observations made on 02/18/26 between 4:35 P.M. and 4:52 P.M. revealed the following water temperatures: room [ROOM NUMBER] measured 106 degrees Fahrenheit, room [ROOM NUMBER] measured 116 degrees Fahrenheit, room [ROOM NUMBER] measured 110 degrees Fahrenheit, room [ROOM NUMBER] measured 82 degrees Fahrenheit, room [ROOM NUMBER] measured 52 degrees Fahrenheit, the Red Spa room sink measured 110 degrees Fahrenheit and shower measured 98 degrees Fahrenheit, and the Blue Spa room sink measured 80 degrees Fahrenheit and the shower measured 65 degrees Fahrenheit. During an interview on 02/18/26 at 4:42 P.M. the Certified Nursing Assistant (CNA) #87 verified water temperatures in the Blue Spa Room were not warm enough to provide showers, and stated maintenance had been working on it all day. During an interview on 02/19/26 at 1:32 P.M. Resident #63 said she had staff give her a shower in her room and it was cold. Observations made on 02/19/26 from 1:39 P.M. to 1:42 P.M. revealed the following water temperatures: room [ROOM NUMBER] was 57 degrees Fahrenheit, the Blue Spa room measured 88.1 degrees Fahrenheit in the shower and 82 degrees Fahrenheit in the sink, room [ROOM NUMBER] measured 62 degrees Fahrenheit, room [ROOM NUMBER] measured 59 degrees Fahrenheit. During a follow-up interview on 02/19/26 at 1:42 P.M. the Director of Maintenance #119 verified water temperatures were not consistently maintained within the safe and appropriate temperature range throughout the building. Review of the policy titled, Safety of Water Temperatures dated 12/2009 revealed water supplies to resident rooms, bathrooms, common areas, and tub/shower areas were set to be at temperatures between 105 and 120 degrees Fahrenheit. This deficiency represents noncompliance investigated under Complaint Number 2724861.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 366400
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