

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2024
NAME OF PROVIDER OR SUPPLIER Ayden Healthcare of Madeira		STREET ADDRESS, CITY, STATE, ZIP CODE 5970 Kenwood 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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>40471</p> <p>Based on review of the Payroll-Based Journal (PBJ) report, record review and staff interview the facility failed to have eight consecutive hours of Registered Nurse (RN) coverage in the facility. This had the potential to affect all 92 residents who resided in the facility.</p> <p>Findings include:</p> <p>Review of the PBJ report for quarter one of the 2024 fiscal year, revealed the facility had a high number of days without RN coverage.</p> <p>Review of the staffing schedules from 01/01/24 to 03/31/24 revealed no RN was scheduled for eight consecutive hours on 02/03/24, 02/04/24, 02/10/24, 02/11/24, 02/17/24, 02/18/24, 03/30/24, and 03/31/24.</p> <p>Review of the daily staffing posting for 02/03/24, 02/04/24, 02/10/24, 02/11/24, 02/17/24, 02/18/24, 03/30/24 and 03/31/24 revealed no documented RN coverage for eight consecutive hours.</p> <p>Interview with the Administrator on 07/16/24 at 10:00 A.M. verified that there was no RN scheduled for eight consecutive hours on 02/03/24, 02/04/24, 02/10/24, 02/11/24, 02/17/24, 02/18/24, 03/30/24, and 03/31/24.</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
---	-------	-----------