

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366122	(X2) MULTIPLE CONSTRUCTION a. building _____ b. wing _____	(X3) DATE SURVEY COMPLETED 03/10/2023
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NAME OF PROVIDER OR SUPPLIER CARECORE AT MARY SCOTT	STREET ADDRESS, CITY, STATE, ZIP CODE 3109 CAMPUS DR DAYTON OH, 45406
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETION
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F 0000	<p>INITIAL COMMENTS</p> <p>COMPLAINT INVESTIGATION MASTER COMPLAINT NUMBER OH00140691 AND COMPLAINT NUMBER OH00139950</p> <p>ADMINISTRATOR: Candice Williams, #7596-3 CERTIFIED BED CAPACITY: 108 CENSUS IN HOUSE: 70</p> <p>At the time of the complaint investigation completed on 03/10/23, Carecore at Mary Scott is in compliance with the provisions of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities, excluding the Life Safety Code, in regard to allegations contained in Master Complaint Number OH00140691 and Complaint Number OH00139950.</p>	F 0000		
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laboratory director's or provider/supplier representative's signature _____ title _____ (x6) date _____

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.