

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/10/2025
NAME OF PROVIDER OR SUPPLIER  Delhi Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  5999 Bender Road Cincinnati, OH 45233	

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 - Few</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 interview, the facility failed to prepare food in a clean environment. This had the potential to affect all residents of the facility. The facility census was 102 at the time of survey. Findings include: During initial tour of the facility kitchen on 09/25/25, two ceiling vents were observed to have a brown, fuzzy build up on them. One vent was positioned directly over the meal prep area. Interview with Dietary Director #203 on 09/29/25 at 11:10 A.M. confirmed that the vents were dirty and had the potential to blow debris onto the food prep area and contaminate the food. Interview with the Administrator on 09/29/25 revealed that the vents were removed and thoroughly cleaned. This was an incidental finding discovered during the course of the complaint investigation.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to maintain clinical records, including medication administration, in accordance with accepted professional standards and practices that are complete, accurately documented, and readily accessible. This affected two residents (#2 and #4) of four residents reviewed. The facility census was 102 at the time of survey. Findings include: 1. Review of the medical record revealed Resident #2 was admitted to the facility on [DATE]. Diagnoses included Chronic Obstructive Pulmonary Disease (COPD), Chronic Kidney Disease (CKD), Schizophrenia, and Type II Diabetes Mellitus. Resident #2 had an order for oxycodone-acetaminophen oral tablet 5-325 mg Give 1 tablet by mouth every 6 hours as needed for pain. Review of the July sign-out sheet and medication administration record (MAR) for Resident #2's oxycodone-acetaminophen revealed that the medication was signed out for administration on 07/05/25 at 05:30, 12:15, 08:30, and 15:11 with administration documented at 05:32 and 12:18. On 07/06/25 the medication was signed out for administration at 21:30 with no documentation for administration. On 07/07/25 the medication was signed out for administration at 07:00 and 13:00 with no documentation for administration. 2. Review of the medical record revealed Resident #4 was admitted to the facility on [DATE]. Diagnoses included Acquired Absence of Left Leg Above the Knee, COPD, and Peripheral Vascular Disease. Resident #4 had an order for oxycodone HCl Oral Capsule 5 mg by mouth every 6 hours as needed for pain. Review of the August sign-out sheet and MAR for Resident #4's oxycodone revealed that the medication was signed out for administration on 08/26/25 at 15:15 and 9:30 P.M. with administration documented at 23:14. On 08/27/25 the medication was signed out at 00:00, 06:00, 14:30, and 8:30 with no documentation of administration. On 08/28/25 the medication was signed out at 14:00, 18:00, and 00:28 with documentation of administration at 18:00. Interview with Director of Nursing on 09/29/25 at 9:12 A.M. revealed that the facility was unaware of medications being signed out and not documented as being given. Interview with Administrator on 09/29/25 revealed that an investigation was initiated and a Self Reported Incident (SRI) was filed regarding the matter. Facility policy titled Administering Medications dated April 2019 states As required or indicated for a medication, the individual administering the medication records resident's medical record the date and time the medication was administered. This deficiency represents non-compliance investigated under Complaint Number 2603422</p>		