

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365529	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2026
NAME OF PROVIDER OR SUPPLIER Garden Park Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3536 Washington Ave Cincinnati, OH 45229	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on medical record review, observation, staff interview, and review of the facility policy, the facility failed to ensure medications were delivered and administered in a timely manner. This affected one (Resident #11) two residents reviewed for medication administration. The facility census was 52 residents. Findings include: Review of the medical record for Resident #11 revealed an admission date of 02/27/26 with diagnosis including infective endocarditis, hepatitis C, severe sepsis, and pneumonia. Review of the physician's orders for Resident #11 revealed an order dated 02/28/26 at 1:53 A.M. cefazolin sodium IV solution two grams per IV three times a day for infection until 03/31/26. Review of the Minimum Data Set (MDS) assessment for Resident #11 dated 03/03/26 revealed the resident was cognitively intact and required supervision with activities of daily living (ADLs.) Review of the care plan for Resident #11 dated 03/06/26 revealed the resident was on intravenous (IV) medications related to endocarditis. Review of the Medication Administration Record (MAR) for Resident #11 dated February 2026 and March 2026 revealed the resident was not administered her first dose of cefazolin sodium until 03/01/26 at 10:00 P.M. Resident #11 missed the following six doses of IV medication: 02/27/26 at 10:00 P.M., 02/28/26 at 6:00 A.M., 2:00 P.M., and 10:00 P.M., 03/01/26 at 6:00 A.M. and 2:00 P.M. Review of the nurse progress notes for Resident #11 dated from 02/27/26 to 03/02/26 revealed the notes did not include documentation of notification to the physician regarding the missed doses of cefazolin nor was there documentation of contact with the pharmacy regarding delivery of the medication. Interview on 04/01/26 at 10:45 A.M. with Pharmacist #30 confirmed the pharmacy delivered cefazolin sodium IV solution for Resident #11 on 03/01/26 at 12:49 P.M. Interview on 04/01/26 at 11:00 A.M. with the Director of Nursing (DON) confirmed Resident #11 had missed doses of cefazolin sodium IV solution and the resident's MAR showed six missed doses. The DON further confirmed Resident #11's medical record did not include documentation of notification to Resident #11's physician of the missed doses nor did it include documentation of contact with the pharmacy regarding delivery of the medication. Review of the facility policy titled Administering Medications dated April 2019 revealed medications were to be administered in a safe and timely manner, and as prescribed. This deficiency represents noncompliance investigated under Complaint Number 2801711.</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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