STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365293	A. Building B. Wing	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT Airy Gardens Rehabilitation and Nursing Center	2250 Banning Road Cincinnati, OH 45239

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49771 Based on observation, family interview, and staff interview, the facility failed to ensure residents had a safe, clean, comfortable environment. This affected one (Resident #8608) and eight additional residents (#29, #30, #4, #5, #10,#11, #14 and #15) of nine residents' rooms observed. The facility census was 81. Findings include: Review of the medical record revealed Resident #8608 was admitted on [DATE] with diagnoses of paranoid schizophrenia, cerebral infarction with right sided hemiplegia and hemiparesis, anemia and congestive heart failure. The resident discharged to the hospital on 07/31/24 and bed hold was discontinued on 08/04/24. Review of the Minimum Data Set (MDS) discharge return anticipated assessment dated [DATE] revealed Resident #8608 had severe cognitive impairment and was frequently incontinent of bowel and bladder. The resident required set up assistance for eating and was dependent for all other activities of daily living which included oral and personal hygiene, toileting, bathing, dressing bed mobility and transfers. Review of the August 2024 Grievance/Concern Log revealed on 08/01/24, the family of Resident #8608 registered a concern about an area of exposed drywall potentially harboring mold and creating an unsafe living environment. Observation during the initial tour on 08/12/24 from 9:10 A.M. to 10:35 A.M. revealed the following concerns: In Resident #8608's room there was wallpaper above the Heating, Ventilation and Air Conditioning (HVAC) unit and below the window peeled back exposing dry wall which was black in color. In Resident #29 and Resident #30's room the privacy curtain for the bed near the window was torn and not hanging properly. In unoccupied room [ROOM NUMBER] the wallpaper seams were peeling and ceiling tile was missing in the toilet stall. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In Resident #4 and #5's room there was brown material resembling feces all over the toilet bowl. In Resident #10 and #11's room the bathroom ceiling tile had a large brown ring stain. In Resident #14 and #15's room the wallpaper was peeling in the bathroom. Interview on 08/12/24 at 10:20 A.M. with State tested Nursing Assistant (STNA) #500 confirmed the discolored drywall in Resident #8608's room above the HVAC unit and below the window and stated it had been in this condition for approximately two weeks. Interview on 08/12/24 at 1:00 P.M. with Administrator #100 verified the above observations. This deficiency represents non-compliance investigated under Complaint Number OH00156431 and OH00155848.