

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365423	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2026
NAME OF PROVIDER OR SUPPLIER Mount Washington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6900 Beechmont Avenue Cincinnati, OH 45230	

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 0684</p> <p>Level of Harm - Minimal harm 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, and staff, resident and family interview, the facility failed to ensure call lights were answered timely. This affected three (#02, #04, and #06) of five residents reviewed for care. The facility census was 69. Findings Include: 1. Review of the medical record revealed Resident #02 was admitted to the facility on [DATE]. Diagnoses included chronic kidney disease (stage four), esophageal obstruction, and hypertensive heart disease. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #02 was cognitively intact, had no behaviors, had not rejected care, and did not wander. During an interview and observation on 01/07/26 at 11:10 A.M., Resident #02 was cold and pushed his call light for assistance. The call light was observed activated at 11:12 A.M. and was not answered until 11:39 A.M. resulting in a 27 minute delay. Interview on 01/07/26 at 11:40 A.M., the Certified Nursing Assistant (CNA) #106 said call lights should ideally be answered within seven to eight minutes. 2. Review of the medical record revealed Resident #04 was admitted to the facility on [DATE]. Diagnoses included progressive multiple sclerosis, emphysema, neuromuscular dysfunction of the bladder, and acquired absence of the left leg above the knee. Review of the most recent MDS 3.0 assessment dated [DATE] revealed Resident #04 was cognitively intact, had no behaviors, had not rejected care, and did not wander. Interview on 01/07/26 at 12:00 P.M., Resident #04 said he has had to wait longer than an hour for his call light to be answered on multiple occasions resulting in a delay in care. 3. Review of the medical record revealed Resident #06 was admitted to the facility on [DATE]. Diagnoses included nontraumatic intracerebral hemorrhage, type II diabetes mellitus, atrial fibrillation, and hypertension. Review of the most recent MDS 3.0 assessment dated [DATE] revealed Resident #06 had moderately impaired cognition, had no behaviors, had not rejected care, and did not wander. Resident #06 was always incontinent of bowel and bladder. Interview on 01/06/26 at 10:29 A.M., Resident #06 and his wife said sometimes we have to wait an hour or more for his call light to be answered. Review of a Care Conference Meeting Summary dated 12/08/25 revealed the family of Resident #06 voiced concerns of nurses not responding to call lights resulting in the resident calling out for help. Interview on 01/07/26 at 9:20 A.M., staff member #105 said she has had complaints from residents about long call light response times. She had been in rooms where call lights had been activated and gone unanswered for as long as 25 to 35 minutes. Interview on 01/07/26 at 12:30 P.M., the Director of Nursing (DON) said the facility does not perform call light audits and does not know the average call light response time. Interview on 01/07/26 at 12:30 P.M., with the [NAME] President of Clinical Services Registered Nurse #107 said the facility does not have a standard for call light response times and stated call lights should ideally be answered in under 20 minutes. This deficiency represents non-compliance investigated under Complaint Number 2670639.</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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