STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365375	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on medical record review, observation, staff interview, and policy review, the facility failed to provide residents with a dignified dining experience. This affected 13 (Residents #39, #79, #55, #20, #45, #31, #49, #17, #42, #32, #48, #71, and #102) with the potential to affect all of the residents except eight residents with orders for nothing by mouth (NPO). The facility census was 107 residents.Findings include: 1. Review of the medical record for Resident #71 revealed an admission date of 09/23/10 with diagnoses including type one diabetes mellitus and anorexia. Review of the Minimum Data Set (MDS) assessment for Resident #71 dated 04/08/26 revealed the resident was cognitively impaired and required set up or clean up assistance with eating. Review of the medical record for Resident #105 revealed an admission date of 08/10/18 with a diagnosis of Alzheimer's disease. Review of the MDS assessment for Resident #105 dated 03/30/26 revealed the resident was cognitively impaired and required set up or clean up assistance with eating. Review of the medical record for Resident #48 revealed an admission date of 05/20/26 with a diagnosis of hemiplegia and hemiparesis following cerebral infraction affecting the right side. Review of the MDS assessment for Resident #48 dated 06/02/26 revealed the resident was cognitively intact and required set up or clean up assistance with eating. Observation on 06/01/26 at 11:50 A.M. revealed Resident #71 was seated at a table with Resident #13. Staff delivered a meal to Resident #13 but staff did not deliver food to Resident #71. Residents #25 and #48 were seated at a table together at this time, but staff did not deliver food to their table. Interviews on 06/01/26 at 12:06 P.M. with Certified Nursing Assistant (CNA) #284 and #364 confirmed Residents #25, #38, and #71 were waiting for their trays to be delivered while other residents in the dining room were eating. Observation on 06/01/26 at 12:22 P.M. revealed staff delivered meals to Residents #71, #25, and #48. Interview on 06/01/2026 at 12:24 P.M. with Regional Clinical Director (RCD) #510 verified Residents #71, #25, and #48 had to wait for their meal trays to be delivered until 12:22 P.M. while watching other (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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	residents consume the lunch meal in front of them while the residents waited. 2. Observation on 06/01/26 at 12:40 P.M. revealed ten (Residents #39, #79, #55, #20, #45, #31, #49, #17, #42, #32) dining in the B Unit back hallway dining room were served their meal on a cafeteria style tray. Staff did not remove plates, cups, and flatware to provide a homelike dining experience. Residents consumed their meals from the cafeteria style trays. Interview on 06/01/26 at 12:49 P.M. with CNA #256 confirmed the ten residents dining in the B Unit back hallway dining room were served their meals on trays. CNA #256 stated staff should not serve resident meals on trays, and plates, cups, and flatware should be placed directly on the table for residents at meal service. Interview on 06/01/26 at 12:50 P.M with RCD #510 confirmed staff should not serve resident meals on trays and when a meal is served, the plates should be placed on the table in front of the resident and the trays should be removed. Review of the facility policy titled Dignity dated 03/28/23 revealed each resident would be cared for in a manner that promoted and enhanced his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. This deficiency represents noncompliance investigated under Complaint Number 3012702 and Complaint Number 2621572.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on medical record review, observation, and staff interview, the facility failed to ensure residents received appropriate incontinence care. This affected one (Resident #97) of three residents reviewed for incontinence care. The facility census was 107 residents.Findings include: Review of the medical record for Resident #97 revealed admission date of 12/26/22 with diagnoses including Parkinson's disease with dyskinesia, Alzheimer's disease, and mixed incontinence. Review of the physician's orders for Resident #97 revealed an order dated 12/26/22 for moisture barrier apply topically to the peri area after each incontinent episode and as needed. Certified Nursing Assistant may apply.Review of the care plan for Resident #97 dated 01/05/23 revealed the resident was at increased risk for skin breakdown related to moisture exposure with interventions including following facility policies/protocols for prevention/treatment of skin break down. Review of the Minimum Data Set (MDS) assessment for Resident #97 dated 03/06/26 for revealed the resident required substantial/maximal assistance with toileting hygiene. Observation on 06/03/26 at 10:33 A.M. of incontinence care for Resident #97 per CNA #282 revealed the aide provided care for the resident cleansing the resident's peri area with soap and water and assisting the resident with getting dressed and transferred to the the motorized wheelchair. CNA #282 did not apply moisture barrier as ordered and per the resident's care plan. Interview on 06/03/26 at 10:42 A.M. with CNA #282 confirmed the aide did not apply ordered topical moisture barrier to Resident #97 after the episode of incontinence. This deficiency represents noncompliance investigated under Complaint Number 3005760 and Complaint Number 2625173 and Complaint Number 2623943

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on medical record review, staff interview, and facility policy review, the facility failed to ensure residents were free of significant medication errors. This affected one (Resident #116) of three closed resident records sampled. The facility census was 107 residents. Findings include: Review of the medical record for Resident #116 revealed admission date of 03/10/25 with diagnoses including fibromyalgia, chronic kidney disease, diabetes mellitus type two. Review of physician's orders for Resident #116 revealed order dated 03/11/25 for morphine sulfate 15 milligrams (mg) by mouth one time a day for five days with a start date on 03/11/25 and an end date of 03/16/25. Review of narcotic sign out sheet for Resident #116's morphine sulfate revealed Licensed Practical Nurse (LPN) #294 signed out administration of two doses of morphine sulfate on 03/17/25 and 03/19/25. Review of the Medication Administration Record (MAR) for Resident #116 dated March 2025 revealed it did not include documentation of morphine sulfate administration for the resident on 03/17/25 or on 03/19/25. Review of the progress notes for Resident #116 dated 03/17/25 and 03/19/25 revealed there was no documentation regarding administration of morphine sulfate to the resident. Interview on 06/04/26 at 11:04 A.M. with LPN #294 confirmed his initials on Resident #116's narcotic sign out sheet for morphine sulfate 15mg on 03/17/25 and on 03/19/25. LPN #294 verified he did not check Resident #116's active medication orders before pulling the morphine sulfate 15mg on 03/17/25 and on 03/19/25. LPN #294 confirmed he administered the doses on 03/17/25 and on 03/19/25 to Resident #116 and did not document that he had done so in the residents chart. LPN #294 reported he pulled and gave the morphine sulfate 15mg because the medication was still in the cart. Review of facility policy titled Administering Pain Medications revised 2010 revealed pain medications were to be administered as ordered by the physician. This deficiency represents noncompliance investigated under Complaint Number 2611764 and 2621572.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on review of the facility menu, review of the dietary spreadsheet, observation, staff interview, and policy review, the facility failed to ensure staff followed the menu for residents with orders for a pureed diet. This affected ten facility-identified (Residents (#9, #11, #17, #20, #26, #45, #60, #66, #112 and #122) with order for a pureed diet. The facility census was 107 residents. Findings include: Review of the facility menu dated 06/03/26 revealed lunch included chicken noodle casserole, carrot coins, assorted bread, and ambrosia salad.Review of the dietary spreadsheet revealed residents on a pureed diet should receive pureed bread when it was on the menu. Observation of the lunch service on 06/03/26 revealed residents with pureed diets were not being served bread. Interview on 06/03/26 at 11:58 A.M. with Dietary Manager (DM) #384 verified residents with a pureed diet were not being served bread. DM #384 stated the pureed bread didn't taste good, and she thought that the residents were getting enough carbohydrates from the noodles in the casserole. DM #384 verified the residents on a regular or mechanical soft diet were being served both the chicken noodle casserole and bread. Interview on 06/04/26 at 1:52 P.M. with Dietician #511 verified that residents with a pureed diet should have been served pureed bread at lunch on 06/03/26. Review of the facility policy titled Menus dated October 2017 revealed menus were made to meet the nutritional needs of each resident following established national guidelines for nutritional adequacy.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on review of the facility diet listing, review of the facility menu, review of the facility spreadsheet, observation, staff interview, and policy review, the facility failed to ensure residents with an order altered textured diets were served foods in a form that was safe and appropriate. This affected 35 facility-identified with orders for diets with altered textures. The facility census was 107 residents. Findings include: Review of the diet listing revealed the following residents had orders for a mechanical soft textured diet: Residents #3, #16, #17, #21, #25, #35, #38, #39, #46, #49, #51, #59, #65, #71, #73, #75, #77, #80, #83, #89, #90, #101, #102, #104, #106 The following residents had orders for a pureed diet: Residents #9, #17, #20, #26, #11, #45, #60, #66, #112, #122. Review of the facility menu for 06/03/26 revealed lunch included chicken noodle casserole, carrot coins, assorted bread, and ambrosia salad. Review of the dietary spread sheet revealed residents with an order for mechanical soft diets should receive extra gravy on the chicken noodle casserole and chopped carrots. Residents with an order for a pureed diet should receive pureed chicken noodle casserole with gravy. Observation 06/03/26 at 11:48 A.M. revealed residents with a mechanical soft diet were being served chicken noodle casserole without extra gravy and carrot coins instead of chopped carrots. Residents with a pureed diet were being served pureed chicken noodle casserole without gravy. Interview on 06/03/26 at 11:48 A.M. with [NAME] #392 verified that he did not have gravy made to serve residents with a mechanical soft or pureed diet. [NAME] #392 also verified that he was serving carrot coins instead of chopped carrots to residents with a mechanical soft diet. Interview on 06/03/26 at 11:58 A.M. with Dietary Manager (DM) #384 verified residents with a pureed and mechanical soft diet were not receiving gravy on top of the chicken noodle casserole and residents with an order for mechanical soft were being served carrot coins instead of chopped carrots. DM #384 verified that she did have chopped carrots in the facility but decided to serve carrot coins because she thought that it would be soft enough for the residents to eat. Interview on 06/04/26 at 1:52 P.M. with Dietician #511 verified that residents with mechanical soft and pureed diets should have received gravy on the chicken noodle casserole. Dietician #384 also verified residents with a mechanical soft diet should have been served chopped carrots per the dietary spreadsheet. Review of the facility policy titled Therapeutic Diets dated October 2017 revealed therapeutic diets will be followed by the facility to support a resident's treatment and plan of care in accordance with his or her goals and preferences.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interview, and policy review, the facility failed to ensure food was stored, prepared, and served in a safe and sanitary manner to prevent foodborne illness. This had the potential to affect all of the residents residing in the facility with the exception of for eight facility-identified (Residents#1, #8, #15, #20, #43, #67, #91, and #124) with orders for nothing by mouth. The facility census was 107 residents. Findings include: 1. Observation n 06/01/26 at 8:13 A.M. of the freezer next to the grill line revealed it included the following items which had ice crystals on them: two bags of chopped carrots, one bag of fish, two bags of raw chicken, one bag of raw pork, three bags of hot dogs, one bag of sausages, one bag of beef. Interview on 06/01/26 at 8:20 A.M. with [NAME] #392 verified the items in the freezer had ice crystals and appeared to have freezer burn. Interview on 06/01/26 at 8:24 A.M. with Dietary Manager (DM) #384 verified the food in the freezer had ice crystals and appeared to have freezer burn and food with ice crystals should be discarded. 2. Observation on 06/01/26 at 8:28 A.M. revealed the can opener blade was dirty with food debris. Interview on 06/01/26 at 8:28 A.M. with DM #384 verified the can opener blade was dirty and should have been cleaned. 3. Observation on 06/01/26 at 8:30 A.M. revealed the freezer contained a supply of nutritional supplements that were not properly frozen. Interview on 06/01/26 at 8:30 A.M. with DM #384 confirmed staff notified her last night that the breaker to the freezer had stopped working and the supplements had melted. DM #384 verified the supplements should have been discarded. 4. Observation on 06/01/26 at 8:38 A.M. revealed the floors throughout the kitchen were dirty with debris and grime on the grout and floor tiles and missing grout on the floors in the dish machine area. Interview on 06/01/26 at 8:39 A.M. with [NAME] #392 verified the facility had a few businesses come in to professionally clean the floors, but it never really worked. [NAME] #392 stated it was difficult to keep the floors clean due to the condition of the floor. Interview on 06/01/26 at 8:52 A.M. with DM #384 confirmed she felt the floors were impossible to clean and always looked dirty. 5. Observation on 06/01/26 at 8:52 A.M. revealed the air vents by the dish washing and food prep areas were dirty with a build up of dust. Interview on 06/01/26 at 8:52 A.M. with DM #384 verified the air vents were dirty. 6. Observation on 06/01/26 at 8:54 A.M. revealed an air conditioning unit installed on the wall above the preparation sink was leaking water into a bucket stored on the preparation sink. The bucket was more than half way full and each time water dripped, it splashed into the sink and onto clean utensils in the area. Interview on 06/01/26 at 8:54 A.M. with DM #384 verified that the air conditioning unit was leaking and contaminating the food preparation area. 7. Observation on 06/01/26 at 8:56 A.M. revealed four knives that had missing chips on the blade were stored in the clean knife storage rack. Interview on 06/01/26 at 8:56 A.M. with DM #384 verified that the knives had missing chips of metal from the blade and should have been replaced. 8. Observation on 06/01/26 at 8:57 A.M revealed there were two rubber spatulas with chunks of rubber missing. Interview on 06/01/26 at 8:57 A.M. with DM #384 verified that the spatulas had chunks of rubber missing and should have been replaced. 9. Observation on 06/01/26 at 9:01 A.M. revealed the following items in the walk-in cooler: an opened undated package of bologna, a diced ham dated 05/01/26, an open and undated bag of shredded lettuce. Interview on 06/01/26 at 9:01 A.M. with DM #384 verified the bologna and lettuce should have been dated when they were opened and the ham should have been discarded within seven days. 10. Observation on 06/01/26 at 9:04 A.M. revealed there was an unopened bag of shredded lettuce that looked mushy and translucent in the walk in cooler. Interview on 06/01/26 at 9:04 A.M with DM #384 confirmed the bag of lettuce was new but it should have been discarded due to its spoiled appearance. 11. Observation on 06/01/26 at 9:06 A.M. revealed the reach in cooler contained the following items: undated sliced bologna, sliced ham and turkey dated 5/22/26. Interview on 06/01/26 at 9:06 A.M. with DM #384 verified that the bologna was undated and the ham and turkey should have been discarded within seven days. 12. Observation on 06/03/26 at 12:04 P.M. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	revealed the metal rack behind the steam table where clean plate insulated lids and bases were stored was dirty, rusted, and had paint chipping off. Interview 06/03/26 at 12:04 P.M. with DM #384 verified the metal rack was dirty, rusted, and the paint was chipping off. Interview on 06/04/26 at 1:52 P.M. with Dietician #511 confirmed she completed monthly audits in the kitchen and she sent the results to the Administrator and DM #384. Dietitian #511 verified her last audit was completed in April 2026 and she shared concerns regarding the cleanliness and condition of the flooring suggesting the floors might need to be replaced and also of concerns the freezer door was not sealing properly or staying shut. Review of the facility policy titled Food Preparation and Services dated October 2017 revealed food and nutrition service employees shall prepare and serve food in a manner that complies with safe food handling practices. Review of the facility policy titled Food Receiving and Storage dated October 2017 revealed foods shall be received and stored in a manner that complies with safe handling practices. When food is delivered to the facility it will be inspected for safe transport and quality before being accepted. All foods stored in the refrigerator or freezer will be covered, labeled, and dated with a use by date. All perishable foods must be used within seven days. Review of the facility policy titled Sanitization dated October 2008 revealed food service areas shall be maintained in a clean and sanitary manner. Kitchen and dining room surfaces not in contact with food shall be cleaned on a regular schedule and frequently enough to prevent accumulation of grime.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on medical record review, observation, staff interview and facility policy review, the facility failed to provide a sanitary environment for residents. This affected one (Resident #97) of five residents reviewed for physical environment. The facility census was 107 residents.Findings include: Review of the medical record for Resident #97 revealed an admission date of 12/26/22 with diagnoses including Parkinson's disease and Alzheimer's disease. Review of the Minimum Data Set assessment for Resident #97 dated 03/06/26 revealed the resident was and required substantial staff assistance with toileting hygiene. Observation on 06/03/26 at 10:34 A.M. of Resident #97's room revealed there was a pair of balled up clinical gloves on floor near the bedroom door. Interview on 06/03/26 at 10:55 A.M. with Certified Nurse Assistant (CNA) #282 confirmed there was a pair of balled up clinical gloves on Resident #97's bedroom floor . Observation on 06/03/26 at 10:58 A.M. of Resident #97's room revealed there was a personal fan covered with dust build-up in the bedroom and there were two bedpans with stains of a dried dark amber fluid on the bathroom floor. Interview on 06/03/26 at 10:58 A.M. with Registered Nurse (RN) Supervisor #350 confirmed the dust build up on Resident #97's personal fan and the soiled bed pans on the bathroom floor. RN Supervisor #350 stated soiled bed pans should not be left on resident bathroom floors.Review of facility policy titled Quality of Life-Homelike Environment revised 2017 revealed the facility staff and management shall maximize to the extent possible characteristics that include a clean, sanitary, and orderly environment. This deficiency represents noncompliance investigated under Complaint Number 3005760 and Complaint Number 2566801.