STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365178	A. Building B. Wing	10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kenwood Terrace Healthcare Center	7450 Keller Road Cincinnati, OH 45243

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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49771 Based on record review, interview, and policy review, the facility failed to notify residents of Medicaid account balances. This affected three residents (#28, #29 and #61) out of three residents reviewed for notification of Medicaid account balances. The facility census was 94. Findings include: 1. Review of the medical record revealed Resident #28 was admitted on [DATE] with diagnoses of schizoaffective disorder, alcohol use, unspecified psychosis, diabetes mellitus type II and chronic obstructive pulmonary disease. Review of the Minimum Data Set (MDS) quarterly assessment dated [DATE] revealed Resident #28 had intact cognition. Review of the Resident Fund Management Service (RFMS) Trial Balance report dated 10/03/24 revealed Resident #28 had a balance of $27,554.84. The current Supplemental Security Income (SSI) resource limit is $2,000.00. Interview on 10/03/24 at 2:20 P.M. with Resident #28 revealed he had not received a notification letter from the facility of being within $200 of the Social Security Income limit. 2. Review of the medical record revealed Resident #29 was admitted on [DATE] with diagnoses of combined systolic and diastolic congestive heart failure, unspecified dementia and hypertension. Review of the Minimum Data Set (MDS) quarterly assessment dated [DATE] revealed Resident #29 had intact cognition. Review of the Resident Fund Management Service (RFMS) Trial Balance report dated 10/03/24 revealed Resident #29 had a balance of $6,942.67. The current Supplemental Security Income (SSI) resource limit is $2,000.00. Interview on 10/03/24 at 2:30 P.M. with Resident #29 revealed he had not received a notification letter from the facility of being within $200 of the Social Security Income limit. (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
	365178	A. Building B. Wing	10/07/2024

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F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Review of the medical record revealed Resident #61 was admitted on [DATE] with diagnoses of schizoaffective disorder, malignant neoplasm of bladder and depression. Review of the Minimum Data Set (MDS) quarterly assessment dated [DATE] revealed Resident #61 had intact cognition. Review of the Resident Fund Management Service (RFMS) Trial Balance report dated 10/03/24 revealed Resident #61 had a balance of $16,775.66. The current Supplemental Security Income (SSI) resource limit is $2,000.00. Interview on 10/03/24 at 3:58 P.M. with Resident #61 revealed he had not received a notification letter from the facility of being within $200 of the Social Security Income limit. Interview on 10/03/24 at 2:55 P.M. with Business Office Manager (BOM) #1200 confirmed Residents #28, #29 and #61 were over the Supplemental Security Income (SSI) resource limit of $2,000 which could negatively impact their Medicaid eligibility, and that the facility did not make written or verbal notification to them when they were within $200 of being at the Supplemental Security Income (SSI) resource limit. As of 10/03/24, Resident #28's current RFMS balance was $27,554.84, Resident #29's current RFMS balance was $6,942.67 and Resident #61 was $16,775.66. Review of the Resident Trust Fund policy revised 10/19/17 revealed monthly, the facility shall issue a notification letter to any Medicaid resident with a trust fund balance within $200 of the Social Security Income (SSI) limit. This deficiency represents non-compliance investigated under Complaint Number OH00158460.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kenwood Terrace Healthcare Center	7450 Keller Road Cincinnati, OH 45243

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49771 Based on record review, interview and policy review, the facility failed to properly investigate grievances and provide a summary of the findings to the resident or resident representative. This affected two residents (#55 and #8601) out of three residents reviewed for grievances. The facility census was 94. Findings include: 1. Review of the medical record revealed Resident #55 was admitted on [DATE] with diagnoses of schizoaffective disorder, depression, anxiety, diabetes mellitus type II, morbid obesity, chronic obstructive pulmonary disease and tracheostomy. Review of the Minimum Data Set (MDS) significant change assessment dated [DATE] revealed Resident #55 had moderate cognitive impairment and was always incontinent of bowel and bladder. The resident required set- up assistance with eating and oral hygiene, maximal assistance with bed mobility and was dependent for toileting, bathing, dressing, personal hygiene and transfers. Review of grievances/concerns revealed a concern was initiated on 09/30/24 by Resident #55's family member for care concerns attributed to State tested Nurse Aide (STNA) #501 to Resident #55 on 09/28/24. Review of the staffing sheet for 09/28/24 revealed LPN #410 and STNA #501 had been assigned to Resident #55. Review of Resident #55's progress notes after this alleged incident did not reveal any behavioral changes in Resident #55. Interview on 10/07/24 at 9:22 A.M. with Resident #55's family member revealed on 09/28/24 Resident #55 allegedly heard STNA #501 telling LPN #410 You have to do something about her (Resident #55's) diarrhea. Phone interview on 10/07/24 at 9:22 A.M. with Resident #55's family member confirmed there is a camera with audio capability in Resident #55's room that is monitored by another family member. Allegedly, on 09/28/24, a STNA identified by the family member as STNA #501, was overheard by Resident #55 telling the nurse You need to do something about all of this diarrhea. The family member of Resident #55 confirmed a grievance/concern was filed with the facility on 09/30/24 and revealed there has been no communication from the facility regarding the investigation, findings and resolution of this concern. 2. Review of the medical record revealed Resident #8601 was admitted on [DATE] with diagnoses of right femur neck fracture, chronic obstructive pulmonary disease and depression. The resident discharged home with home health services on 09/21/24. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER: Kenwood Terrace Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 7450 Keller Road, Cincinnati, OH 45243	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Minimum Data Set (MDS) Medicare five-day assessment dated [DATE] revealed Resident #8601 had moderate cognitive impairment and was frequently incontinent of bowel and bladder. The resident required set up assistance for eating, moderate assistance for oral hygiene, maximal assistance for bed mobility and was dependent for toileting, bathing, dressing, personal hygiene and transfers. Review of grievances/concerns revealed a concern was initiated on 09/10/24 by Resident #8601's family member regarding care provided by STNA #500 to Resident #8601 on 09/09/24. Review of the staffing sheet for 09/09/24 revealed STNA #500 had been assigned to Resident #8601. Review of Resident #8601's progress notes after this alleged incident did not reveal any behavioral changes in Resident #8601. Phone interview on 10/07/24 at 9:06 A.M. with Resident #8601's family member revealed according to Resident #8601 an aide told her she should have used the restroom before she got in bed. The family member of Resident #8601 confirmed a concern was initiated on 09/10/24 and the family member requested a copy of the report and was told by the Administrator these go only to the State. The family member of Resident #8601 stated the results of the investigation were never provided. Interview on 10/07/24 at 1:18 P.M. with the Executive Director confirmed the facility failed, upon receiving a grievance/concern,to investigate the concern, complete a comprehensive written concern decision, inform the resident or the individual of the concern resolution and provide a written concern decision upon request. Review of the Resident Grievances policy and standard procedures reviewed 02/20/24 revealed upon receipt of an oral, written or anonymous grievance by a resident or another individual involved in resident care, the Grievance Official will take immediate action to prevent further violations of any resident right while the alleged violation is being investigated; will complete a timely investigation of the resident's grievance; will complete a written grievance decision that includes the date the grievance was received, a summary statement of the grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the concerns, a statement as to whether the grievance was confirmed or not confirmed, any corrective action and the date the decision was issued. The Grievance Official will meet with the resident and inform the resident of the results of the investigation and how the resident's grievance was resolved or will be resolved. A copy of the written grievance decision will be provided to the resident or the individual reporting the grievance, upon request. This deficiency represents non-compliance investigated under Complaint Number OH00158349.