STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365554	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glen Meadows	3472 Hamilton Mason Road Hamilton, OH 45011

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 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and staff interview, the facility failed to ensure significant change assessments were completed in a timely manner following initiaition of hospice services. This affected two (#27 and #04) of two residents reviewed for hospice services. The facility census was 82.1) Review of the medical record of Resident #27 revealed an admission date of 06/22/22. The resident transferred to the hospital on [DATE] and returned to the facility on [DATE]. Diagnoses included localization-related symptomatic epilepsy, chronic obstructive pulmonary disease, and Alzheimer's disease. Review of the physician orders for Resident #27 dated 12/22/25, revealed the resident was admitted to hospice with a diagnosis of Alzheimer's disease. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #27 had severely impaired cognition. The resident received hospice care. Review of additional MDS assessments revealed no significant change assessment was completed following Resident #27's enrollment into hospice on 12/22/25. Review of the plan of care for Resident #27 dated 03/17/26 revealed the resident received hospice services for end-stage Alzheimer's disease. Review of the Hospice notification to the Business Office dated 12/23/25, revealed Resident #27 was admitted to Hospice effective 12/22/25. During an interview on 03/26/26 at 1:21 P.M., MDS Licensed Practical Nurse (LPN) #499 verified there was no significant change MDS assessment completed after Resident #27 enrolled in Hospice on 12/22/25. MDS LPN #499 verified a significant change MDS should be completed within 14 days of admission to hospice. 2) Review of the medical record revealed Resident #04 was admitted to the facility on [DATE] with diagnoses of acute and chronic respiratory failure with hypercapnia that required non-invasive ventilation, schizoaffective disorder, diabetes mellitus type II, and morbid obesity. Review of the physician orders for Resident #04 dated 01/07/26 revealed an order for Hospice to evaluate and admit the resident to Hospice with a terminal diagnosis of acute and chronic respiratory failure with hypercapnia with a prognosis of six months or less if disease takes its natural course. Review of Census Profile for Resident #04 revealed Resident #04 transitioned to Hospice on 01/07/26. Review of the MDS Significant Change assessment dated [DATE], revealed Resident #04 had intact cognition. Review of additional MDS assessments revealed the Significant Change assessment was not completed until 02/10/26 and Resident #04 was admitted to Hospice on 01/07/26. Review of Hospice notification to the Business Office dated 01/07/26 revealed Resident #04 was admitted to Hospice effective 01/07/26. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 03/26/26 at 1:21 P.M., MDS LPN #499 verified Resident #04's was admitted to Hospice on 01/07/26 and the Significant Change MDS assessment was completed on 02/10/26. MDS LPN #499 stated a Significant Change MDS assessment should be completed within 14 days of Resident #04's admission to Hospice.

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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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident?s assessment is updated at least once every 3 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, and Centers for Medicare and Medicaid Services (CMS) Long-Term Care Resident Assessment Instrument (RAI) User's Manual, the facility failed to ensure quarterly assessments were completed in a timely manner. This affected three (Residents #17, #20 and #21) of three residents reviewed for quarterly assessments. The facility census was 82.Findings include: 1) Review of the medical record reveled Resident #17 was admitted to the facility on [DATE] with diagnoses of unspecified dementia, schizophrenia and major depressive disorder. Review of the Minimum Data Set (MDS) Quarterly assessment dated [DATE] revealed Resident #17 had severe cognitive deficit and was frequently incontinent of bowel and bladder. The resident required supervision for eating, oral hygiene, dressing, bed mobility and transfers, maximal assistance for toileting and bathing, and was dependent for personal hygiene. The MDS indicated an assessment reference date (ARD) of 02/18/26 and the assessment was completed on 03/09/26. During an interview on 03/26/26 at 1:21 P.M., MDS Licensed Practical Nurse (LPN) #499 verified Resident #17's Quarterly MDS assessment was completed on 03/09/26. MDS LPN #499 verified a Quarterly MDS assessment must be completed within 14 days of the ARD. 2) Review of the medical record revealed Resident #20 was admitted to the facility on [DATE] with diagnoses of multiple sclerosis, chronic obstructive pulmonary disease, congestive heart failure and atrial fibrillation. Review of the MDS Quarterly assessment dated [DATE] revealed Resident #20 had intact cognition and was frequently incontinent of bowel and bladder. The resident required set up assistance for eating and oral hygiene, moderate assistance for transfers, and maximal assistance for personal hygiene, toileting, bathing and dressing.The MDS indicated an ARD of 02/19/26 and the assessment was completed on 03/09/26. During an interview on 03/26/26 at 1:21 P.M., MDS LPN #499 verified Resident #20's Quarterly MDS assessment was completed on 03/09/26 and the ARD was 02/19/26. MDS LPN #499 verified a Quarterly MDS assessment must be completed within 14 days of the ARD. 3) Review of the medical record revealed Resident #21 was admitted to the facility on [DATE] with diagnoses of atrioventricular block, malignant neoplasm of the prostate and bone, and hypertension. Review of the MDS Quarterly assessment dated [DATE] revealed Resident #21 had intact cognition and was always continent of bowel and bladder. The resident required set up assistance for eating and oral hygiene, supervision for toileting, dressing, bed mobility and transfers, and maximal assistance for personal hygiene. The resident refused the bathing assessment. The MDS indicated an ARD of 02/20/26 and the assessment was completed on 03/09/26 During an interview on 03/26/26 at 1:21 P.M., MDS LPN #499 verified Resident #21's Quarterly MDS assessment was completed on 03/09/26 and the ARD was 02/20/26. MDS LPN #499 verified a Quarterly MDS assessment must be completed within 14 days of the ARD. Review of the CMS Long-Term Care RAI 3.0 User's Manual, Version 1.20.1, dated October 2025, Chapter 5: Submission and Correction of the MDS Assessments, 5.2 Timeliness Criteria, revealed the Quarterly assessment must be completed within 14 days of the ARD.