

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365293	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/08/2025
NAME OF PROVIDER OR SUPPLIER  MT Airy Gardens Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</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 and staff interview, the facility failed to maintain a clean and sanitary kitchen. This affected all residents except for three residents (#31, #57 and #66) who were identified by the facility as not receiving any food from the kitchen. The facility census was 91. Findings include: Observation of the kitchen on 09/08/25 at 8:20 A.M. revealed a sticky substance on the floor at the entrance to the kitchen, chipped and peeling floor by the walls of the kitchen, a brown substance on the floor under the dishwasher and along the walls of the kitchen, brown debris in two black rubber mats, an uncovered pipe with standing water and a rag in the pipe near the dishwasher, and a second pipe with standing brown water near the dishwasher. Concurrent interview with the Administrator verified the findings. This violation represents non-compliance investigated under Complaint Number 2580547.</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observation, staff interview, and review of facility policy, the facility failed to ensure the kitchen was free of pests. This affected all residents except for three residents (#31, #57 and #66) who were identified by the facility as receiving no food from the kitchen. The facility census was 91. Findings include: Observation of the kitchen on 09/08/25 at 8:20 A.M. revealed there were multiple gnats around the dishwasher and trash cans in the kitchen. Concurrent interview with the Administrator verified the gnats around the dishwasher and garbage cans. Interview with Dietary Aide (DA) #174 on 09/08/25 at 8:26 A.M. verified there were multiple gnats around the dishwasher and trash cans in the kitchen. DA #174 stated the facility had experienced an issue with gnats for several weeks. Review of the facility's undated pest control program policy revealed the facility would maintain an effective pest control program that eradicated and contained common household pests. This violation represents non-compliance investigated under Complaint Number 2580547.</p>		