

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 07/09/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, staff interview, and policy review, the facility failed to ensure clean dishes were handled in a sanitary manner. This had the potential to affect all 87 residents in the facility who the facility identified all residents receiving food from the kitchen. The facility census was 87. Findings include: Observation of the kitchen on 07/09/25 at 11:01 A.M., revealed [NAME] #300 loading dirty dishes onto racks and pushing the dirty racks through the dish machine. [NAME] #300 pushed two racks through the dish machine, rinsed her hands with the dish sprayer, and walked over to the other side of the dish machine and began unloading clean dishes from the racks. [NAME] #300 was not observed to wash her hands or complete any hand hygiene when moving between the dirty dishes to the clean dishes. [NAME] #300 then finished unloading the clean dishes from two racks and walked back over to the dirty dishes and began loading more dirty dishes onto a rack. [NAME] #300 pushed another rack through the dish machine and, again, walked over to the other side of the dish machine to unload clean dishes from a rack. [NAME] #300 was not observed to wash her hands or complete any hand hygiene when moving between the dirty dishes to the clean dishes. Interview on 07/09/25 at 11:08 A.M., [NAME] #300 verified she did not complete any hand hygiene after she loaded the dirty dishes and before handling the clean dishes. [NAME] #300 stated her coworker stepped away to do something else and she was trying to keep things moving. [NAME] #300 verified she should have completed hand hygiene prior to handling the clean dishes. Review of the facility policy titled, Food Safety and Sanitation, dated 2021 revealed employees should wash their hands after handling dirty dishes. This deficiency represents non-compliance investigated under Master Complaint Number OH00167416 and Complaint Number OH00167363.</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
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