

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2025
NAME OF PROVIDER OR SUPPLIER Wooded Glen		STREET ADDRESS, CITY, STATE, ZIP CODE 2900 Bechtle Avenue Springfield, OH 45504	
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 - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, policy review, and staff interview, the facility failed to ensure expired intravenous (IV) solution was removed from medication storage in accordance with a pharmacy label or manufacture's expiration date. This had the potential to affect one resident (#239) who the facility identified as receiving IV solution. The facility census was 51. Findings include: Observation on [DATE] at 1:12 P.M. of the IV cart on 400-hall with the Director of Nursing (DON) revealed Dextrose 5% and sodium chloride 9% 1,000 milliliter (ml) with do not use beyond date of [DATE], Lactated Ringers 1,000 ml with do not use beyond date of [DATE], 5% Dextrose 250 ml expiration of [DATE], 0.9% Sodium Chloride 50 ml with expiration of 12/2024, three bags 5% Dextrose 100 milligrams (mg) with expiration of 02/2025, 5% Dextrose 100 ml with do not use beyond date of 11/20244, 10% Dextrose 1,000 ml expiration of 03/2025, Lactated Ringers 1,000 ml expiration date of 05/2025, and Lactated Ringers and 5% Dextrose 1,000 ml expiration date of 12/2024. Interview on [DATE] at 1:12 P.M. with the DON revealed she assumed the pharmacy representative was reviewing and removing expired IV solutions. The DON verified there were twelve IV solution bags that were expired in the IV cart. The facility identified one resident (#239) who was receiving IV solution during the survey. Review of the facility policy titled Medication Storage dated [DATE] revealed outdated medications must be immediately pulled from active inventory and segregated to an area to prevent unintentional use. This deficiency represents non-compliance investigated under Complaint Number 2612621.		

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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