Department of Health & Human Services Centers for Medicare & Medicaid Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIE Embassy of Lebanon	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365920 ER	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI 700 Monroe Road Lebanon, OH 45036	(X3) DATE SURVEY COMPLETED 10/09/2024 P CODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	 (Each deficiency must be preceded by full regulatory or LSC identifying information) Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31404 Based on observation, record review and staff interview the facility failed to ensure medication error rates were less than 5% when they gave Resident #39 the wrong medication and Resident #38 blood pressure medication was not held for low blood pressure. This affected two (Resident #38 and #39) of four residents observed for medication administration. There were two errors out of 25 opportunities for a medication error rate of 8 %. The facility census was 58. Findings include: 1 Record review of Resident #38 revealed an admitted [DATE] with pertinent diagnoses of: hypertension, cognitive communication deficit, hyperlipidemia, and dementia. Review of the 07/26/24 quarterly Minimum Data Set (MDS) assessment revealed the resident was severely cognitively impaired and used a wheelchair to aid in mobility. Review of the Physician Order dated 03/26/24 revealed Norvasc (a blood pressure under 110. Observation of a medication administration pass for Resident #38 on 10/08/24 at 8:50 AM. revealed he had a blood pressure. LPN #12 charled in the electronic record she was holding the Norvasc medication due to low blood pressure. LPN #12 then popped the Norvasc out of the pill pack and placed it in the medication. 2. Record review of Resident #38 and that she should of held the medication. 2. Record review of Resident #38 and that she should of held the medication. 2. Record review of Resident #39 ervealed an admitted [DATE] with pertinent diagnosis of: acute respiratory failure with hypoxia, hypertension, major depressive disorder, ischemic cardiomyopathy, and type two diabetes mellitus. Review of the 09/04/24 significant change Minimum Data Set (MDS) assessment revealed the Resident is co			

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

Facility ID: 365920

Department of Health & Human Services Centers for Medicare & Medicaid Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365920	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Monroe Road		
Embassy of Lebanon		Lebanon, OH 45036		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	FICIENCIES I by full regulatory or LSC identifying information)		
F 0759 Level of Harm - Minimal harm or potential for actual harm	Review of the Physician Order dated 06/17/24 revealed an order for Senna (laxative medication) give two tablets by mouth two times a day for constipation. Observation of a medication administration pass for Resident #39 on 10/08/24 at 8:36 A.M. revealed LPN #12 administered Senna plus (laxative, plus colace a stool softener medication) 8.6-50 milligrams (mgs) two			
Residents Affected - Few	tabs. LPN #12 was asked if this was all the morning medications and she stated it was. Interview with LPN #12 on 10/08/24 at 8:43 A.M. verified she was giving Senna Plus 8.6-50 and should of gave Senna 8.6 per the current Physicians Order.			
	Review of the 08/22/22 facility Med (bubble pack, vial, etc.) with Medica form, dose, route, and time. Obtain applicable, hold medication for thos	ication Administration policy revealed t ation Administration Record to verify re and record vital signs, when applicabl se vital signs outside the physicians pre mpliance investigated under Complaint	sident name, medication name, e or per physicians orders. When escribed parameters.	