STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365529	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden Park Health Care Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility failed to follow contact precautions to help prevent the transmission of communicable infections. This affected two residents (Residents #44 and #78) of four residents reviewed for wound care. The facility census was 50.Findings include:Record review revealed Resident #78 was admitted to the facility on [DATE]. Diagnoses included methicillin resistant staphylococcus aureus (MRSA) infection bacteremia. The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #78 was cognitively intact.The physician orders for Resident #78 dated 03/30/26 revealed an order for contact isolation due to MRSA bacteremia, a highly transmissible pathogen requiring a single room isolation where all services are rendered in room only. An order dated 03/29/26 revealed to cleanse wound to left lower calf, apply silver alginate, and cover with bordered foam gauze every day. Resident #78 also had an order dated 03/30/26 for daptomycin intravenous solution 640 milligrams (mg) intravenously at bedtime for MRSA bacteremia until 05/14/26. Observation on 05/14/26 at 9:07 A.M. revealed personal protective equipment in three plastic drawers outside Resident #78's room. No contact isolation sign was posted outside Resident #78's door. Resident #78 had a roommate, Resident #44 and Resident #44 was observed asleep in bed. Licensed Practical Nurse (LPN) #403 entered into their room to complete wound care for Resident #78. LPN #403 donned gown and gloves after entering Resident #78's room.Interview on 05/14/26 at 9:20 A.M. with LPN #403 confirmed she did not put on gown or gloves until she entered into Resident #78 and #44's room. LPN #403 stated she was not aware Resident #78 had a physician order for contact isolation and confirmed there was no sign on the door. Interview on 05/14/26 at 9:20 A.M. with Assistant Director of Nursing (ADON) #500 confirmed Resident #78 and #44 were currently roommates. ADON #500 confirmed there was no sign outside Resident #78 and #44's door for contact isolation precautions. ADON #500 stated she removed the contact precautions sign a day prior when the walls were getting painted and only put back a Enhanced Barrier Precautions (EBP) sign.Interview on 05/14/26 at 9:40 A.M. with the Director of Nursing (DON) confirmed Resident #78 had active diagnosis of MRSA and active order for contact isolation single room. The DON confirmed Resident #44 did not have any diagnosis of MRSA.Review of the facility policy titled Isolation- Categories of Transmission-Based Precautions revised October 2018 revealed staff and visitors will wear gloves and disposable gown when entering the room of resident on contact precautions.This deficiency represents non-compliance investigated under Complaint Number 2994321.

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