STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366400	A. Building B. Wing	06/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beavercreek Health and Rehab	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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, and review of facility policy, the facility failed to ensure the baseline care plan identified a resident's fall risk and included interventions to reduce the risk of falling. This affected one (#4) of three residents reviewed for falls. The census was 61. Findings include:Review of Resident #4's closed medical record revealed an admission date of 04/06/26. Diagnoses listed included anxiety, hypertension, depression, lung cancer, and seizures. Resident #4 was discharged from the facility on 04/13/26.Review of an admission Minimum Data Set (MDS) dated [DATE] revealed Resident #4 had intact cognition and was dependent on staff for toileting and bathing. Review of a baseline care plan dated 04/06/26 revealed Resident #4 had a history of falls and was at risk. The review also revealed there were no interventions listed regarding Resident #4's fall risk. Review of fall risk assessment dated [DATE] revealed Resident #4 had one to two falls in the past three months and was assessed as being a low risk for falls. Review of progress notes revealed Resident #4 had an unwitnessed fall on 04/13/26 with no apparent injuries. Resident #4 was found on the floor of her room. Interview with the Director of Nursing (DON) on 06/01/26 at 9:08 A.M. confirmed Resident #4 was assessed as being at risk for falling and her baseline care plan did not list any interventions to prevent falls Review of the facility's policy titled Care Plans-Baseline dated 2001 revealed a baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident within forty-eight (48) hours of admission. The baseline care plan includes instructions needed to provide effective, person-centered care of the resident that meet professional standards of quality care and must include the minimum healthcare information necessary to properly care for the resident.This deficiency represents non-compliance investigated under Complaint Number 2993131.

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