STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365005	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Chateau at Mountain Crest Nursing & Rehab Ctr	2586 Lafeuille Avenue Cincinnati, OH 45211

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record reviews, observation, staff interviews, and policy review, the facility failed to ensure residents were provided with a safe, clean, comfortable and homelike environment. This affected two (#11 and #18) of the seven residents reviewed for environmental concerns. The facility census was 118. Findings include: 1) Review of the medical record for Resident #11 revealed an admission date of 06/10/23. Diagnoses included chronic obstructive pulmonary disease (COPD), chronic congestive heart disease, and acute kidney failure. Review of the Minimum Data Set (MDS) quarterly assessment dated [DATE] for Resident #11, revealed the resident was cognitively intact. Observation of Resident #11's room on 06/12/25 at 2:00 P.M., with Maintenance Director #200, revealed an air conditioning (AC) unit sitting in an opening in the outer wall. The AC unit did not fit properly in the opening. The sky and the surrounding buildings were visible through the large gap at the top and sides of the wall opening. Interview on 06/12/25 at 2:03 P.M. with the Maintenance Director #200, verified the AC unit sitting in an opening in the outer wall in Resident #11's room, did not fit properly and the sky and the surrounding buildings were visible through the gap at the top and sides of the wall opening. 2) Review of the medical record for Resident #18 revealed the resident was admitted on [DATE]. Diagnoses included traumatic brain injury (TBI), kidney cancer, anemia, morbid obesity, hypertension, cerebrovascular accident with left (non-dominant) hemiplegia/hemiparesis, bipolar disease, depression and anxiety. Review of the MDS quarterly assessment dated [DATE] for Resident #18, revealed the resident was cognitively intact. Resident #18 required supervision for eating and was dependent on staff for all other activities of daily living (ADLs). (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365005	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Chateau at Mountain Crest Nursing & Rehab Ctr	2586 Lafeuille Avenue Cincinnati, OH 45211

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation during the initial tour on 06/11/25 at 9:30 A.M., revealed Resident #18's room had no pictures on the walls and the only window in the room had the drywall at the top of the inner window frame unattached from the wall framing and just barely hanging. There were no curtains or window blinds in place. The call system cord was lying on the floor at the foot of the bed and out of the reach of the resident. Further observation revealed there was no call system in the resident's room for the call system cord to be plugged into. The call system box that the cord plugged into was not present on the wall. Interview on 06/11/25 at 11:10 A.M. with Registered Nurse (RN) #305 and Maintenance Assistant #210, verified the condition of Resident #18's window inner frame drywall, no window coverings, and no call light system in the resident's room. Interview on 06/11/25 at 12:50 P.M. with the Administrator, verified the condition of Resident #18's window inner frame drywall, no window coverings, and no call system in the resident's room. Review of the facility policy titled, Homelike Environment-Quality of Life, dated 11/28/17, revealed residents are provided with a safe, clean, comfortable, and homelike environment and encouraged to use their personal belongings to extent possible including but not limited to receiving treatment and supports for daily living safely. This deficiency represents non-compliance investigated under Master Complaint Number OH00165496.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365005	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Chateau at Mountain Crest Nursing & Rehab Ctr	2586 Lafeuille Avenue Cincinnati, OH 45211

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, staff interviews, and review of a facility policy, the facility failed to ensure resident call systems were functioning in an appropriate manner. This affected 14 (#103, #69, #91, #95, #17, #27, #43, #87, #51, #58, #107, #18, #88 and #117) of the 25 residents who resided on the secured men's behavioral unit reviewed for call lights. The facility census was 118. Findings included: Review of the medical record for Resident #18 revealed the resident was admitted on [DATE]. Diagnoses included traumatic brain injury (TBI), kidney cancer, anemia, morbid obesity, hypertension, cerebrovascular accident with left (non-dominant) hemiplegia/hemiparesis, bipolar disease, depression and anxiety. Review of the Minimum Data Set (MDS) quarterly assessment dated [DATE] for Resident #18 revealed the resident was cognitively intact. Resident #18 required supervision for eating and was dependent on staff for all other activities of daily living (ADLs). Observation of the facility during the initial tour on 06/11/25 at 9:30 A.M., revealed Resident #18's call system cord was lying on the floor at the foot of the bed. Further observation noted there was no call system in the resident's room for the call system cord to be plugged into. The call system box that the cord plugged into was not present on the wall. Interview on 06/11/25 at 10:57 A.M. with Resident #18, revealed no information as to how long the call light system was not present. Interview on 06/11/25 at 11:10 A.M. with Registered Nurse (RN) #305 and Maintenance Assistant #210, verified there was no call system available in the room of Resident #18 and unknown how long the call light system was not active. Continued observation of the facility on 06/11/25 between 12:50 P.M. and 1:15 P.M., revealed each room on the men's secured behavioral unit were double occupancy rooms. Residents #103 and #69 were in the same room with a single pull cord between the beds. Residents #91 and #95 were in the same room with a single pull cord between the beds. Residents #17 and #27 were in the same room with a single pull cord between the beds. Residents #43 and #87 were in the same room with a single pull cord between the beds. Residents #51 and #58 were in the same room with a single pull cord between the beds. Residents #107 and #18 were in the same room with a single pull cord between the beds and Residents #88 and #117 were in the same room with a single pull cord between the beds. The resident rooms had a call system with a single pull cord located in the middle of the wall between where the head of the two beds would be and when pulled, the call light was activated. The single cord was out of reach for the residents when they were in their beds. There was not a call system cord available for each resident and an individual cord that could be activated if the resident was in bed. Interview on 06/11/25 at 12:50 P.M. with the Administrator, verified there was no call system in Resident #18's room. The Administrator also verified Residents #103, #69, #91, #95, #17, #27, #43, #87, #51, #58, #107, #18, #88, and #117 did not have a call system in place that provided each resident with an individual access to the call system. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365005	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Chateau at Mountain Crest Nursing & Rehab Ctr	2586 Lafeuille Avenue Cincinnati, OH 45211

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of an undated facility policy titled, Answering the Call Light, revealed staff should be sure the call light was plugged in at all times and when the resident was in bed or confined to a chair, be sure the call light was within easy reach of the resident. Staff should report all defective call lights to the nurse supervisor promptly, and some residents may not be able to use their call light, so be sure to check these residents frequently. This deficiency represents non-compliance investigated under Master Complaint Number OH00165496.