

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2025
NAME OF PROVIDER OR SUPPLIER Kenwood Terrace Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<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, interviews, and review of facility water temperatures, the facility failed to maintain a comfortable hot water supply to ensure a comfortable environment. This affected four (#33, #34, #43 and #52) out of four residents review for hot water temperatures and had the potential to affect 59 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, #57, #58 and #59) residents residing on the 100, 200, 300, 400, 500 and part of the 600 hallway. The facility census was 79.</p> <p>Findings include:</p> <p>Observation of random hot water faucet temperatures on 06/20/25 at 9:30 A.M. revealed the following temperatures: empty resident room [ROOM NUMBER] was 95 degrees F (F), empty resident room [ROOM NUMBER] was 97 degrees F, Resident #33 and #34's room was 99 degrees F, Resident #43's room was 102 degrees F, Resident #52's room was 102 degrees F and empty resident room [ROOM NUMBER] was 98 degrees F. All hot water temperatures were taken and verified by the Administrator at the time of the observation.</p> <p>Interview with the Administrator and Director of Nursing (DON) on 06/20/25 at 10:00 A.M. revealed the facility had a problem with hot water temperatures that had affected 59 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, #57, #58 and #59) who resided on the the 100, 200, 300, 400, 500, and part of the 600 hall up to room [ROOM NUMBER]. Both stated they were having trouble with the mixing valves and a company had been out on 06/13/25 per the invoice. The Administrator and DON stated there have been resident complaints in the past and not recent. The Administrator and DON confirmed the expectation is that hot water temperatures would be maintained between 105-120 degrees F to ensure they are comfortable and the Administrator verified the affected rooms were not at the appropriate temperature range of 105-120 degrees Fahrenheit per regulations. The Administrator also verified the facility has no record of the water temperature logs for May and June 2025.</p> <p>Review of water temperature logs on 06/20/25 at 10:45 A.M. revealed random water temperature monitoring had not been completed by the maintenance department for the months of May 2025 and June 2025.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00166126.</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
---	-------	-----------