STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365558	A. Building B. Wing	04/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hamilton Respiratory and Nursing Center	2923 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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 review of the facility policy, the facility failed to timely complete quarterly Minimum Data Set (MDS) assessments. This affected four (Residents #2, #11, #26, #39) of 18 residents sampled. The facility census was 75 residents.Findings include: 1.Review of the medical record for Resident #26 revealed an admission date of 09/04/24 with diagnoses including mood disorder and anxiety disorder. Review of the quarterly Minimum Data Set (MDS) assessment for Resident #15 dated 03/12/26 revealed the MDS was not completed until 04/15/26. Interview on 04/16/26 at 1:45 P.M. with MDS Nurse #284 verified Resident #26's quarterly MDS dated [DATE] was not completed within the required timeframe. 2.Review of the medical record for Resident #39 revealed an admission date of 10/29/23 with diagnoses including Alzheimer's disease, depression, and congestive heart failure. Review of the quarterly MDS assessment for Resident #39 dated 03/19/26 revealed the MDS was not completed and should have been submitted by 04/02/26. Interview on 04/16/26 at 1:47 P.M. with MDS Nurse #284 verified Resident #39's quarterly MDS dated [DATE] was not completed within the required timeframe. 3. Review of the medical record for Resident #2 revealed an admission date of 02/28/23 with diagnoses including type two diabetes mellitus, major depressive disorder, and anxiety disorder. Review of the quarterly MDS assessment for Resident #2 dated 03/09/26 revealed the MDS was not completed until 04/09/26. Interview on 04/16/26 at 1:39 P.M. with MDS Nurse #284 verified Resident #2's quarterly MDS dated [DATE] was not completed within the required timeframe. 4.Review of the medical record for Resident #11 revealed an admission date of 07/10/23 with diagnoses including borderline personality disorder, bipolar disorder, and type one diabetes mellitus. Review of the quarterly MDS assessment for Resident #11 dated 12/28/25 revealed the MDS was not completed until 01/19/26. Interview on 04/16/26 at 1:43 P.M. with MDS Nurse #284 verified Resident #11's quarterly MDS was (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	not completed within the required timeframe. Review of the facility policy titled MDS 3.0 Completion revised on 04/16/26 revealed residents were assessed using a comprehensive assessment process to identify care needs and to develop an interdisciplinary care plan. A quarterly assessment should be completed using an assessment reference date no later than 92 days from the most recent prior quarterly or comprehensive assessment.

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F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to manage his or her financial affairs. Based on medical record review and staff interview, the facility failed to ensure written authorization to manage resident funds. This affected one (Resident #55) of five residents reviewed for resident funds. The facility census was 75 residents.Findings include: Review of the funds record for Resident #55 revealed there was no authorization by the resident or his representative. Interview on 04/16/26 at 3:12 P.M. with Business Office Coordinator (BOC) #237 confirmed the facility was managing Resident #55's funds, but the facility had not obtained written authorization to manage funds for the resident from the resident nor from the resident's representative. Review of the facility policy titled Resident Funds revised December 2009 revealed the facility would inform residents of the procedures for managing funds and residents were not obligated to deposit their funds with the facility.

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F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview the facility failed to timely disburse funds following resident death. This affected one (Resident #94) of five residents reviewed for resident funds. The facility census was 75 residents.Findings include: Review of the funds record for Resident #94 revealed the resident expired in July of 2025 and his funds had not yet been disbursed to the resident's representative. Interview on [DATE] at 3:12 P.M. with Business Office Coordinator (BOC) #237 confirmed Resident #94 expired in [DATE] and the facility had not yet disbursed the funds remaining in the resident's account to the resident's family.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on medical record review, staff interview, and review of the facility policy, the facility failed to ensure care conferences were completed quarterly. This affected two (Residents #8 and #11) of 18 sampled residents. The facility census was 75 residents. Findings include: 1.Review of the medical record for Resident #8 revealed an admission date of 12/31/25 with diagnoses including end stage renal disease (ESRD), hypertension, and anemia. Review of the Minimum Data Set (MDS) assessment for Resident #8 dated 01/07/26 revealed the resident had intact cognition. Review of the medical record for Resident #8 revealed there was no documentation of care conferences being completed for the resident. Interview on 04/16/26 at 2:31 P.M. with Social Services Director (SSD) #297 verified the facility had not held a care conference with Resident #8. 2.Review of the medical record for Resident #11 revealed an admission date of 07/10/23 with diagnoses including borderline personality disorder, bipolar disorder, and type one diabetes mellitus. Review of the MDS assessment for Resident #11 dated 12/28/25 revealed the resident had intact cognition. Review of the medical record for Resident #11 for the last 12 months revealed care conferences were completed on 07/18/25 and 09/25/25. No other care conferences had been completed. Interview on 04/16/26 at 2:27 P.M. with SSD #297 verified care conferences were to be completed quarterly, and Resident #11 had only received two in the last year. Review of the facility policy titled Care Planning-Resident Participation revised 05/25/25 revealed the facility supported the resident's right to be informed of, and participate in, his or her care planning and treatment. The facility would honor requests for care plan meetings and acknowledge requests for revisions to the person-centered plan of care.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on medical record review, staff interview, and review of the facility policy, the facility failed to implement timely interventions to monitor for and prevent unplanned weight loss. This affected one (Resident #2) of three residents reviewed for nutrition. The facility census was 75 residents. Findings include:Review of the medical record for Resident #2 revealed an admission date of 02/28/23 with diagnoses including type twp diabetes mellitus, major depressive disorder, and chronic pancreatitis. Review of the weight record for Resident #2 dated 09/05/25 revealed the resident weighed 190.8 pounds (lbs.) Review of the weight record for Resident #2 dated 10/16/25 revealed the resident weighed 176 lbs. which was a 7.76 percent (%) weight loss in under 30 days. Review of the nutritional progress note for Resident #2 dated 10/16/25 at 3:42 P.M. revealed the dietitian recommended the staff to obtain a re-weight of the resident to rule out discrepancies with the scales. Review of the weight record for Resident #2 dated 10/16/25 revealed there was no re-weight recorded. Review of the weight record for Resident #2 dated 11/14/25 revealed the resident weighed 163 lbs. which was a 7.39 % weight loss in 30 days. Review of the weight record for Resident #2 dated 12/03/25 revealed the resident weighed 161 lbs. Review of the weight record for Resident #2 dated 01/06/26 revealed the resident weighed 150 lbs. which was a 6.83% weight loss in 30 days. Review of the weight record for Resident #2 dated 01/15/26 revealed the resident weighed 146 lbs. Review of the physician's order for Resident #2 dated 01/15/26 revealed an order to obtain weekly weights for four weeks. Review of the weight record for Resident #2 dated 01/22/26 revealed the resident weighed 145 lbs. Review of the weight record for Resident #2 dated 01/29/26 revealed there was no weekly weight obtained. Review of the weight record for Resident #2 dated 02/25/26 revealed the resident weighed 133 lbs. which was an 8.28% weight loss in 30 days. Review of the nutritional progress note for Resident #2 dated 02/27/26 at 7:21 P.M. revealed the dietitian recommended the resident be started on appetite stimulant due to weight loss. Review of the nutritional progress note dated 03/05/26 at 10:18 P.M. revealed the dietitian requested a reweight for the resident due to unplanned weight loss. Review of the Minimum Data Set (MDS) assessment for Resident #2 dated 03/09/26 revealed the resident had moderate cognitive impairment and required staff assistance with activities of daily living (ADLs.) Review of the physician's orders for Resident #2 dated 03/16/26 revealed and order for the appetite stimulant Remeron 7.5 milligrams (mg) at bedtime. Review of the weight record for Resident #2 dated 04/08/26 revealed the resident weighed 125 lbs. Review of the nutritional progress note for Resident #2 dated 04/15/26 at 2:52 P.M. revealed the dietitian made the following recommendations: increase house supplement to three times a day, obtain a re-weight, obtain weekly weights for four weeks. Interview on 04/16/26 at 10:27 A.M. with Dietary Tech (DT) #341 confirmed Resident #2 had a significant weight loss from 09/05/25 to 04/08/26. DT #341 stated reweights were requested for Resident #2 on 10/16/25, 03/05/26 and on 04/15/26, but the facility had not obtained the reweights. DT #241 confirmed on 01/15/26 there was an order for weekly weights for four weeks, but the facility obtained only one weight for Resident #2 from 01/15/26 to 02/25/26. DT #314 confirmed the dietitian made a recommendation on 02/27/26 to start an appetite stimulant for Resident #2, but it was not started until 03/16/26. Review of the facility policy titled Weight Monitoring revised 11/06/25 revealed all residents would have weights obtained, documented, and reviewed routinely. Significant weight changes would be promptly addressed with appropriate interventions and physician notification.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on review of the medical record, observation, staff interview, and review of the facility policy, the facility failed to ensure staff completed hand hygiene during catheter care and failed to ensure enhanced barrier precautions (EBP) were implemented for a dialysis resident. This affected two (Resident #8 and #13) of 18 residents sampled. The facility census was 75 residents. Findings include: 1.Review of the medical record for Resident #8 revealed an admission date of 12/31/25 with diagnoses included end stage renal disease (ESRD), hypertension, and anemia. Review of the Minimum Data Set (MDS) assessment for Resident #8 dated 01/07/26 revealed the resident had intact cognition and required staff assistance with activities of daily living (ADLs.) Review of the care plan for Resident #8 dated 01/20/26 revealed the resident received hemodialysis three times weekly. Observation on 04/15/26 at 11:11 A.M. revealed Resident #8 did not have an enhanced barrier precautions (EBP) sign or personal protective equipment (PPE) available for patient care. Interview on 04/15/26 at 11:13 A.M. with the Director of Nursing (DON) verified Resident #8 was supposed to be on EBP related to dialysis chest port. Review of the facility policy titled Enhanced Barrier Precautions revised 07/01/25 revealed the facility implemented EBP for the prevention of transmission of multidrug-resistant organisms (MDROs). An order would be obtained for residents with wounds or orders for indwelling medical devices including hemodialysis catheters. 2.Review of the medical record for Resident #13 revealed an admission date of 12/02/25 with diagnoses including gram-negative sepsis, type two diabetes mellitus, and hemiplegia and hemiparesis affecting right side. Review of the (MDS) assessment for Resident #13 dated 02/04/26 revealed the resident had severe cognitive impairment and required assistance with toileting and had a urinary catheter. Review of the physician's orders for Resident #13 revealed an order dated 04/13/26 for catheter care every shift. Observation on 04/15/26 at 11:20 A.M. of catheter care for Resident #13 per Certified Nursing Assistant (CNA) #260 revealed the aide did not remove soiled gloves after providing catheter care and then touched the resident's clean sheets and oxygen tubing with her gloved hands. Interview on 04/15/26 at 11:32 A.M. with CNA #260 verified she did not change her gloves during or after catheter care. Review of the facility policy titled Basic Principles of Prevention dated 2025 revealed hand hygiene was a general term that applied to handwashing and alcohol-based hand rub. It had been deemed the number one practice for breaking the chain of infection. The hand hygiene procedures to be followed by staff involved in direct resident contact should be written, communicated, and enforced.