

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>365186                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>12/16/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Ayden Healthcare of Madeira                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5970 Kenwood Road<br>Cincinnati, OH 45243 |                                                 |
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| F 0803<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observations, and staff interviews, the facility failed to ensure menus were preplanned and followed for daily meals and emergency meals. This affected all 86 residents who the facility identified as receiving meals from the kitchen. The facility census was 86. Findings Include: 1) Observations on 12/08/25 at 9:09 A.M. (breakfast meal), on 12/10/25 at 7:38 A.M. (breakfast meal), and 12/11/25 at 1:05 P.M. (lunch meal), revealed there were no meal spreadsheets used during the tray line meal service for residents on therapeutic diets. Review of the diets ordered listing provided by the facility on 12/10/25 at 7:38 A.M., revealed there were six residents on controlled carbohydrate diet restrictions, three residents on low sodium diet restrictions, and two residents on renal diet restrictions. Interview on 12/10/25 at 7:39 A.M., [NAME] # 103 verified there was no spreadsheet of planned meals for the concentrated controlled, low sodium and renal diets. [NAME] #103 stated he did not know the specific food items to avoid or the portions to serve for the physician ordered therapeutic diets. [NAME] #130 stated he served the food and portions of the regular diet to the residents with therapeutic diet. Interview on 12/15/25 at 11:38 A.M., Dietary Manager (DM) #04 verified there had been no planned meal spreadsheets for therapeutic diets on 12/08/25, 12/10/25, and 12/11/25. There was no information for [NAME] #103 to know what specific foods and portions each resident on the concentrated controlled, low sodium and renal diets were to receive. Interview on 12/16/25 at 10:38 A.M., DT #315 verified [NAME] #103 should have had a menu spreadsheet to provide the foods and portions for the therapeutic diets. 2) Observation on 12/10/25 at 7:15 A.M. of the breakfast meal, revealed the puree food portion served was hot cereal of four ounces, scrambled eggs with cheese one ounce, and sausage with biscuit four ounces. Review of the diets ordered listing provided by the facility on 12/10/25 at 7:30 A.M. with DM #04 and [NAME] #103, revealed there were four residents who had physician orders for puree consistency diet. Review of the menu sheet for puree diets at the same time, revealed the foods consisted of hot cereal of six ounces, scrambled egg with cheese two ounces, and sausage with biscuit six ounces. Interview with DM #4 and [NAME] #103 at the same time, verified the puree portions served were smaller than the menu directed. 3) Observation on 12/08/25 at 9:09 A.M. with DM #04, revealed no designated storage of emergency foods and there was not a sufficient food quantity storage of food for a three-day emergency. Interview on 12/08/25 at 9:10 A.M., DM #04 verified there was no designated emergency food storage and not sufficient food in storage in the quantity for a three-day emergency. Interview on 12/15/25 at 11:38 A.M., DM #4 verified there was no planned menu for emergencies for three to seven days. Review of the facility policy, Accuracy of Quality of Trayline Service, undated, revealed the menu extensions display foods items and amounts for each regular or therapeutic diet. The meal will be checked against the therapeutic diet spreadsheet to assure that foods are served as listed on the menu. Review of Emergency and Disaster Planning and Disaster Menu policy, revealed the facility would have food supplied for the planned menu for a minimum of three to seven days. The facility maintained sufficient inventory of par stock items to meet current menu needs plus emergency menu needs.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|--------------------------------------------------------------------------|-------|-----------|

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| <p>F 0812</p> <p>Level of Harm - Minimal harm<br/>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, interview and record review, the facility failed to prepare and store food in a manner to prevent foodborne illness. This affected all 86 residents who the facility identified as receiving food from the kitchen. The total facility census was 86. Findings Include: Observation of the kitchen during the initial tour on 12/08/25 at 9:09 A.M. with Dietary Manager (DM) #04, revealed the following: 1) At the dietary employee handwashing sink there was no soap in the dispenser, and the hand drying towels were not in a hands-free dispenser. 2) Inside the walk-in refrigerator there was an undated open container with orange liquid labeled water. There was a packaged coleslaw with an expired label of best used by 10/02/25, and an expired opened container of boiled eggs dated 12/01/25. There was an uncut watermelon which was blacked throughout the exterior. 3) There were opened thawing pie shells with no open date and dated an arrival of 11/11/25. There were undated thawing items, including three bags of pork loin, a bag of chicken pieces, and two packages of hamburger. 4) Inside the walk-in freezer, there was no thermometer and several food debris items on the floor. 5) Inside the refrigerator, there was no internal thermometer. There was an open container of cheese with a use by date of 12/01/25, an open container of cottage cheese with a use by date of 11/17/25 and sliced cheese with a use by date of 12/07/25. There were three open containers of relish with no use by date or open date. 6) Inside the dry food storage area, there were two bags of breadcrumbs with a use by date of 11/07/25. The door into the dry food area was propped open with a can of food. The door was an automatic closure door. 7) The ice machine scoop was directly on top of the ice machine, with scoop side up. There was no drainage pan. Interview with DM #04 immediately following these observations, verified the orange liquid was in a mislabeled container and had should have had an open date, and the coleslaw, boiled eggs and watermelon should have been discarded. DM #04 verified the thawing meat should be dated at the date of being pulled from the freezer, the freezer should have an internal thermometer, and the freezer floor needed cleaned of debris. DM #04 verified all opened containers needed an open date and when they expired. DM #04 stated it was a new ice machine and verified there was no ice scoop holder to permit water drainage. Observation on 12/10/25 at 7:38 A.M., [NAME] #103 picked up a biscuit and put it on a resident meal plate with gloved hands. [NAME] #103 touched countertop surfaces, drawers and utensils and then picked up a second biscuit and put it on a resident's plate with the same gloved hand. Interview on 12/10/25 at 8:45 A.M., [NAME] #103 and DM #04 verified during serving biscuits, [NAME] #103 did not change gloves between different tasks. [NAME] #103 and DM #04 stated the gloves needed changed between each task or a utensil should be used to pick up the biscuits. Observation on 12/10/25 at 10:15 A.M., [NAME] #103 was observed to prepare the puree foods for the lunch meal. [NAME] #103 prepared macaroni and cheese, stewed tomatoes and cauliflower separately in a blender bowl. [NAME] #103 rinsed out the blender bowl with only water between pureeing each of the three foods. Interview with [NAME] #103 after the observation, verified he had only rinsed out the blender bowl between pureeing each of the foods. He stated he should have either used the dishwasher or used the three-compartment sink processing, which included sanitizing the bowl. Review of the October, November and December 2025 dishwasher logs on 12/11/25 at 9:50 A.M., revealed there was no monitoring documentation of the level of sanitizer in the final rinse. Observation of dishwasher's identifier plate on 12/11/25 at 9:55 A.M. with DM #04 revealed the dishwasher was a low temperature machine requiring a chemical sanitizer in the rinse cycle to sanitize the dishes. Interview with DM #04 following the observation verified there had been no documentation of the final rinse sanitizer levels for October, November and through 12/15/25. Observation on 12/11/25 from 2:25 P.M. to 2:45 P.M. of food storage in the resident's refrigerators revealed the following: 1) In the resident refrigerator on 500 unit, revealed there were two unlabeled and undated containers of food. There was a sign posted on the refrigerator Label, Date and Resident (continued on next page)</p> |                                                                                        |                                                 |

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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>Name on all Foods. CNA #38 verified all foods should only be resident food and must be labeled and dated.2) In the residents' refrigerator on the Memory Care unit (MCU), revealed there two containers of milk dated 12/10/25 and there was a buildup of ice, approximately one-half inch thick, on the sides and bottom of freezer shelf, and a water leak inside the refrigerator compartment. CNA #60 verified the findings and stated there should not be ice and a water leak in the refrigerator, and the milk was expired.3) In the residents' refrigerator on the 100 unit, revealed two containers of milk dated 12/10/25, two unlabeled and undated containers of food and a container of yogurt with no name. The freezer had buildup of ice, approximately one-half inch thick, on the sides and bottom of freezer shelf. Assistant Director Nursing (ADON) #88 verified the milk was expired and foods stored in the resident refrigerator should be labeled with the resident name. Review of facility policy, Food Safety and Sanitation, dated 2001, revealed state and federal regulations will be followed to assure a safe and sanitary food and nutrition department, including opened foods are labeled, and dated, and record sanitizer parts per million on sanitation a log. Review of facility policy, Ice Machine Storage and Use, undated, revealed the ice machine scoop are stored in a closed and clean container.</p> |                                                                                        |                                                 |

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| F 0814<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | Dispose of garbage and refuse properly.<br><br>Based on observation and staff interview, the facility failed to ensure the garbage cans were covered when not in use. This affected all 86 residents receiving food from the kitchen. The total facility census was 86. Findings Include: Observation of the kitchen during the initial tour on 12/08/25 at 9:09 A.M. with Dietary Manager (DM) #04 revealed there were four garbage cans in the dish machine area and in the food preparation area of the kitchen which were not covered. The containers were nearly full of food and garbage, and the kitchen staff were not actively using the garbage containers. Interview at the same time with DM #04, verified the cans were nearly full, were not in active use and should be covered. Observation of the kitchen on 12/15/25 at 10:30 A.M., with DM #04 revealed there were four garbage cans in the dish machine area and in the food preparation area of the kitchen which were not covered. The containers contained food and garbage and the staff were not actively using the garbage containers. Interview at the same time with DM #04, verified the cans should be covered and the cans contained food and garbage. DM #04 stated there were lids available for the garbage cans. Review of facility policy, Food Safety and Sanitation, dated 2001, revealed the facility will follow all state and federal regulation in order to assure a safe and sanitary food department. |                                                                                        |                                                 |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and interview, the facility failed to ensure a clean, comfortable and homelike environment for residents. This affected six residents (#04, #11, #15, #19, #39, and #86) out of 15 residents reviewed for physical environment. The facility census was 86. Findings include: 1. Review of the medical record of Resident #19 revealed an admission date of 10/10/24. Diagnoses included chronic obstructive pulmonary disease, urinary tract infection, and chronic respiratory failure with hypoxia.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed this resident had intact cognition evidenced by a Brief Interview for Mental Status (BIMS) score of 15. This resident was assessed to require setup or cleanup assistance for eating, setup or cleanup assistance for oral hygiene, substantial/maximal assistance for toileting, substantial/maximal assistance for shower/bathing, dependent for dressing, and substantial/maximal assistance for personal hygiene.</p> <p>Observation on 12/10/25 at 8:40 A.M. revealed Resident #19 had a dirty brief laying on the floor next to her bed.</p> <p>Interview on 12/10/25 at 8:45 A.M. with Resident #19 confirmed Resident #19 took her brief off and left it on the floor around 7:00 A.M.</p> <p>Interview on 12/10/25 at 8:50 A.M. with Licensed Practical Nurse (LPN) #28 confirmed Resident #19 had a dirty brief lying next to her bed.</p> <p>2. Record review for Resident #39 revealed this resident was admitted to the facility on [DATE] with the following diagnoses: type two diabetes mellitus with diabetic neuropathy, diabetes mellitus, and unsteadiness of feet.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment dated [DATE] revealed this resident had intact cognition evidenced by a Brief Interview for Mental Status (BIMS) score of 15. This resident was assessed to require a wheelchair of mobility.</p> <p>Observation on 12/09/25 at 12:00 P.M. revealed Resident #39's room had a window curtain that was hooked randomly on the curtain rod, creating loose gaps at the top. The curtain lining was not attached at the side and lower seams, with the hem of the curtain hanging loose in random areas along the bottom edge. The curtain was faded and wrinkled. There was a drawer front missing on a dresser, a broken glass picture frame on the wall with shards of glass within the frame. There was unattached wallpaper in the bathroom of about six feet long along the baseboard. There was a two-foot-long plastered area directly above the resident's bed, unpainted.</p> <p>Interview on 12/09/25 at 12:00 P.M. with Resident #39 stated the worn curtain, broken glass picture frame, unpainted wall area and missing drawer front made for an unsightly and unhomelike room.</p> <p>Interview on 12/11/25 at 3:10 P.M. with Environmental Director (ED) #3 verified Resident #39 had unpainted plastered wall, loose wallpaper in bathroom, missing dresser drawer front and broken glass picture frame on the wall with shards of loose glass. He further verified the curtains were so worn the hem stitches were no longer attached, that the curtains were on the curtain rod incorrectly and were (continued on next page)</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>365186                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>12/16/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Ayden Healthcare of Madeira                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5970 Kenwood Road<br>Cincinnati, OH 45243 |                                                 |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>very wrinkled. The ED #3 stated the curtains needed replaced or repaired.</p> <p>3. Record review for Resident #15 revealed this resident was admitted to the facility on [DATE] with the following diagnoses: lymphedema, gastro-esophageal reflux disease without esophagitis, morbid obesity and hyperlipemia.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment dated [DATE] revealed this resident had intact cognition evidenced by a Brief Interview for Mental Status (BIMS) score of 15. The resident used a walker and wheelchair for mobility.</p> <p>Observation on 12/09/25 at 12:15 P.M. revealed Resident #15's room had a window curtain that was hooked randomly on the curtain rod, creating loose gaps at the top. The curtain lining was not attached at the side and lower seams, with the hem of the curtain hanging loose in random areas along the bottom edge. The curtain was faded and wrinkled.</p> <p>Interview on 12/09/25 at 12:015 P.M. with Resident #15 stated the worn and wrinkled curtain was unsightly and felt like the staff didn't care to take the time to make it look right.</p> <p>Interview on 12/11/25 at 3:10 P.M. with Environmental Director (ED) #3 verified the curtains in Resident #15's room were so worn the hem stitches were no longer attached, that the curtains were on the curtain rod incorrectly and were very wrinkled. The ED #3 stated the curtains needed replaced or repaired.</p> <p>4. Record review for Resident #86 revealed the resident was admitted to the facility 09/20/24. Diagnoses included chronic obstructive pulmonary disease, diabetes, morbid obesity, hypertension, and atrial fibrillation.</p> <p>Review of the Minimum Data Set (MDS) comprehensive assessment dated [DATE], revealed the resident had intact cognition and required maximal assistance.</p> <p>Observation on 12/09/25 at 12:25 P.M. revealed Resident #86's room had a window curtain that was hooked randomly on the curtain rod, creating loose gaps at the top. The curtain lining was not attached at the side and lower seams, with the hem of the curtain hanging loose in random areas along the bottom edge. The curtain was faded and wrinkled.</p> <p>Interview on 12/09/25 at 12:25 P.M. with Resident #86 revealed the wrinkled and unattached curtain was unsightly and not like he would have had at home.</p> <p>Interview on 12/11/25 at 3:10 P.M. with Environmental Director (ED) #3 verified the curtains in Resident #86's room were so worn the hem stitches were no longer attached, that the curtains were on the curtain rod incorrectly and were very wrinkled. The ED #3 stated the curtains needed replaced or repaired.</p> <p>5. Review of the medical record of Resident #04 revealed an admission date of 07/23/20. Diagnoses included paraplegia, bipolar disorder, anxiety, depression, panic disorder, nicotine dependence, schizophrenia, opioid dependence, cocaine abuse.</p> <p>Review of the quarterly Minimum Data Set (MDS) comprehensive assessment dated [DATE] revealed the resident had intact cognition. The resident was independent with eating, required<br/>(continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>substantial/maximal assistance with bed mobility and was dependent with transfers, bathing, and dressing.</p> <p>Observation on 12/08/25 at 3:09 P.M. in Resident #04's room, revealed two fabric softener sheets in the vents of the air conditioning unit. Further observation revealed varying sizes of food debris within the air conditioning unit. Continued observation revealed brownish/red splatters, measuring approximately 0.5 to 2.0 inches on the walls near the resident's television stand. Some of the areas were breaking down, exposing dry wall. The back of the door to the resident's room contained numerous areas of brown splattered material. There was an area on the floor in the corner of the room near the television stand, measuring approximately 6 inches by 4 inches, of a black substance.</p> <p>Interview at the time of the observations with Resident #04 stated the fabric softener sheets were a little trick his mom taught him. Resident #04 stated the splatters throughout the room had been that way since he moved into the room and he had attempted to clean some of the areas on the wall by himself, which caused the wall to breakdown and expose the drywall. Resident #04 stated staff told him a resident who previously resided in the room often spit blood on the floor, contributing to the black area on the floor.</p> <p>Interview on 12/08/25 at 3:29 P.M. with Maintenance Technician (MT) #137 and Maintenance Director (MD) #138 verified the splattered areas, exposed areas of drywall throughout the room, and black area in the corner.</p> <p>Interview on 12/10/25 at 2:16 P.M. with Licensed Practical Nurse (LPN) #28 verified the fabric softener sheets and food debris in Resident #04's air conditioning unit.</p> <p>6. Review of the medical record of Resident #11 revealed an admission date of 04/15/21. Diagnoses included dysphagia, type two diabetes mellitus, dementia with behavioral disturbance, hypothyroidism, hypertension, and gastro-esophageal reflux disease.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had moderately impaired cognition. The resident required setup/cleanup assistance with eating, substantial/maximal assistance for bed mobility and transfers, and was dependent for toileting and bathing.</p> <p>Observation on 12/08/25 at 11:17 A.M. revealed areas of brown splatter throughout the window shade in Resident #11's room.</p> <p>Interview on 12/10/25 at 2:15 P.M. with Resident #11 stated the brown splatter on his window shade had been like that since he moved into the room over four years ago. The resident stated nobody ever cleaned his window shade.</p> <p>Interview on 12/10/25 at 2:15 P.M. with Licensed Practical Nurse (LPN) #28 verified the brown splatter throughout the shade on Resident #11's window.</p> <p>This deficiency represents non-compliance investigated under Complaint Numbers 2627584, 2590032, 1264367, and 1264360.</p> |                                                                                        |                                                 |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, staff interviews, and policy review, the facility failed to update care plans following a change in condition. This affected four Residents (#02, #10, #25, and #60) out of 24 residents reviewed for care planning. The facility also failed to ensure care conferences were completed. This affected six Residents (#04, #09, #10, #11, #13, and #39) out of 24 residents reviewed for care planning. The facility census was 86. Findings include: 1) Review of the medical record for Resident #02 revealed an admission date of 07/10/25. Diagnosis included traumatic brain injury, psychosis, Barrett's esophagus, and dysphagia. Review of the Incident Report dated from 10/09/24 through 12/09/25, revealed Resident #02 fell on the following dates: 06/23/25, 06/24/25, 07/05/25, 07/29/25, and three separate falls on 08/07/25.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #02 had severe cognitive deficits and required total dependence with care from staff for activities of daily living (ADL). Review of the care plan for Resident #02 dated 06/14/25 and canceled on 08/25/25, revealed the care plan was not updated after the falls documented on 06/23/25, 06/24/25, 07/05/25, 07/29/25, and three separate falls on 08/07/25. An interview on 12/16/25 at 12:54 P.M., the DON verified that the care plan had not updated after Resident #02's falls. The DON stated after a resident fell, the staff should update the care plans.</p> <p>Review of the medical record of Resident #10 revealed an admission date of 10/10/12. Diagnoses included multiple sclerosis, aphasia, pulmonary embolism, depression, dementia, and protein-calorie malnutrition. Review of documented weights for Resident #10, revealed, on 02/03/25, the resident weighed 141.2 pounds. On 03/05/25, the resident weighed 143 pounds. On 04/04/25, the resident weighed 141.6 pounds. On 05/08/25, the resident weighed 137.3 pounds. On 06/05/25, the resident weighed 137.8 pounds. On 07/02/25, the resident weighed 130.8 pounds. On 08/02/25, the resident weighed 127.3 pounds. On 09/09/25, the resident weighed 132.5 pounds. On 10/06/25, the resident weighed 130.7 pounds. On 11/02/25, the resident weighed 125.2 pounds. Review of nutrition progress notes for Resident #10 dated 07/04/25, 08/06/25, and 08/22/25, revealed the resident triggered for significant weight loss.</p> <p>Review of a Nutrition assessment dated [DATE], revealed Resident #10's weight was showing a gradual downward trend. Review of the nutrition care plan for Resident #10 dated 11/03/25, revealed there was no documentation of the resident experiencing a recent weight loss.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed the resident had moderately impaired cognition. Interview on 12/10/25 at 1:19 P.M., Regional Director of Clinical Operations (RDCO) #300 verified Resident #10's nutrition care plan did not address her recent weight loss.</p> <p>Review of the medical record for Resident #25 revealed an admission date of 10/22/25. Diagnoses included fracture of unspecified part of neck of left femur subsequent encounter for closed fracture with routine healing, Parkinson's disease with dyskinesia without mention of fluctuations, Alzheimer's disease, unspecified protein-calorie malnutrition, and congestive heart failure.</p> <p>Review of the five-day MDS assessment dated [DATE], revealed Resident #25 had severely impaired cognition.<br/>(continued on next page)</p> |                                                                                        |                                                 |



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| <p>F 0657</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Review of the plan of care initiated on 08/22/25, revealed Resident #25 was at risk for falls related to impaired cognition and physical mobility. Interventions, all dated 08/22/25, included keeping bedside table within reach, keeping call light within reach, keeping room free of clutter, medication review, non-skid footwear in place at all times, and therapy to evaluate and treat as needed. The care plan was not updated following the resident's falls on 09/19/25, 10/09/25, and 10/19/25.</p> <p>Review of the facility's incident reports revealed Resident #25 had falls on 09/19/25, 10/09/25, and 10/19/25.</p> <p>Interview on 12/10/25 at 1:15 P.M., Regional Director of Clinical Operations (RDCO) #300 confirmed the care plan for Resident #25 had not been updated since 08/22/25.</p> <p>Review of the medical record for Resident #60 revealed an admission date of 04/04/24. Diagnoses included Alzheimer's disease with late onset, unspecified protein-calorie malnutrition, generalized anxiety disorder, hypertension, and unspecified intrascapular fracture of right femur subsequent encounter for closed fracture with routine healing.</p> <p>Review of the facility's incident reports revealed Resident #60 had falls on 03/21/25, 04/11/25, 08/29/25, and 11/04/25.</p> <p>Review of the plan of care initiated on 04/09/24 and resolved on 08/06/25, revealed Resident #60 was at risk for falls related to Alzheimer's disease, dementia, impaired balance, impaired cognition, unsteady gait, and psychoactive medication use. Interventions dated 04/09/24, included: encourage the resident to use call light, encourage staff to perform frequent checks and provide assistance as needed, fall assessments per facility policy, have commonly used articles within easy reach, monitor for side effects of psychotropic medications and notify physician of any irregularities, and therapy to evaluate as needed.</p> <p>Review of the plan of care revised on 08/26/25, revealed Resident #60 was at risk for falls related to impaired cognition and physical mobility. Interventions included keeping the bedside table within reach, keeping the call light within reach, keeping the room free of clutter, medication review, non-skid footwear at all times, and therapy to evaluate and treat as needed.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #60 had severely impaired cognition.</p> <p>Interview on 12/15/25 at 12:56 P.M., the Director of Nursing (DON) verified Resident #60's care plan had not been updated following the falls.</p> <p>Review of the policy titled Falls and Fall Risk, Managing Policy) dated 04/28/25, revealed, based on previous evaluations and current data, the staff will identify interventions related to the resident's risk and causes to try to prevent the resident from falling and to try to minimize complications from falling. The staff, with the input of the attending Physician/Nurse Practitioner (NP) as needed, will implement a resident-centered fall prevention plan to reduce the specific risk factors of falls for each resident at risk or with a history of falls.</p> <p>2) Review of the medical record of Resident #04 revealed an admission date of 07/23/20. Diagnoses included paraplegia, bipolar disorder, anxiety, depression, panic disorder, nicotine dependence, schizophrenia, opioid dependence, and cocaine abuse. Review of the quarterly MDS assessment dated (continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>[DATE], revealed the resident had intact cognition. Review of the medical record on 12/09/25 at 4:35 P.M., revealed Resident #04's last care conference was held on 12/06/24. Interview on 12/09/25 at 4:35 P.M., the Administrator verified Resident #04's last care conference was on 12/06/24 and care conferences were to be held quarterly.</p> <p>Review of the medical record for Resident #09, revealed the resident was admitted to the facility on [DATE]. Diagnoses included cellulitis, type 2 diabetes mellitus, and bilateral primary osteoarthritis of knee.</p> <p>Review of the most recent MDS assessment dated [DATE], revealed Resident #09 had intact cognition evidenced by a Brief Interview for Mental Status (BIMS) score of 15.</p> <p>Review of medical record for Resident #09 on 12/09/25 at 3:47 P.M., revealed Resident #09 did not have an initial care conference.</p> <p>Interview on 12/09/25 at 3:47 P.M., the Administrator confirmed Resident #09 did not have an initial care conference and was supposed to have one within seventy-two hours of admission.</p> <p>Review of the medical record of Resident #10, revealed an admission date of 10/10/12. Diagnoses included multiple sclerosis, aphasia, pulmonary embolism, depression, dementia, and protein-calorie malnutrition. Review of the quarterly MDS assessment dated [DATE], revealed the resident had moderately impaired cognition. Interview on 12/08/25 at 2:12 P.M., Resident #10 stated she had not had a recent care conference. Review of the medical record on 12/09/25 at 4:36 P.M., revealed Resident #10 had care conferences on 02/18/25 and 07/16/25. There was no additional care conferences documented. Interview on 12/09/25 at 4:37 P.M., the Administrator verified Resident #10's last care conference was held 07/16/25 and care conferences were supposed to be held quarterly.</p> <p>Review of the medical record of Resident #11, revealed an admission date of 04/15/21. Diagnoses included dysphagia, type 2 diabetes mellitus, dementia with behavioral disturbance, hypothyroidism, hypertension, and gastro-esophageal reflux disease. Review of the quarterly MDS assessment dated [DATE], revealed the resident had moderately impaired cognition. Interview on 12/08/25 at 11:09 A.M., Resident #11 stated he had not had a recent care conference. Review of the medical record on 12/09/25 at 4:33 P.M., revealed Resident #11's last documented care conference was on 02/11/25. Interview on 12/09/25 at 4:33 P.M., the Administrator verified Resident #11 had not had a care conference since 02/11/25 and care conferences were supposed to be held quarterly.</p> <p>Record review for Resident #13, revealed the resident was admitted to the facility on [DATE] with the following diagnoses: Acute and Chronic Respiratory Failure with hypoxia, Ventral Hernia without obstruction or gangrene, and dependence on respirator (ventilator) status. Review of the most recent MDS assessment dated [DATE], revealed Resident #13 had intact cognition evidenced by a BIMS score of 15.</p> <p>Review of care conference meeting log on 12/09/25 at 4:29 P.M., revealed the last care conference for Resident #13 was held 01/14/25.</p> <p>Interview on 12/09/25 at 4:29 P.M., the Administrator verified Resident #13's last care conference was on 01/14/25. and care conferences were to be held quarterly.<br/>(continued on next page)</p> |                                                                                        |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

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| F 0657<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Record review for Resident #39, revealed the resident was admitted to the facility on [DATE]<br/>Diagnoses included type 2 diabetes mellitus with diabetic neuropathy, and unsteadiness of feet.</p> <p>Review of the most recent MDS assessment dated [DATE], revealed Resident #39 had intact<br/>cognition evidenced by a BIMS score of 15.</p> <p>Review of care conference meeting log on 12/09/25 at 4:33 P.M., revealed the last care conference<br/>for Resident #39 was held 01/28/25.</p> <p>Interview on 12/09/25 at 4:33 P.M., the Administrator verified Resident #39's last care conference<br/>was on 01/28/25. and care conferences were to be held quarterly.</p> |                                                                                        |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review, review of fall investigations, observation, resident interview, staff interview, and policy review, the facility failed to ensure adequate supervision for residents who smoke. This affected three Residents (#12, #57, and #61) of three residents reviewed for smoking. The facility also failed to thoroughly investigate falls and implement appropriate fall interventions following falls to reduce and/or eliminate future falls. This affected five Residents (#01, #02, #25, #60, and #66) of five residents reviewed for falls. The facility census was 86. Findings include:1) Review of Resident #12's medical record revealed an admission date of 12/30/21. Diagnosis included end stage renal disease, dependence on renal dialysis, anxiety disorder and tobacco use.</p> <p>Review of the care plan dated 09/15/25, revealed Resident #12 was at increased risk of injury related to smoking cigarettes. Interventions include providing supervision at all times while smoking, smoking assessment upon admission, quarterly and as needed, smoking items to be kept at the nurse's station, and the resident verbalized adherence to facility smoking policy and validated resident concerns.</p> <p>Review of the most recent Minimum Data Set (MDS) dated [DATE], revealed Resident #12 was cognitively intact.</p> <p>Review of the physician orders for Resident #12 dated 12/03/25, revealed the resident used tobacco products and the resident was to follow the facility's policy on location and time of smoking.</p> <p>Observation on 12/08/25 from 2:15 P.M. to 2:20 P.M., revealed Resident #12 was outside the facility at the end of the 100-hall seated in a wheelchair and smoking a cigarette with no staff present. Resident #12 started knocking on the door.</p> <p>Interview on 12/08/25 at 2:21 P.M., Certified Nursing Assistant (CNA) #65 confirmed Resident #12 was smoking outside the door of 100-hall and the door was locked to where the resident could not get back in the building. CNA #65 stated the smoking area was closed right now due to activities. CNA #65 stated she let Resident #12 outside to smoke and was going to let him in after she went to check on another resident. CNA #65 stated Resident #12 was an independent smoker.</p> <p>Review of the medical record for Resident #57 revealed an admission date of 09/18/25. Diagnoses included emphysema, heart disease, diabetes, and depression. During record review, there was no documented evidence of a care plan being developed for Resident #57.</p> <p>Review of the modification to the Quarterly MDS dated [DATE], revealed Resident #57 had no cognitive deficits and required minimum assistance with activities of daily living (ADL).</p> <p>Review of the medical record for Resident #61 revealed an admission date of 07/20/23. Diagnoses included sciatica, carpal tunnel, diabetes, anxiety, and depression.</p> <p>Review of a care plan dated 08/26/25, revealed Resident #61 was at increased risk of injury related to smoking cigarettes. Interventions included providing supervision at all times while smoking and a smoking apron was to be worn while smoking.<br/>(continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Review of the Quarterly MDS assessment dated [DATE], revealed Resident #61 had no cognitive deficits and required supervision with ADL.</p> <p>Review of the undated Smoking Times paper hanging up in the facility on 12/09/25 at 1:14 P.M., revealed the residents can smoke with supervision at 7:30 A.M., 9:30 A.M., 11:30 A.M., 1:30 P.M., 3:30 P.M., 6:00 P.M., 8:30 P.M., and 10:30 P.M.</p> <p>An observation on 12/09/25 at 1:15 P.M. of the smoking area revealed two Residents (#57 and #61) were outside smoking without supervision and Resident #61 was not wearing an apron. During the observation, Receptionist #132 came to the door and instructed Residents (#57 and #61) to put out their cigarettes out since there was no staff to supervise.</p> <p>An interview on 12/09/25 at 1:40 P.M., Activities Aide #124 stated that the residents were not allowed to go outside to smoke without supervision, but they went out and smoked anyway.</p> <p>Review of the Smoking Policy dated 02/2024, revealed any smoking related privileges, restrictions, or concerns will be noted in the resident's care plan and any resident who has restricted smoking privileges may be required to be monitored by staff, a family member, or visitors while smoking.</p> <p>Review of the policy named Buckeye Forest at [NAME] Smoking Times dated 02/2024, revealed smoking was only permitted on the porch outside of the dining room. Smoking times are not to be changed unless approved by the Administrator. Smoking times listed are: 7:30 A.M.-8:00 A.M., 9:30 A.M.-10:00 A.M., 11:30 A.M.-12:00 P.M., 1:30 P.M.-2:00 P.M., 3:30 P.M.-4:00 P.M., 6:00 P.M.-6:30 P.M., 8:30 P.M.-9:00 P.M., 10:30 P.M.-11:00 P.M. Residents are to smoke only in outside designated smoking areas.2) Review of the medical record revealed Resident #01 was admitted to the facility on [DATE]. Diagnoses included Generalized anxiety, auditory hallucinations, major depressive disorder, unspecified dementia, cognitive communication deficit, bipolar disorder and unspecified psychosis.</p> <p>Review of the physician progress note for Resident #01 dated 03/24/25, revealed the resident was found on the floor beside her bed when the CNA was doing rounds. The resident stated she fell because the floor was slippery due to housekeeping recently in the room.</p> <p>Review of the fall investigation report for Resident #01 dated 03/24/25, revealed the resident was assessed with no bruising, open areas or swelling. Vital signs were taken and were within normal limits. The resident stated the floor was slippery because housekeeping was recently in the room. There was no documented fall interventions implemented to prevent and/or aid in future falls.</p> <p>Review of the progress note for Resident #01 dated 05/13/25, revealed the resident had complaints of back pain related to a fall she had yesterday. There was no documented evidence of a thorough investigation being completed to determine a root cause analysis and there was no documented fall interventions implemented to prevent and/or aid in future falls.</p> <p>Review of the progress note for Resident #01 dated 09/23/25, revealed the resident was yelling for help and staff found the resident on the floor next to the bed. The resident stated she fell onto her buttocks and attempted to get up. All parties were notified. A new intervention was for the resident to call staff before doing self with transfers; however, there was no documented evidence of a thorough investigation being completed to determine a root cause analysis.</p> <p>Review of the progress note for Resident #01 dated 10/22/25, revealed the nurse was notified by the (continued on next page)</p> |                                                                                        |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Ayden Healthcare of Madeira                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5970 Kenwood Road<br>Cincinnati, OH 45243 |                                                 |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>oncoming nurse that the resident was on the floor in her room. The resident was sent to the emergency room for further evaluation.</p> <p>Review of the fall investigation report for Resident #01 dated 10/22/25, revealed there were no documented fall interventions implemented to prevent and/or aid in future falls.</p> <p>Review of the most recent MDS assessment dated [DATE], revealed Resident #01 had moderately impaired cognition and was dependent with ADL.</p> <p>Interview on 12/15/25 at 1:05 P.M., the DON confirmed there was no documentation of any new fall interventions being implemented for Resident #01's falls on 03/24/25, 05/12/25, and 10/22/25 and no documented evidence of a thorough fall investigation being completed for the resident's falls on 05/12/25 and 09/23/25.</p> <p>Review of the medical record for Resident #02 revealed an admission date of 07/10/25. Diagnosis included traumatic brain injury, psychosis, Barrett's esophagus, and dysphagia.</p> <p>Review of the fall report dated 06/24/25 for Resident #02, revealed the resident had an unwitnessed fall. There was no documented evidence of a thorough investigation being completed to determine a root cause analysis and there was no new fall interventions implemented to reduce and /or eliminate future falls.</p> <p>Review of the fall report dated 06/27/25 for Resident #02, revealed the resident had an unwitnessed fall. There was no documented evidence of a thorough investigation being completed to determine a root cause analysis and there was no new fall interventions implemented to reduce and /or eliminate future falls</p> <p>Review of fall report dated 07/29/25 for Resident #02, revealed the resident had a witnessed fall. There was no documented evidence of a thorough investigation being completed to determine a root cause analysis and there was no new fall interventions implemented to reduce and /or eliminate future falls.</p> <p>Review of the Incident Log from 10/09/24 through 12/09/25, revealed Resident #02 had falls on the following dates 06/24/25, 06/27/25, 07/05/25, 07/29/25, and three separate falls on 08/07/25.</p> <p>Review of the Quarterly MDS dated [DATE], revealed Resident #02 had severe cognitive deficits and required total dependence with care for ADL.</p> <p>Review of the fall reports on 12/10/25 at 1:30 P.M., revealed there were no fall reports completed for Resident #02's falls on 07/05/25 and the three falls on 08/07/25. There was also no documented evidence of thorough investigations being completed to determine a root cause analysis and there was no new fall interventions implemented to reduce and /or eliminate future falls.</p> <p>An interview on 12/10/25 at 1:34 P.M., the DON verified the resident had falls on 06/24/25, 06/27/25, 07/05/25, 07/29/25, and three separate falls on 08/07/25. The DON verified there were no fall reports for Resident #02's falls on 07/05/25 and 08/07/25. The DON also verified there was no documented evidence of thorough investigations being completed to determine a root cause analysis and there was no new fall interventions implemented to reduce and /or eliminate future falls.<br/>(continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>During a subsequent interview on 12/16/25 at 12:54 P.M., the DON stated after a resident fell, the staff were expected to complete a post-fall assessment, investigate to find out why and how the fall happened, come up with a new fall intervention to help prevent future falls, and update the care plan.</p> <p>Review of the medical record for Resident #25 revealed an admission date of 10/22/25. Diagnoses included fracture of unspecified part of neck of left femur subsequent encounter for closed fracture with routine healing, Parkinson's disease with dyskinesia without mention of fluctuations, Alzheimer's disease, unspecified protein-calorie malnutrition, and congestive heart failure.</p> <p>Review of the plan of care initiated on 08/22/25 revealed Resident #25 was at risk for falls related to impaired cognition and physical mobility. Interventions included having the bedside table within reach, call light within reach, keeping room free of clutter, medication review, non-skid footwear at all times, and therapy to evaluate and treat as needed.</p> <p>Review of the progress note for Resident #25 dated 09/19/25, revealed the resident had a fall while attempting to sit in a chair. There was no new documented fall interventions implemented to reduce and /or eliminate future falls.</p> <p>Review of the progress note dated 10/09/25, revealed Resident #25 was found on the floor next to a chair and reported that she slipped on a wet spot. There was no new documented fall interventions implemented to reduce and /or eliminate future falls.</p> <p>Review of the progress note dated 10/19/25, revealed Resident #25 bumped into the meal tray cart and fell. There was no new documented fall interventions implemented to reduce and /or eliminate future falls.</p> <p>Review of the five-day MDS assessment dated [DATE], revealed Resident #25 had severely impaired cognition. Resident #25 was assessed to require partial/moderate assistance for eating, oral hygiene, and toileting, substantial/maximal assistance for bed mobility and transfer, and was dependent on staff for bathing and dressing.</p> <p>Interview on 12/15/25 at 1:03 P.M., the DON verified Resident #25 had falls on 09/19/25, 10/09/25, and 10/19/25. The DON verified there were no new documented fall interventions implemented to reduce and /or eliminate future falls following the falls on 09/19/25, 10/09/25, and 10/19/25.</p> <p>Review of the medical record for Resident #60 revealed an admission date of 04/04/24. Diagnoses included Alzheimer's Disease with late onset, unspecified protein-calorie malnutrition, generalized anxiety disorder, hypertension, and unspecified intrascapular fracture of right femur subsequent encounter for closed fracture with routine healing.</p> <p>Review of the progress notes for Resident #60 from 04/11/25 to 12/15/25, revealed no documentation related to any changes to or review of fall interventions.</p> <p>Review of the progress note dated 04/11/25, revealed Resident #60 was found on the floor near his bed and was wrapped up in his blanket. There was no new documented fall interventions implemented to reduce and /or eliminate future falls.</p> <p>Review of the plan of care revised on 08/06/25, revealed Resident #60 was at risk for falls related to Alzheimer's disease, dementia, impaired balance, impaired cognition, unsteady gait, and psychoactive (continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>medication use. Interventions included encouraging the resident to use call light, encouraging the staff to perform frequent checks and provide assistance as needed, fall assessments per facility policy, have commonly used articles within easy reach, monitoring for side effects of psychotropic medications and notifying physician of any irregularities, and therapy to evaluate as needed.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #60 had severely impaired cognition. Resident #60 was assessed to require setup assistance for eating, supervision for oral hygiene, toileting, dressing, bed mobility, and transfer, partial/moderate assistance for personal hygiene, and was dependent on staff for bathing.</p> <p>Interview on 12/15/25 at 12:56 P.M., the Director of Nursing (DON) verified Resident #60 had a fall on 04/11/25 and there was no new documented fall interventions implemented to reduce and /or eliminate future falls.</p> <p>Review of the medical record of Resident #66 revealed an admission date of 10/09/24. Diagnoses included right hip fracture, chronic obstructive pulmonary disease (COPD), hypothyroidism, unsteadiness on feet, depression, cognitive communication deficit, and restless legs syndrome.</p> <p>Review of the progress note for Resident #66 dated 01/14/25, revealed the resident was found lying on the floor near her bed with her pants down. The resident stated she had just left the bathroom. The resident was assessed for pain and bruising, vitals were obtained, and the resident was assisted back to bed. Neurological checks were started, notifications made, and 911 was called for transfer to the hospital.</p> <p>Review of the Post Fall Evaluation for Resident #66 dated 01/14/25 revealed the resident experienced an unwitnessed fall. The fall occurred in the resident's room when she was walking from her bathroom to her bed with her pants around her ankles and without a walker. The resident was wearing non-skid footwear at the time of the fall but was not using her cane/walker at the time of the fall. The resident sustained a swollen knot to the back of the head and was sent to the hospital for evaluation.</p> <p>Review of the fall investigation dated 01/14/25, revealed Resident #66 had an unwitnessed fall. The immediate actions taken included assessing for pain and bruising, assessing vitals, and assisting the resident back into bed, euro checks were started, notifications made, and 911 called for transfer to the hospital. There was no new documented fall interventions implemented to reduce and /or eliminate future falls.</p> <p>Review of the progress note for Resident #66 dated 08/01/25 at 1:38 A.M., revealed the resident had an unwitnessed fall in the bathroom. The resident was assessed and assisted back to bed and provided with as needed pain medication. The resident stated her right buttock hurt from the fall; however, there was no bruising noted.</p> <p>Review of the Post-Fall Evaluation, for Resident #66 dated 08/01/25, revealed the resident experienced an unwitnessed fall in the bathroom while attempting to ambulate to the toilet by herself. The resident fell trying to stand up from the toilet. The resident was using her cane/walker at the time of the incident; however, was ambulating in bare feet.</p> <p>Review of the progress note for Resident #66 dated 08/01/25 revealed the resident continued with pain throughout the shift. The physician was contacted and ordered the resident to receive a right hip (continued on next page)</p> |                                                                                        |                                                 |



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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>x-ray and continue non-weight bearing status. The x-ray was completed and a right hip fracture was noted. The resident was sent to the hospital for evaluation and treatment.</p> <p>Review of the fall investigation dated 08/01/25 revealed Resident #66 was heard yelling for help. The resident was found sitting in front of the toilet and stated she fell while trying to get up from the toilet. The resident was assessed and assisted back to bed. The resident complained of pain in her right hip and buttocks. There was no redness or bruising. An as needed pain medication was provided. There was no new documented fall interventions implemented to reduce and /or eliminate future falls.</p> <p>Review of a progress note for Resident #66 dated 11/18/25, revealed the resident was noted sitting on the edge of her bed while the nurse was passing medications and then noted sliding to the floor. The resident stated she was sliding on the floor and could not hold herself up. The resident was assessed and had no visible injuries or pain.</p> <p>Review of the fall investigation for Resident #66 dated 11/18/25, revealed the resident was noted sliding to the floor from her bed. The resident stated she could not hold herself up. The resident was assessed and had no visible injuries and no pain. There was no new documented fall interventions implemented to reduce and /or eliminate future falls.</p> <p>Review of the comprehensive MDS assessment dated [DATE], revealed Resident #66 had severely impaired cognition. The resident required supervision for eating, substantial/maximal assistance for bed mobility, was dependent for transfers, toileting and bathing.</p> <p>Interview on 12/15/25 at 1:10 P.M., the Director of Nursing (DON) verified there were no new documented fall interventions for Resident #66's falls on 01/14/25, 08/01/25, and 11/18/25.</p> <p>Review of the facility policy titled Managing Falls and Fall Risk, reviewed 04/28/25, revealed staff would identify interventions related to the resident's risks and causes to try to prevent the resident from falling. The policy also indicated if a resident continued to fall, staff would re-evaluate the situation and decide whether it would be appropriate to continue or change interventions.</p> <p>Review of the policy named, Falls and Fall Risk, Managing Policy dated 04/28/25 revealed, based on previous evaluations and current data, the staff would identify interventions related to the resident's risk and causes to try to prevent the resident from falling and to try to minimize complications from falling. The staff, with the input of the attending Physician/Nurse Practitioner (NP) as needed, would implement a resident-centered fall prevention plan to reduce the specific risk factors of falls for each resident at risk or with a history of falls. If falling reoccurs despite initial interventions, staff may implement additional or different interventions or indicate why the current approach remains relevant. If the resident continued to fall, staff would re-evaluate the situation and whether it is appropriate to continue or change current interventions. As needed, the attending physician will help the staff reconsider possible causes that may not previously have been identified.</p> <p>This deficiency represents non-compliance investigated under Complaint Number 1264360.</p> |                                                                                        |                                                 |

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| <p>F 0808</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to ensure therapeutic diets were received, as ordered by the physician. This affected four Residents (#48, #51, #53 and #01) of four residents reviewed for therapeutic diets. The total facility census was 86. Findings Include: 1) Record review of Resident #48 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #48 include cerebral infarction, malnutrition, and end stage renal disease.</p> <p>Review of the Minimum Data Set (MDS) comprehensive assessment dated [DATE], revealed Resident #48 had intact cognition and required supervision with meals. The resident received dialysis treatments three times a week at a dialysis center. The resident received a renal diet, with double portions of protein at breakfast.</p> <p>Observation of Resident #48's breakfast tray and review of the meal ticket on 12/11/25 at 8:10 A.M., revealed an order for renal diet. Resident #48 received one portion of egg with cheese, eight ounces of milk and one portion sausage patty. Interview at the same time, Resident #48 verified he received one portion of egg and cheese, sausage and milk. He stated there were no restrictions that he knew of on his diet, including snacks. He stated for snack time, he received packaged potato chips. Resident #48 stated he was not aware of being on a renal diet.</p> <p>Interview on 12/11/25 at 8:11 A.M., Certified Nursing Assistant, (CNA) #42 verified the Resident #48's meal ticket listed renal diet with double portions at breakfast. CNA #42 verified the resident did not receive double portion protein and received cheese, milk and sausage. CNA #42 stated she did not know what foods were restricted on a renal diet</p> <p>Review of therapeutic diet definition sheet provided by the facility on 12/11/25 10:00 A.M., revealed the renal diet was to avoid milk, cheese, potatoes, tomatoes, vegetable juice and sausage. Observation of Resident #48's lunch tray on 12/11/25 at 1:15 P.M., revealed the resident received a ham and cheese sandwich and vegetable soup for lunch. The resident consumed all the food. Interview on 12/11/25 at 1:25 P.M., CNA # 42 verified Resident #48 received a ham and cheese sandwich and vegetable soup. CNA #42 verified the resident consumed the ham and cheese sandwich and vegetable soup.</p> <p>Interview on 12/11/25 at 1:30 P.M., Resident #48 verified he received and consumed the ham and cheese sandwich and vegetable soup. Resident #38 stated he did not know what foods were restricted to a renal diet.</p> <p>Interview on 12/16/25 at 10:38 A.M., Dietary Technician, (DT) #315 verified Resident #48 had physician orders for a renal diet which restricted sausage, ham, cheese, vegetable juice, and milk. DT #315 verified Resident #48 was ordered to receive double portions of protein at breakfast and should have foods on the renal diet at snack time.</p> <p>2) Record review of Resident #51 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #51 include diabetes, morbid obesity, malnutrition, tachycardia, and hypertension.</p> <p>Review of the MDS comprehensive assessment dated [DATE], revealed Resident #51 had intact (continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0808</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>cognition and required set up assistance with eating.</p> <p>Observation on 12/10/25 at 8:45 A.M., revealed the Resident #51 received scrambled eggs with cheese, eight ounces of milk and sausage gravy. Resident #51's meal ticket revealed an order for renal diet with dislikes listed as milk, and orange juice. Interview with Resident #51 at the same time verified she received eggs and cheese, sausage gravy and milk. The resident stated she did not know why she was on a renal diet. Resident #51 stated for snack time, she had no choices of a renal diet food item and snacks included high sodium prepackaged snacks, including potato chips.</p> <p>Interview on 12/10/25 at 8:46 A.M., Licensed Practical Nurse, (LPN) # 46 verified Resident #51 was on a renal diet and received eggs and cheese, sausage gravy and milk.</p> <p>Observation on 12/11/25 at 8:15 A.M., revealed Resident #51 received one portion of eggs with cheese, eight ounces of milk and one portion sausage patty. Interview with Resident #51 at the same time verified she received an egg and cheese omelet, sausage and milk. She stated she often received orange juice.</p> <p>Interview on 12/11/25 at 8:16 A.M., LPN # 46 verified the Resident #51's meal ticket listed renal diet and the resident received an egg and cheese omelet, sausage and milk.</p> <p>Observation on 12/11/25 at 1:25 P.M., Resident #51 received a ham and cheese sandwich and vegetable soup at lunch. The resident consumed all the food.</p> <p>Interview on 12/11/25 at 1:25 P.M., LPN # 51 verified Resident #51 received and consumed ham and cheese sandwich and vegetable soup.</p> <p>Review of therapeutic diet definition sheet provided by the facility on 12/16/25 at 10:38 A.M., revealed the renal diet was to avoid milk, cheese, potatoes, tomatoes, vegetable juice and sausage. Interview with DT #315 at the same time, verified Resident #51 had physician orders for a renal diet which restricted sausage, ham, cheese, vegetable juice, milk and salty snacks. DT #315 verified Resident #51 was ordered to receive double portion proteins at breakfast and should have food on the renal diet at snack time.</p> <p>Review of the active December 2025 physician orders, revealed Resident #51 was ordered for renal diet with listing of limit bananas, tomato, potato and orange juice.</p> <p>3) Record review of Resident #53 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #53 include dementia, malnutrition, nonceliac gluten sensitivity, abdominal distension, symptoms involving the digestive system and abdomen. Resident #53 resided in the secured Memory Care Unit.</p> <p>Review of the MDS comprehensive assessment dated [DATE], revealed Resident #53 had intact cognition and required set-up assistance for eating.</p> <p>Interview on 12/11/25 at 7:38 A.M., [NAME] #103 verified he had no knowledge of the specific foods that were restricted on Residents #51 and #48's renal diets and had not prepared alternates for the egg and cheese food. [NAME] #103 stated he had no knowledge of Resident #53's special diet and did not prepare gluten and lactose free foods.<br/>(continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0808</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Observation on 12/11/25 at 8:25 A.M., revealed Resident #53 received one portion of eggs with cheese and eight ounces of a nutritional supplement. The supplement listed milk protein concentrate as a main ingredient. Resident #53's meal ticket revealed a regular diet. There were no food restrictions except chocolate, peanuts and popcorn. There was no notation of any restricted foods due to gluten and lactose intolerance.</p> <p>Interview on 12/11/25 at 8:28 A.M, Resident #53 verified she received eggs and cheese, sausage and the supplement. She stated she had been gluten and lactose sensitive for years and knew she could not have milk products and wheat products, including cheese, toast, and milk. She stated that after she consumes her supplement, she had strong pain in her abdomen. She stated she gets similar food served to her all the time and her family brought in gluten and lactose free foods. Resident #53 stated she did not want to eat the food provided by the facility.</p> <p>Interview on 12/11/25 at 8:30 A.M., LPN #46 verified Resident #53's meal ticket did not list gluten and lactose restricted foods or listed as a part of the diet order. LPN #46 verified the facility serves Resident #53 gluten and lactose type foods daily. LPN #46 verified Resident #53's supplement ingredients listed milk protein concentrate as a main ingredient, and Resident #53 at time reported some abdominal discomfort after drinking the supplement.</p> <p>Observation on 12/11/25 at 1:25 P.M. with LPN #46, revealed Resident #53 received a ham and cheese sandwich and vegetable soup for lunch. The resident refused the ham sandwich and stated she knew not to consume milk and wheat products. Interview with LPN #46 and CNA #52 at the same time, verified Resident #53 received ham and cheese sandwich.</p> <p>Interview on 12/11/25 at 1:30 P.M, Resident #53 verified she received the ham and cheese sandwich and refused it.</p> <p>Interview on 12/16/25 at 10:38 A.M., DT #315 verified Resident #53 had physician orders for a regular gluten and lactose free diet due to allergy. DT #315 verified the residents should not receive wheat and milk products, including a supplement listed as milk protein concentrate.</p> <p>Review of the active December 2025 physician orders revealed Resident #53 was ordered to receive a regular diet with gluten and lactose free diet for allergies.</p> <p>4) Review of the medical record revealed Resident #01 was admitted to the facility on [DATE]. Diagnoses included generalized anxiety, auditory hallucinations, major depressive disorder, unspecified dementia, cognitive communication deficit, bipolar disorder and unspecified psychosis.</p> <p>Review of the care plan for Resident #01 dated 08/22/25, revealed the resident was at risk for malnutrition/alteration in nutritional status and was ordered a mechanically altered diet/thickened liquids related to dysphagia. Interventions included monitoring the resident's ability to chew/swallow, reporting any changes to nurse and medical provider, providing and serve diet as ordered and the Registered Dietician (RD) to evaluate and make diet change recommendations as needed (PRN).</p> <p>Review of the physician orders dated 11/03/25, revealed Resident #01 was ordered to receive a regular diet, mechanical soft, cut up foods texture, nectar thickened - no straws consistency.</p> <p>Review of the most recent MDS assessment dated [DATE], revealed Resident #01 had moderately impaired cognition, supervision with eating, dependent with toileting and bathing.<br/>(continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0808</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Observation of Resident #01 on 12/10/2025 at 10:44 A.M. with CNA #42, revealed the resident was sitting up in bed with a can of soda sitting on the bedside table with a straw inside. CNA #42 stated Resident #01 had been drinking out of straws for weeks, and she had not been thickening the resident's liquids. Resident #01 stated she had been using straws for weeks and no one had been thickening her liquids that she is consuming.</p> <p>Interview on 12/10/25 at 10:53 A.M. with LPN #81, confirmed Resident #01 had an order for thickened liquids and no straws but LPN #81 stated she was not aware of the order for no straws.</p> <p>Observation and interview on 12/11/2025 at 9:58 AM with LPN #81, confirmed the staff must follow the physicians order for Resident #01 not to have straws and confirmed there was a straw in the resident's cup sitting on her bedside table at the time of this observation.</p> <p>Observation and interview on 12/11/25 at 1:15 P.M., revealed Resident #01 was sitting up in bed and had two cups sitting on her bedside table with straws in the cups. CNA #42 verified Resident #01 had straws in her drinks.</p> <p>Review of the physician orders dated 12/11/25, revealed Resident #01 had an order for therapy to do a one-time speech evaluation for diet.</p> <p>Review of the nurse's progress note for Resident #01 dated 12/11/25, revealed a nurse spoke with a Hospice nurse and informed her that the resident has been non-compliant with the current diet order and a new order was received for a one-time speech therapy evaluation. The Nurse Practitioner (NP) and the resident were notified, and the order had been entered and implemented.</p> <p>Interview on 12/15/25 at 1:15 P.M., the Director of Nursing (DON) confirmed that all staff should document if a resident was refusing to follow diet orders and to set up a care conference.</p> <p>Review of the medical record revealed there was documentation of Resident #01 refusing to follow diet orders.</p> <p>Review of facility policy, Accuracy of Quality of Tray Line Service, undated, revealed the meal will be checked against the therapeutic diet spreadsheet to assure that the foods are served as listed on the menu. The staff will refer to the meal identification ticket for food dislikes, allergies and other details. Each meal would be checked for proper portion sizes.</p> <p>Review of facility policy, Therapeutic Diets, undated revealed a tray identification system is established to ensure each resident receives his or her diet.as ordered.</p> |                                                                                        |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Number of residents sampled: Number of residents cited: 6 Based on chart review, observation, interview, and policy review revealed the facility failed to ensure proper infection control practices. This affected four Residents (#11, #19, #88, and #86) reviewed for infection control in the initial pool. The facility also failed to ensure hand hygiene was performed during medication administration and incontinence care. This affected two Residents (#45 and #85) out of four residents observed for medication administration and one Resident #85 out of two Residents (#09 and #85) observed for incontinence care. The in-house facility census was 86. Findings include: 1) A chart review revealed Resident #19 was admitted on [DATE] with diagnoses including urinary tract infection, generalized anxiety, anemia, colostomy status, and bipolar disorder.</p> <p>Review of the Quarterly Minimum Data Set (MDS) dated for 10/14/25 revealed Resident #19 had no cognitive deficits and required substantial to moderate assistance with activities of daily living (ADL). An observation of Resident #19's room on 12/08/25 at approximately 10:15 A.M. revealed there was no posted sign to indicate the resident was in EBP. Observation also revealed there was no Personal Protective Equipment (PPE) cart near the resident's room.</p> <p>An interview on 12/09/25 at 9:47 A.M. the Assisted Director of Nursing (ADON) #01 stated she was the Infection Preventionist for the facility and verified that there should have been personal protection equipment (PPE) and a sign to indicate Resident #19 was in EBP.</p> <p>Review of the medical record for Resident #88 revealed an admission date of 12/29/23. Diagnoses included diabetes mellitus with diabetic polyneuropathy, moderate protein-calorie malnutrition, non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle, anxiety disorder, schizoaffective disorder, vascular dementia unspecified severity with agitation, mixed hyperlipidemia, other chronic pain, hyperglycemia, peripheral vascular disease, and hypertension.</p> <p>Review of the active physician orders for Resident #88 revealed an order dated 09/03/25 for the resident to be EBP for a foot wound.</p> <p>Review of the annual MDS assessment dated [DATE] revealed Resident #88 had moderately impaired cognition.</p> <p>Review of the plan of care initiated on 11/05/25 revealed Resident #88 required EBP related to an open wound that required a dressing. Interventions included: implement contact precautions, keeping EBP in place until wound was healed, have a sign posted on the door or the wall outside the resident's room to identify the need for EBP, and supply gowns and gloves outside the resident's room.</p> <p>Observation on 12/08/25 from 11:00 A.M. to 11:30 A.M. revealed no sign on the Resident #88's door to identify the need for EBP and no cart of PPE outside of the room.</p> <p>Observation and Interview on 12/09/25 at 9:49 A.M. with ADON #01 verified there was no sign on Resident #88's door for EBP and no cart of PPE available outside of the room.</p> <p>2) Review of the medical record for Resident #85 revealed an admission date of 10/26/20. Diagnoses include Alzheimer's disease, depression, nicotine dependence, and dementia. Review of the Annual MDS dated [DATE] revealed Resident #85 had severe cognitive deficits, is incontinent, and is total (continued on next page)</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>365186                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>12/16/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Ayden Healthcare of Madeira                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5970 Kenwood Road<br>Cincinnati, OH 45243 |                                                 |
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| F 0880<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>dependence on staff for toileting. An observation on 12/11/25 at 10:00 A.M. with Certified Nursing Assistant (CNA) #52 providing incontinence care on Resident #85 revealed CNA #52 did not wash hands prior to and after providing care to the resident. An interview on 12/11/25 at 10:10 A.M. with CNA #52 who stated she forgot to wash her hands prior to and after providing incontinence care. CNA #52 verified that she forgot to wash her hands prior to and after providing incontinence care to Resident #85. Review of the Infection Control-Precaution Types Policy (dated 08/2024) revealed staff must perform hand hygiene (even if gloves were used) before and after contact with a resident.</p> <p>Review of the webpage<br/>(<a href="https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html#cdc_generic_section_2-definition-a">https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html#cdc_generic_section_2-definition-a</a>) revealed EBP are an infection control intervention designed to reduce transmissions of multidrug-resistant organisms (MDROs) in nursing homes. EBP involves gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (residents with wounds or indwelling medical devices).</p> <p>This deficiency represents non-compliance investigated under Complaint Numbers 1264367 and 2590032.</p> |                                                                                        |                                                 |

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| <p>F 0883</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on staff interview and record review, the facility failed to provide/offer the pneumococcal vaccine to all residents. This affected five Residents (#19, #02, #04, #88, and #90) of the five residents reviewed for pneumococcal vaccines. The facility further failed to provide/offer the influenza vaccine to all residents. This affected three Residents (#19, #04, and #90) of the five residents reviewed for influenza vaccines. The facility further failed to provide/offer the Coronavirus (COVID) vaccine to all residents. This affected four Residents (#02, #19, #04, and #88) of the five residents reviewed for COVID vaccines. The facility census was 86. Findings include Review of the medical record of Resident #19 revealed an admission date of 10/10/24. Diagnosis included chronic obstructive pulmonary disorder, respiratory failure, asthma, colostomy status, anxiety, and anemia. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #19 was cognitively intact. Review of Resident #19's immunization medical record revealed no vaccinations given or documented. Review of the medical record of Resident #02 revealed an admission date of 7/10/25. Diagnosis included psychosis, diabetes, malnutrition, sleep apnea, insomnia, and muscle disorder. Review of the quarterly MDS assessment dated [DATE] revealed Resident #2 had severe cognitive deficits and dependent on staff for activities of daily living (ADL). Review of Resident #02's immunization medical record revealed no pneumococcal or COVID vaccines given or documented. The influenza vaccine was documented as being given on 10/05/25. Review of the medical record of Resident #04 revealed an admission date of 07/23/20. Diagnoses included paraplegia, bipolar disorder, anxiety, depression, panic disorder, nicotine dependence, schizophrenia, opioid dependence, cocaine abuse. Review of the quarterly MDS assessment dated [DATE] revealed Resident #04 had intact cognition. Review of Resident #04's immunization medical record revealed no pneumococcal, no influenza or COVID vaccines given or documented. Review of the medical record of Resident #88 revealed an admission date of 12/29/23. Diagnoses included type one diabetes mellitus with diabetic polyneuropathy, moderate protein-calorie malnutrition, non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle, anxiety disorder, schizoaffective disorder, vascular dementia unspecified severity with agitation, and peripheral vascular disease. Review of the annual MDS assessment dated [DATE] revealed Resident #88 had moderately impaired cognition. Review of Resident #88's immunization medical record revealed no pneumococcal or COVID vaccines given or documented. The Influenza vaccine was documented as being refused 09/09/25. Record review for Resident #90 revealed the resident was admitted to the facility on [DATE]. Diagnoses included osteomyelitis, diabetes Mellitus with Foot Ulcer, and bipolar disorder. Review of the MDS assessment dated [DATE] revealed Resident #90 had moderate intact cognition evidenced by a Brief Interview for Mental Status (BIMS) score of 12. Review of Resident #90's immunization medical record revealed no pneumococcal or influenza vaccines given or documented. The COVID vaccine was documented as being refused on 12/08/23. Interview on 12/15/25 at 8:45 A.M. with the Director of Nursing (DON) confirmed all vaccines listed above were missing. The DON stated all vaccines were documented under the immunizations tab in the medical record. The DON revealed the facility does not have a specific policy regarding COVID vaccines related to the residents. Review of the policy named, Influenza and pneumococcal disease prevention policy dated 04/28/25 revealed, in order to reduce the disease morbidity and mortality associated with influenza and pneumococcal disease, influenza and pneumococcal vaccines are offered to all residents.</p> |                                                                                        |                                                 |



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| <p>F 0921</p> <p>Level of Harm - Minimal harm<br/>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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, staff interviews, and policy review, the facility failed to maintain a safe, functional, and sanitary environment. This directly affected two Residents (#56 and #59) and had the potential to affect 11 additional residents housed in the 500 hall out of 13 residents reviewed for environment. The facility census was 86. Findings include:</p> <p>Review of the medical record for Resident #56 revealed an admission date of 07/03/24. Diagnoses included unspecified dementia, unspecified severity, with other behavioral disturbance, unspecified protein-calorie malnutrition, encephalopathy, acute kidney failure, type two diabetes mellitus without complications, and hyperlipidemia.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #56 had severely impaired cognition. Resident #56 was assessed to require supervision for eating and bed mobility, partial/moderate assistance for oral hygiene and toileting, and substantial/maximal assistance for bathing, dressing, and personal hygiene.</p> <p>Review of the medical record for Resident #59 revealed an admission date of 10/14/21. Diagnoses included Alzheimer's disease with late onset, unspecified severe protein-calorie malnutrition, cerebrovascular disease, and anxiety disorder.</p> <p>Review of the quarterly MDS assessment dated [DATE] revealed Resident #59 had severely impaired cognition. Resident #59 was assessed to require setup assistance for eating, partial/moderate assistance for bed mobility, and was dependent on staff for oral hygiene, toileting, bathing, dressing, personal hygiene, and transfer.</p> <p>Observation on 12/08/25 at 12:00 P.M. revealed the carpet in the hallway of the 500 unit to be heavily soiled at each entrance to rooms 501, 502, 503, 504, 505, 509, 510, 513, 514 and 515. There was a three-foot-long stain at the start of the hallway carpet, near room [ROOM NUMBER]. There were three ceiling vents in the 500 hallway with the grids with heavily soiled brown debris hanging down from the grids.</p> <p>Observation on 12/11/25 at 1:01 P.M. in the room shared by Residents #56 and #59 revealed a baseball sized hole in the lower section of the wall near the bathroom door. The baseboard was also missing along the walls in the room in several areas. Interview at the time of the observations with State Tested Nursing Assistant (STNA) #60 verified the findings.</p> <p>Interview on 12/11/25 at 3:10 P.M., Environmental Director (ED) #03 verified the unit 500 hallway carpet was heavily soiled, and the hallway ceiling vents were heavy soiled with brown debris. ED #03 stated there was no carpet machine to clean the carpets. There was only a vacuum to clean the carpets. He had no knowledge of when the carpets were last shampooed to remove the heavily soiled area.</p> <p>Review of the facility policy titled Homelike Environment, revised 05/2017, revealed residents would be provided with a safe, clean, comfortable and homelike environment.</p> <p>This deficiency represents non-compliance investigated under Complaint Numbers 2627584, 1264367, and 1264367.</p> |                                                                                        |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| <p>F 0924</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Put firmly secured handrails on each side of hallways.</p> <p>Based on observation, staff interview, and policy review, the facility failed to ensure handrails on the Memory Care Unit (MCU) were secured to the wall. This had the potential to affect all 20 Residents (#07, #22, #25, #27, #38, #41, #43, #44, #54, #56, #58, #59, #64, #69, #75, #77, #80, #82, #85, and #88) who the facility identified as being independently mobile and residing on the MCU. The facility census was 86. Findings include: Observation on 12/11/25 at 12:55 P.M. on the MCU, revealed the handrail between the nursing station and the hallway leading to the outdoor smoking area was not secured to the wall. The handrail on the right side of the hallway leading to the outdoor smoking area was also not properly secured to the wall. Interview on 12/11/25 at 12:59 P.M. with State Tested Nursing Assistant (STNA) #60 verified the handrails were not secured to the wall. Review of the facility policy titled Resident Environmental Quality, dated 08/2022, revealed the facility should equip corridors with firmly secured handrails.</p> |                                                                                        |                                                 |

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| <p>F 0558</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to provide reasonable accommodations to allow residents appropriate access to handwashing facilities. This affected three resident (Residents #13, #15 and #55) of five residents reviewed. The total facility census was 86. Findings Include:1. Record review for Resident #13 revealed the resident was admitted to the facility on [DATE] with the following diagnoses: Morbid obesity, Acute and Chronic Respiratory Failure with hypoxia, and Ventral Hernia. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had intact cognition evidenced by a Brief Interview for Mental Status (BIMS) score of 15. This resident was assessed to require setup or clean-up assistance for personal hygiene. The resident could transfer self and ambulate a few feet independently. The resident used a bariatric wheelchair for mobility. Review of the weight log revealed the Resident #13 weighed 496 pounds on 11/18/25. Interview on 12/09/25 at 8:45 A.M. with Resident #13 revealed she could not get herself into her bathroom to wash her hands. She could not ambulate enough to get to the sink, and her bariatric wheelchair could not fit through the doorway. She was provided with hand sanitizer to use after toileting herself on the bedside commode. She stated the nearest shower and bathing area was one hallway away and she could not get to it to wash her hands after using the hand sanitizer three times. She stated she would have to wait to get a shower two times a week to get her hands washed and she wanted to be able to wash her hands after using the commode. 2. Record review for Resident #15 revealed the resident was admitted to the facility on [DATE] with the following diagnoses: lymphedema, gastro-esophageal reflux disease without esophagitis, and hyperlipemia. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had intact cognition as evidenced by a Brief Interview for Mental Status (BIMS) score of 15. This resident was assessed to require setup or cleanup assistance for eating, setup or clean up assistance for oral hygiene, dependent for toileting, substantial/maximal assistance for shower/bathing, and substantial/maximal assistance for personal hygiene. The resident could transfer self and ambulate a few feet independently. The resident used a bariatric wheelchair for mobility. Review of the weight log revealed the Resident #15 weighed 301 pounds on 11/03/25. Interview on 12/08/2025 at 10:07 A.M. with Resident #15 verified she could not get into her room bathroom with her bariatric wheelchair. The bathroom door entry was too small, and she could not always walk to the sink safely to wash her hands. She stated there was no other way to wash her hands except to go to the main shower room during her biweekly shower days. 3. Record review of Resident #55 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #55 included diabetes, respiratory failure, morbid obesity, and hypertension. Review of the Minimum Data Set (MDS) comprehensive assessment dated [DATE] revealed Resident #55 had intact cognition and required maximal assistance for personal hygiene and, once standing, required moderate assistance to walk a few feet. The resident used a bariatric wheelchair for mobility. Interview on 12/08/25 at 1205 P.M. with Resident #55 revealed he could not get himself into the bathroom to wash his hands because he could not walk that far and be steady, and his bariatric wheelchair would not fit through the bathroom doorway. He was provided hand sanitizer but said it wasn't like washing your hands. He stated he could not get to the shower room to wash his hands as often as he would want to and was not provided any other means to wash his hands except a bed bath twice a week. Interview on 12/011/25 at 9:50 A.M. with Therapy Director (TD) #9 verified Residents #13, #15 and #55 could not safely walk into or use the bariatric wheelchair into the bathroom safely to wash their hands in their in-room bathrooms. She stated she had had reports from Residents #13, #15 and #55 of their dissatisfaction of having hand sanitizer and no daily hand-washing alternative. She stated it was not feasible to have the residents have the shower room as an option to wash their hands daily, due to the far distance from the residents' rooms. She stated for some time the bathrooms small door size had been an issue (continued on next page)</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>365186                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>12/16/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Ayden Healthcare of Madeira                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5970 Kenwood Road<br>Cincinnati, OH 45243 |                                                 |
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| F 0558<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | for the bariatric residents due to having to use a bedside commode and not having a hand sink readily available. Interview on 12/15/25 at 1:05 P.M. the Director of Nursing (DON) verified the Residents #13, #15 and #55 did not have access to their in-room bathroom hand washing sink due to their bariatric wheelchair would not fit through the doorway. The DON verified Residents #13, #15 and #55 could not ambulate safely independently into the bathroom and the closest handwashing for the residents was one hallway away in the shower room. She confirmed the use of the shower room option would not accommodate the residents' frequent handwashing needs. |                                                                                        |                                                 |

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| F 0628<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Provide the required documentation or notification related to the resident's needs, appeal rights, or<br>bed-hold policies.<br><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on<br>medical record review, interview, and policy review the facility failed to ensure a discharge summary<br>was completed. This affected one resident (Resident #94) out of three residents reviewed for<br>discharged summaries. The facility census was 86. Findings Include:Record review for Resident #94<br>revealed the resident was admitted to the facility on [DATE] with the following diagnoses:<br>Unspecified combined systolic (congestive) and diastolic (congestive) heart failure, and venous<br>insufficiency (chronic) (peripheral). Resident #94 had a planned discharge home on [DATE].Review of<br>the Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had intact cognition.<br>The resident was assessed to require setup or clean-up assistance for eating, setup or clean-up<br>assistance for oral hygiene, setup or clean-up assistance for toileting, setup or clean-up assistance<br>for shower/bathing, setup or clean-up assistance for dressing, and setup or clean-up assistance for<br>personal hygiene. It noted the resident was occasionally incontinent of bowel and bladder.Review of<br>the medical record for Resident #94 revealed Resident #94's discharge summary was not completed.<br>Resident #94's discharge summary was filled out by social services and therapy. It was not filled out<br>by dietary, activities, or the nursing team. Interview on 12/09/25 at 5:06 A.M with the Administrator<br>confirmed the discharge summary was not completed. Review of facility policy titled, Transfer and<br>Discharge dated on 04/28/25 revealed the nurse caring for the resident at the time of discharge is<br>responsible for ensuring the Discharge Summary is complete. |                                                                                        |                                                 |

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| F 0656<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review and staff interview, the facility failed to develop and implement a fall care plan for a resident who was at risk for falls. This affected one (Resident #66) of five residents reviewed for falls. The facility census was 86. Findings include: Review of the medical record of Resident #66 revealed an admission date of 10/09/24. Diagnoses included right hip fracture, chronic obstructive pulmonary disease, hypothyroidism, unsteadiness on feet, depression, cognitive communication deficit, and restless legs syndrome. Review of the Fall Risk Evaluation dated 12/10/24 revealed the resident was at risk for falls. Review of the comprehensive Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #66 had severely impaired cognition. The resident was dependent on staff for transfers, toileting and bathing. Review of the progress note dated 01/14/25, revealed Resident #66 experienced an unwitnessed fall. The fall occurred in the resident's room when she was walking from her bathroom to her bed with her pants around her ankles and without a walker. The resident sustained a swollen knot to the back of the head and was sent to the hospital and returned 01/17/25 with a diagnosis of sepsis. Review of the medical record on 12/15/25 at 1:10 P.M., revealed a fall care plan was not initiated until 08/04/25. The care plan was discontinued on 08/25/25 and a new fall care plan was started on 08/25/25. Interview on 12/15/25 at 1:10 P.M., the Director of Nursing (DON) verified Resident did not have a fall care plan developed until 08/04/25. Review of the facility policy titled, Care Planning, dated 04/28/25, revealed a comprehensive care plan would be developed within seven days of the completion of the resident assessment (MDS). |                                                                                        |                                                 |

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| <p>F 0679</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, staff interviews and record review, the facility failed to provide varied activities to meet the needs and interests of residents. This affected three Residents (#15, #13 and #39) of five residents reviewed for activities. The total facility census was 86. Findings Include: Review of the activity calendars for October, November and December 2025 revealed from 9:30 A.M. to 11:30 A.M., there were three activities consisting of exercise, hydration cart, and table games for seven days of the week. Two to three times a week there was a 5:00 P.M. activity. There were no activities listed after 5:00 P.M. There was no religious program listing on Sundays or any other days of the week. Review of activity participation logs of 12/01/25 through 12/10/25 revealed 10 to 20 of the same residents attending all activities. There was no participation in the morning exercise class. There were no one-on-one participation logs provided for December 2025. Record review for Resident #13 revealed the resident was admitted to the facility on [DATE]. Diagnoses included acute and chronic Respiratory failure with hypoxia, ventral hernia without obstruction or gangrene, and dependence on respirator (ventilator) status. Review of the most recent Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #13 had intact cognition evidenced by a Brief Interview for Mental Status (BIMS) score of 15. Interview on 12/09/25 at 8:46 A.M., Resident #13 stated she received an activity calendar, but she liked group evening activities and there are only a few days of the week when a group activity was planned at 5:00 P.M. and that is the time the dinner meal was being served. Resident #13 stated there were no additional activities planned after 5:00 P.M. She stated she had been told by activity staff there is no staff that is available for additional group evening activities. Record review for Resident #15 revealed the resident was admitted to the facility on [DATE]. Diagnoses included lymphedema, gastro-esophageal reflux disease without esophagitis, morbid obesity and hyperlipemia. Review of the most recent MDS assessment dated [DATE], revealed Resident #15 had intact cognition evidenced by a BIMS score of 15. Review of the Activity assessment dated [DATE], revealed Resident #15 often felt socially isolated. Interview on 12/08/25 at 10:46 A.M., Resident #15 stated she liked group outings because she felt lonely. Resident #15 was informed by the staff that the facility's bus needed repaired several months ago and there had been no other arrangements for her to go on outings. Record review for Resident #39 revealed this resident was admitted to the facility on [DATE]. Diagnoses included type 2 diabetes mellitus with diabetic neuropathy, diabetes mellitus, and Unsteadiness of feet. Review of the most recent MDS assessment dated [DATE] revealed this resident had intact cognition evidenced by a BIMS score of 15. This resident was assessed to require a wheelchair of mobility. Review of the Activity assessment dated [DATE], revealed Resident #39 wanted socialization and being outside. Interview on 12/08/25 at 11:46 A.M., Resident #39 stated the activities were boring and not varied. He stated he liked group outings because he liked to be with others. He stated the bus was not working and there had been no outings for nearly a year. Interview on 12/11/25 at 2:15 P.M., Activity Director (AD) #07 stated she completes the monthly activity calendars for Residents #13, #15 and #39. She stated many of the residents have requested bus outings and evening activities after 5:00 P.M. due to many of the residents are younger in age. She stated the bus had been broken down for two years and no other alternatives for outings had been made. She was unaware she could borrow a sister facility's bus until two months ago and had not requested the use of it. AD #07 verified there were no activities scheduled after 5:00 P.M. and only two days a week. She stated she had one staff member available after 5:00 P.M., which was during the dinner meal being served. AD #07 verified the morning activities have remained the same for the past three months despite only five to 10 residents attending and none attending the exercise group. There was no one-to-one documentation provided for the month of December 2025. AD #07 verified there were residents with a high interest in religious activities and verified there were no religious programs on Sundays or other days. Review of facility policy, (continued on next page)</p> |                                                                                        |                                                 |

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| F 0679<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Activities, dated 2020, revealed activity programs were designed to meet the interest of the residents<br>and encourage interaction in the community. Activity participation is documented in the medical<br>record. |                                                                                        |                                                 |



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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure care and services were provided as planned and ordered. This affected one (Resident #15) out of three reviewed. The facility census was 86. Findings include: Record review for Resident #15 revealed the resident was admitted to the facility on [DATE]. Diagnoses included lymphedema, gastro-esophageal reflux disease without esophagitis, and hyperlipemia.</p> <p>Review of the most recent Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #15 had intact cognition evidenced by a Brief Interview for Mental Status (BIMS) score of 15. Review of active physician orders revealed Resident #15 was ordered to have lymphedema boots placed on the resident by nursing staff for one hour two times a day for swelling reduction.</p> <p>Review of the October, November and December 2025 Medication Administration Record, (MAR), revealed there were two time slots for documentation for morning and nighttime. The slots did not have a time duration of one hour and there was random documentation of either on or off in the documentation slots.</p> <p>Review of the physician visit note dated 11/06/25, revealed Resident #15 had a diagnosis of lymphedema and reported her lymphedema boots were not being applied consistently. The physician's recommendation was to ensure the use of lymphedema boots.</p> <p>Observation on 12/08/25 from 8:00 A.M. through 4:00 P.M., revealed Resident #15 had no lymphedema boots applied during day shift.</p> <p>Interviews on 12/08/25 at 4:00 P.M., 12/09/25 at 4:05 P.M., and 12/10/25 at 3:25 P.M., Resident #15 verified she had no lymphedema boots applied during day shift or the previous night shift twice daily for one hour on 12/08/25, 12/09/25 or 12/10/25. She stated she could not put the boots on herself, and she had to be in bed near the lymphedema boot machine to receive the treatment. She stated she never has the boots applied on the evening shift or during the night. She stated sometimes the Certified Nursing Assistants (CNA) apply the boots without the nurse. Resident #15 stated she never refused the boot application.</p> <p>Observation on 12/09/25 from 8:00 A.M. through 4:00 P.M., revealed Resident #15 had no lymphedema boots applied during day shift.</p> <p>Observation on 12/10/25 from 6:10A.M. through 11:30 A.M., revealed Resident #15 had no lymphedema boots applied. At 11:40 A.M., after the surveyor brought it to the attention of Licensed Practical Nurse (LPN) # 37, then LPN #37 applied the lymphedema boots.</p> <p>Interview on 12/15/25 at 10:30 A.M., Resident #15 revealed she had no lymphedema boots applied on 12/13/25 and 12/14/25.</p> <p>Interview on 12/10/25 at 11:30 A.M., LPN #37 verified Resident #15 had no lymphedema boots on in the morning of 12/10/25 between 7:00 A.M and 11:00 A.M.</p> <p>Interview on 12/10/25 at 12:30 P.M., the Director of Nursing, (DON) stated the physician orders in the MARs were not set up properly to permit the proper documentation as ordered. The DON verified the (continued on next page)</p> |                                                                                        |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>MAR had no documented evidence that the lymphedema boots were applied twice daily for an hour as ordered. The DON stated she expected the morning shifts would be between 7:00 A.M to 11:00 A.M. and the afternoon from 1:00 to 4:00 P.M. The DON verified the boots should not be applied overnight. The DON verified there was no documented evidence in any documentation that the lymphedema boots had been applied as ordered or the Resident #15 had refused.</p> <p>Interview on 12/11/25 at 11:45 A.M. Certified Nursing Assistant, (CNA) #61 stated she often worked with Resident #15, and had worked 12/07/25, 12/08/25, and 12/09/25. She stated she rarely observed the resident with the lymphedema boots applied and did not see the evening or night shift staff had applied the boots. The CNA # 61 stated she last applied the boots on 12/07/25 during day shift and verified the boots had not been applied on 12/08/25 and 12/09/25.</p> <p>This deficiency represents non-compliance investigated under Complaint Number 1263891.</p> |                                                                                        |                                                 |

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| <p>F 0685</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Assist a resident in gaining access to vision and hearing services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review, resident interview, and staff interview, the facility failed to arrange vision services outside of the facility as requested. This affected one (Resident #04) of one resident reviewed for vision services. The facility census was 86. Findings include: Review of the medical record of Resident #04 revealed an admission date of 07/23/20. Diagnoses included paraplegia, bipolar disorder, anxiety, depression, panic disorder, nicotine dependence, schizophrenia, opioid dependence, and cocaine abuse. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed the resident had intact cognition. The resident was independent with eating, required substantial/maximal assistance with bed mobility and was dependent with transfers, bathing, and dressing. Interview on 12/08/25 at 3:21 P.M., Resident #04 stated he was unable to see out of his left eye and was unable to get someone in the facility to make him an eye appointment. Review of an Eye Care Chart note dated 07/24/25 revealed Resident #04 was seen by the facility's optometry provider. Recommendations were made for the use of corrective lenses; however, Resident #04 refused to fill the new prescription because he wanted to have another eye doctor do another exam outside of the facility. Review of the medical record revealed no documented evidence of an appointment being scheduled for Resident #04 to obtain vision services outside of the facility. Interview on 12/10/25 at 1:15 P.M., RDCO #300 verified there was no record of any follow-up regarding Resident #04's request to see an optometrist in the community.</p> |                                                                                        |                                                 |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on medical record review, staff interview, and policy review, the facility failed to ensure weights were completed as ordered. This affected three (Residents #04, #10, and #48) of five residents reviewed for nutrition. The facility census was 86. Findings include: 1) Review of the medical record of Resident #04 revealed an admission date of 07/23/20. Diagnoses included paraplegia, bipolar disorder, anxiety, depression, panic disorder, nicotine dependence, schizophrenia, opioid dependence, and cocaine abuse. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #04 had intact cognition. Review of weights for Resident #04 revealed the following: On 03/05/25, the resident weighed 163.2 pounds, on 04/18/25, the resident weighed 161.2 pounds, on 05/08/25, the resident weighed 157.4 pounds, on 07/02/25, the resident weighed 144.6 pounds, on 08/06/25, the resident weighed 144.2 pounds, on 09/06/25, the resident weighed 145 pounds, on 10/06/25, the resident weighed 146 pounds, on 11/01/25, the resident weighed 146.1 pounds. Review of a weight change note dated 07/06/25 for Resident #04 revealed the resident triggered for a 16.6 pound weight loss since the previous weight. Recommendations were to reweigh the resident and obtain weekly weights on the resident if the weight loss was verified. Review of the Individual Nutrition Recommendations/Response dated 07/06/25 for Resident #04 revealed the physician was notified of the significant weight loss and recommended the resident to be reweighed and add to weekly weights if loss is verified. The form was signed by the physician on 07/23/25, indicating agreement with the recommendations. Review of the medical record on 12/10/25 at 1:00 P.M., revealed no documented evidence of Resident #04 being reweighed nor any weekly weights being completed. Interview on 12/10/25 at 1:11 P.M., Regional Director of Clinical Operations (RDCO) #300 verified a reweight was not obtained in a timely manner and weekly weights were not completed.</p> <p>2) Review of the medical record of Resident #10 revealed an admission date of 10/10/12. Diagnoses included multiple sclerosis, aphasia, pulmonary embolism, depression, dementia, and protein-calorie malnutrition. Review of the quarterly MDS assessment for Resident #10 dated 11/06/25, revealed the resident had moderately impaired cognition. The resident fed self with supervision and was dependent on staff for all other ADL. Review of documented weights for Resident #10 revealed the following: On 02/03/25, the resident weighed 141.2 pounds, on 03/05/25, the resident weighed 143 pounds, on 04/04/25, the resident weighed 141.6 pounds, on 05/08/25, the resident weighed 137.3 pounds, on 06/05/25, the resident weighed 137.8 pounds, on 07/02/25, the resident weighed 130.8 pounds, on 08/02/25, the resident weighed 127.3 pounds, on 09/09/25, the resident weighed 132.5 pounds, on 10/06/25, the resident weighed 130.7 pounds, on 11/02/25, the resident weighed 125.2 pounds. Review of nutrition progress notes for Resident #10 dated 07/04/25, 08/06/25, and 08/22/25 revealed the resident triggered for a significant weight loss. Recommendations were made to start weekly weights on the resident. Review of the Individual Nutrition Recommendations/Response for Resident #10 dated 07/04/25, revealed the physician was notified of the significant weight loss and ordered weekly weights for the resident. The form was signed by the physician on 07/23/25, indicating agreement with the recommendations. Review of the medical record for Resident #10 on 12/10/25 at 1:05 P.M., revealed no documented evidence of weekly weights being completed. Interview on 12/10/25 at 1:11 P.M., RDCO #300 verified weekly weights were not completed on Resident #10 as ordered.</p> <p>3) Record review of Resident #48 revealed the resident was admitted to the facility on [DATE]. Diagnoses included cerebral infarction, malnutrition, and end stage renal disease.</p> <p>Review of the physician order dated 08/09/25, revealed Resident #48 was ordered to receive a renal (continued on next page)</p> |                                                                                        |                                                 |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>diet, regular, thin consistency diet related to ESRD.</p> <p>Review of the physician order dated 08/11/25, revealed Resident #48 received dialysis treatment three times a week (Monday, Wednesday and Friday).</p> <p>Review of the physician order dated 08/30/25, revealed Resident #48 was ordered to receive double protein portions with breakfast meals.</p> <p>Review of the physician order dated 10/04/25, revealed Resident #48 was ordered to be weighed daily weights every night shift.</p> <p>Record review of the weight summary for Resident #48, revealed the resident was not weighed daily as ordered. The only weights recorded for the resident were 10/13/25, 10/20/25, 10/27/25, 11/05/25, 11/14/25, 11/17/25, 11/20/25, 11/23/25, 11/24/25, 12/03/25, and 12/08/25</p> <p>Review of the October, November and December 2025 Medication Administration Record (MAR) and Treatment Administration Record (TAR), revealed no additional weights or resident refusals documented.</p> <p>Review of the Minimum Data Set (MDS) comprehensive assessment dated [DATE], revealed Resident #48 had intact cognition and required supervision with meals.</p> <p>Interview on 12/15/25 at 4:48 P.M., the Director of Nursing (DON) verified Resident #48 was not weighed daily as ordered. Review of the facility policy titled, Weight Management Program and Weight Gain/Loss, dated 08/2024, revealed all residents would have their weight and nutritional status monitored and addressed. All residents would be weighed monthly and as ordered. If there is a 5 percent (%) or greater change from the previous month, the resident will be reweighed</p> |                                                                                        |                                                 |

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| <p>F 0693</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and staff interview, the facility failed to ensure a resident's gastrostomy tube (G-tube) was taken care of per physician orders. This affected one (Resident #11) out of two residents reviewed for G-tube care. The facility census was 86. Findings include: Review of the medical record of Resident #11 revealed an admission date of 04/15/21. Diagnoses included dysphagia, type 2 diabetes mellitus, dementia with behavioral disturbance, hypertension, and gastro-esophageal reflux disease. Review of physician orders dated 07/30/25 for Resident #11 revealed an order to change the resident's G-tube dressing daily at night shift and as needed (PRN). Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed the resident had moderately impaired cognition. The resident was dependent or required maximum assistance for activities of daily living (ADL). Review of the October and November 2025 treatment administration record (TAR) revealed Resident #11 did not have a G-tube dressing change on 10/03/25, 10/07/25, 10/15/25, 10/30/25, 11/10/25, 11/11/25, 11/18/25, 11/19/25, and 11/27/25. Observation of Resident #11 on 12/15/25 at 1:35 P.M with the Assistant Director of Nursing (ADON) #01, revealed the resident had approximately one quarter inch of crust build-up around their G-tube insertion site. Interview with ADON #01 at the same time, verified Resident #11 had approximately one quarter inch of crust buildup around their G-tube insertion site. ADON #01 stated the area should have been cleaned. Interview on 12/15/25 at 1:50 P.M with ADON #01 verified Resident #11 did not have a G-tube dressing change on 10/03/25, 10/07/25, 10/15/25, 10/30/25, 11/10/25, 11/11/25, 11/18/25, 11/19/25, and 11/27/25.</p> |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>365186                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>12/16/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Ayden Healthcare of Madeira                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5970 Kenwood Road<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                        |                                                 |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, observation, staff interviews, and policy review, the facility failed to ensure oxygen was provided appropriately. This affected one (Resident #44) out of one resident reviewed for oxygen. The facility census was 86. Findings include: Review of the medical record for Resident #44 revealed an admission date of 06/01/21. Diagnoses included chronic obstructive pulmonary disease (COPD), anxiety disorder due to known physiological condition, unspecified dementia, unspecified severity with mood disturbance, other seizures, schizophrenia, hyperlipidemia, hypertension, schizoaffective disorder, bipolar disorder, and major depressive disorder. Review of the plan of care initiated on 08/30/25, revealed Resident #44 had altered respiratory status/difficulty breathing related to COPD. Interventions included administer medications/puffers as ordered, encourage resident to keep head of bed elevated to prevent shortness of breath with lying flat, and oxygen as needed per orders. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #44 had moderately impaired cognition. Review of the active December 2025 physician orders for Resident #44 revealed no orders for oxygen use. Observation on 12/08/25 at 10:55 A.M. revealed Resident #44 was lying in bed with an oxygen cannula in place and the oxygen tubing was not connected to the concentrator that was running. Interview on 12/08/25 at 10:57 A.M. with Licensed Practical Nurse (LPN) #37 verified Resident #44 was supposed to be receiving oxygen and verified the oxygen tubing was not connected to the concentrator. Interview on 12/10/25 at 1:17 P.M. with Regional Director of Clinical Operations (RDCO) #300 confirmed Resident #44 had no active physician order for oxygen use. Review of the facility policy titled Oxygen Concentrator, revised 04/2023, revealed oxygen is administered under orders of a physician except in the case of an emergency. The policy also stated use of the concentrator included making sure connections were secure for the concentrator, tubing, connectors, and oxygen delivery device (nasal cannula).</p> |                                                                                        |                                                 |

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| <p>F 0759</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure medication error rates are not 5 percent or greater.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and staff interviews, the facility failed to ensure the medication error rate was not greater than five percent (%). This affected two (Residents #13 and #19) of the three residents reviewed for medication administration. The facility census was 86. Findings included:1) Record review for Resident #13 revealed this resident was admitted to the facility on [DATE]. Diagnoses included Acute and Chronic Respiratory Failure with hypoxia, Ventral Hernia without obstruction or gangrene, and dependence on respirator (ventilator) status. Review of the most recent Minimum Data Set (MDS) assessment dated [DATE] revealed this resident had intact cognition evidenced by a Brief Interview for Mental Status (BIMS) score of 15. This resident was dependent on staff for medication administration. Review of active physician orders for Resident #13 revealed the resident was ordered cetirizine hydrochloride (allergies) 10 milligrams (mg) and spironolactone (potassium-sparing diuretic) 50 mg. Observation of medication administration on 12/11/25 at 11:17 A.M. revealed Licensed Practical Nurse (LPN) #96 was preparing medications for Resident #13 when LPN #96 noticed that her cart was out of cetirizine hydrochloride and replaced the medication with Loratadine (allergies). Interview at the same time, LPN #96 confirmed the cetirizine hydrochloride was replaced with loratadine due to them both being allergy medication. Spironolactone 50 mg was observed missing from medication administration. Interview on 12/11/25 at 11:20 A.M., LPN #96 verified she was would have given the loratadine instead of the ordered cetirizine if the surveyor didn't intervene and question the ordered. LPN #96 verified Resident #13 did not get the spironolactone 50 mg due to it being on order since 12/06/25. 2) Review of the medical record of Resident #19 revealed an admission date of 10/10/24. Diagnoses included Chronic Obstructive Pulmonary Disease, Urinary Tract Infection, and Chronic Respiratory Failure with Hypoxia. Review of the MDS assessment dated [DATE], revealed Resident #19 had intact cognition evidenced by a Brief Interview for Mental Status (BIMS) score of 15. This resident was dependent on staff for medication administration. Review of active physician orders for Resident #19 revealed the resident was ordered Depakote (used for treating epilepsy and bipolar disorder, and for the prophylaxis of migraine headaches) oral tablet delayed release 125 milligrams (mg) two times daily on 12/01/25, sertraline (antidepressant) 150 mg daily in the morning on 10/11/25, and sertraline oral tablet 50 mg daily in the morning on 08/19/25 (total of 200 mg dose). Review of the October, November and December 2025 Medication Administration Records (MAR) for Resident #19 revealed the resident did not receive Depakote 125 mg on 10/03/25 (9:00 A.M.), 10/30/25 (9:00 A.M.), 11/04/25 (5:00 P.M.), 11/12/25 (5:00 P.M.), 11/13/25 (9:00 A.M. &amp; 5:00 P.M.), 11/20/25 (5:00 P.M.), 11/21/25 (5:00 P.M.), 12/08/25 (5:00 P.M.), and 12/10/25 (9:00 A.M.). The MAR dated 12/10/25, revealed the Sertraline 50 mg and Depakote 125 mg was blank on the morning administration. Observation of the medication administration for Resident #19 on 12/10/25 at 8:40 A.M. revealed LPN #28 failed to administer Depakote oral tablet delayed release 125 mg due to not having any available. LPN #28 also failed to administer sertraline oral tablet 50 mg. Interview on 12/10/25 at 8:42 A.M., LPN #28 confirmed Resident #19 was not administered Depakote oral tablet delayed release 125 mg due to not having any available. LPN #28 also confirmed Resident #19 did not receive the additional sertraline 50 mg. Review of 08/2020 facility policy titled General Guidelines for Medication Administration revealed medications were administered as prescribed in accordance with good nursing principles and practices and in accordance with written orders of the prescriber. Staff were to adhere to the five rights (right resident, right medication, right dose, right route and right time).</p> |                                                                                        |                                                 |



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| <p>F 0760</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, staff interviews and policy review, the facility failed to ensure residents were free of significant medication errors. This affected one (Resident #90) out of the two residents reviewed for IV medication. The facility census was 86. Findings Include: Record review for Resident #90 revealed this resident was admitted to the facility on [DATE] with the following diagnoses: Osteomyelitis, Type 2 Diabetes Mellitus with Foot Ulcer, and bipolar disorder. Review of the most Minimum Data Set (MDS) assessment dated [DATE] revealed this resident had moderate intact cognition evidenced by a Brief Interview for Mental Status (BIMS) score of 12. Review of the physician orders dated 10/17/25 for Resident #90 revealed the resident was ordered the resident to receive daptomycin (antibiotic used to treat serious infections caused by specific gram-positive bacteria, including methicillin-resistant Staphylococcus aureus (MRSA) sodium chloride intravenous solution 1000 - 0.9 percent in 100 milliliters (mL) once daily at bedtime for Osteomyelitis from 10/17/25 until 12/08/25. Review of November 2025 Medication Administration Record (MAR) for Resident #90 revealed the resident did not receive his daptomycin- sodium chloride intravenous solution 1000 - 0.9 percent / 100 mL on 11/10/25, 11/11/25, 11/18/25, and 11/27/25. Interview on 12/11/25 at 1:03 P.M., the Director of Nursing (DON) confirmed Resident #90 did not receive daptomycin sodium chloride intravenous solution on 11/10/25, 11/11/25, 11/18/25, and 11/27/25. The DON stated Resident #90 should have received the antibiotic on those days. Review of facility policy titled, General Guidelines for Medication Administration dated on August 2020 revealed medications are administered as prescribed. This deficiency represents non-compliance investigated under Complaint Number 2599503.</p> |                                                                                        |                                                 |

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| <p>F 0770</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>Based on medical record review and staff interview, the facility failed to ensure laboratory (lab) tests were completed as ordered. This affected one (Resident #81) of one resident reviewed for laboratory services. The facility census was 86. Findings include: Review of the medical record of Resident #81 revealed an admission date of 07/21/25. The resident discharged from the facility on 07/27/25 and did not return. Diagnoses included pyogenic arthritis, Methicillin Resistant Staph Aureus (MRSA) bacteremia, anxiety, anemia, and stimulant abuse. Review of the comprehensive Minimum Data Set (MDS) assessment for Resident #81 dated 07/27/25, revealed the resident had intact cognition. The resident rejected care and resident required setup/cleanup assistance or supervision with all activities of daily living. Review of the physician orders for Resident #81 dated 07/21/25, revealed an order for the resident to receive for vancomycin (an antibiotic used to treat serious bacterial infections) intravenous solution 1000 milligrams (mg)/200 milliliter (ml). Use 1000 mg intravenously every eight hours for MRSA/Bacteremia for 19 days. Infuse intravenously at 120 ml/hour over 100 minutes every eight hours. On 07/22/25 an order to obtain a Vancomycin trough (a lab test in monitoring therapeutic drug levels) every Thursday and fax labs to the infectious disease (ID) clinic. On 07/26/25 an order to hold vancomycin until Monday and start vancomycin trough on Monday, call the physician with the results and fax the lab results to the pharmacy for vancomycin dosing. Review of a progress note dated 07/26/25 revealed the nurse called the lab for verification on vancomycin trough. The lab stated the resident was not in the system and no lab draw had been completed. The on-call nurse practitioner was notified and gave instructions to hold the vancomycin until Monday when a stat lab could be ordered for a vancomycin trough and to call the physician with the results and notify the pharmacy. Review of the medical record on 12/15/25 at 11:10 A.M., revealed no documented evidence of a vancomycin trough being completed during the resident's admission. Interview on 12/15/25 at 11:10 A.M., The Director of Nursing (DON) verified Resident #81 did not have the vancomycin trough labs completed as ordered.</p> |                                                                                        |                                                 |

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| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |                                                 |
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| <p>F 0791</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide or obtain dental services for each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to follow up timely on dental recommendations. This affected one (Resident #39) of the five residents reviewed for dental care. The total facility census was 86. Findings Include: Record review for Resident #39 revealed this resident was admitted to the facility on [DATE] Diagnoses included Type 2 Diabetes Mellitus with Diabetic Neuropathy, Diabetes mellitus, and Unsteadiness of feet. Review of the most recent Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #39 had intact cognition evidenced by a Brief Interview for Mental Status (BIMS) score of 15. This resident was assessed to require supervision or touching assistance for eating, and supervision or touching assistance for oral hygiene. The resident had a physician order for a regular diet. Review of nursing notes dated 08/19/25, revealed Resident #39 was scheduled for surgical dental appointment. The surgical procedure could not be done due to increase in blood pressure. The dental office was to reschedule and update the facility. There were no further nursing progress notes or evidence the facility followed up on a dental surgical appointment. There was no documented evidence that there had been attempts to control the blood pressure in advance of the surgery. Review of dental progress notes dated 09/02/25, revealed the Resident #39 wanted sedation for extractions and his blood pressure needed to be under control. The dentist concurred with the planned dental surgery. Observation on 12/08/25 at 10:30 A.M., Resident #39 had very few lower teeth of which many were broken or decayed. Interview on 12/08/25 at 10:30 A.M., Resident #39 stated he needed to see an oral surgeon because he wanted his teeth pulled for denture fitting. He stated he was in some pain when he ate meals, could eat more variety of foods and wanted dentures to look better. Interview on 12/15/25 at 3:20 P.M. the Director of Nursing, (DON), verified Resident #39 should have had a follow-up dental surgery appointment since the last appointment on 08/19/25 appointment. The DON verified there was no documented evidence that a follow up oral surgery appointment had been attempted since 08/19/25 and the facility should have followed up to make the appointment.</p> |                                                                                        |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>365186                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>12/16/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Ayden Healthcare of Madeira                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5970 Kenwood Road<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        |                                                 |
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| F 0800<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>Based on observation, staff interview, and policy review, the facility failed to ensure residents received three meals a day. This affected one (Resident #19) out of three residents reviewed for meal assistance. The facility census was 86. Findings Include: Observation on 12/10/25 at 2:10 P.M., revealed Resident #19 had not received their lunch at this time. Interview on 12/10/25 at 2:11 P.M., with Resident #19 confirmed they did not receive lunch at this time. Resident #19 stated that they requested a ham sandwich and a bowl of soup from the alternative menu. Interview on 12/10/25 at 2:27 with the Director of Nursing (DON), confirmed Resident #19 did not receive their lunch. Review of the facility policy titled, Mealtimes and Frequency revealed the facility will provide at least three meals daily at regular times. The policy also states lunch will be served daily at 12:30 P.M. This deficiency represents non-compliance investigated under Complaint Number 1264367.</p> |                                                                                        |                                                 |

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| <p>F 0914</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide bedrooms that don't allow residents to see each other when privacy is needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, staff interviews, and policy review, the facility failed to ensure rooms provided full visual privacy for each resident. This affected two Residents (#56 and #59) out of two residents reviewed for privacy. The facility census was 86. Findings include: Review of the medical record for Resident #56 revealed an admission date of 07/03/24. Diagnoses included unspecified dementia, unspecified severity, with other behavioral disturbance, unspecified protein-calorie malnutrition, encephalopathy, acute kidney failure, type two diabetes mellitus without complications, and hyperlipidemia. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #56 had severely impaired cognition. Resident #56 was assessed to require supervision for eating and bed mobility, partial/moderate assistance for oral hygiene and toileting, and substantial/maximal assistance for bathing, dressing, and personal hygiene. Review of the medical record for Resident #59 revealed an admission date of 10/14/21. Diagnoses included Alzheimer's disease with late onset, unspecified severe protein-calorie malnutrition, cerebrovascular disease, and anxiety disorder. Review of the quarterly MDS assessment dated [DATE] revealed Resident #59 had severely impaired cognition. Resident #59 was assessed to require setup assistance for eating, partial/moderate assistance for bed mobility, and was dependent on staff for oral hygiene, toileting, bathing, dressing, personal hygiene, and transfer. Observation on 12/11/25 at 1:01 P.M. revealed no privacy curtain in the room shared by Residents #56 and #59, which was verified at the time of the observation by State Tested Nursing Assistant (STNA) #60. Review of the facility policy titled Resident Environmental Quality, dated 08/2022, revealed the facility should have ceiling suspended curtains that extended around the bed to provide total visual privacy.</p> |                                                                                        |                                                 |