

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2025
NAME OF PROVIDER OR SUPPLIER The Chateau at Mountain Crest Nursing & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and policy review the facility failed to provide a clean, safe, and comfortable environment. This affected 31 (#682, #86, #127, #120, #122, #147, #146, #99, #134, #140, #142, #125, #136, #137, #128, #121, #138, #145, #123, #133, #135, #130, #124, #131, #148, #149, #144, #126, #129, #132, and #139) of 31 residents reviewed for environment residing in Building #2, and further affected four (#34, #50, #692 and #694) with the potential to affect all residents on the 2 west unit of Building #1. The facility census was 144. 1. Observations of Building #2 on 12/22/25 from 3:45 P.M. to 4:20 P.M. with Maintenance Assistant (MA #333) revealed the following:</p> <ul style="list-style-type: none"> - Rooms 01, 05, 06, 07, 10, 12, 13, 14, 15, 16, and 17 did not having curtains or blinds on the ground level windows, affecting 19 Residents (#86, #99, #120, #121, #122, #125, #126, #127, #128, #129, #130, #131, #132, #133, #134, #140, #142, #144, and #145). - Rooms 08, 10, 12, and 14 revealed mold on the top of the window sill affecting eight Residents (#121, #122, #125, #126, #129, #130, #146, and #147). - room [ROOM NUMBER] revealed the inside window pane was broken, affecting Resident #138. - rooms [ROOM NUMBERS] contained ripped mattresses, affecting two Residents (#132 and #138). <p>-The shower room reveal drywall off the walls and lying on the floor, no shower curtain to provide privacy, and no shower head to allow showering, affect all 31 (#682, #86, #127, #120, #122, #147, #146, #99, #134, #140, #142, #125, #136, #137, #128, #121, #138, #145, #123, #133, #135, #130, #124, #131, #148, #149, #144, #126, #129, #132, and #139) residents in the building that use the shower room.</p> <p>Interview with MA #333 verified all the of findings at the time of the observation.</p> <p>2. Tour of Building #1 with Licensed Practical Nurse (LPN) #211 on 12/23/25 at 1:30 P.M. revealed unit shower on the 2 west unit was not in working condition according to LPN #211. Observation of the shower room revealed approximately one inch of standing water in the shower area as well as the dressing area, the shower walls had a dark substance that appeared to be mold, and the floors of the shower were dirty. LPN #211 confirmed the standing water, the dirty floor and the dark substance on the walls. LPN #211 revealed that residents on the women's unit did have access to another shower in a closed unit adjacent to the unit but the residents did not like to have to walk that far to take a shower.</p> <p>(continued on next page)</p>

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 365005	If continuation sheet Page 1 of 2

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interviews with Residents #34, #50, #692 and #694 on 12/22/25 and 12/23/25 revealed the residents wanted a clean and functioning shower and wanted to be able to shower on their unit and not have to walk down the long hallway to use another shower.</p> <p>Review of the Maintenance Service Policy dated 2001 revealed functions of maintenance personnel include but are not limited to maintaining the building in good repair, free from hazards, maintaining the heating/cooling system, plumbing fixtures, and wiring.</p> <p>This deficiency represents non-compliance investigated under Complaint Number 2694695.</p>		