

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365562	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2026
NAME OF PROVIDER OR SUPPLIER Madeira Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6940 Stiegler Lane Cincinnati, OH 45243	

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 0680 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the activities program is directed by a qualified professional. Based on review of personnel records and staff interview, the facility failed to provide a qualified activities director. This had the potential to affect all of the residents residing in the facility with the exception of 14 facility- identified residents (#3, #8, #12, #36, #45, #50,#51, #62, #67, #73, #78, #81, #82, and #89) who did not participate in facility activities. The facility census was 91 residents. Findings include: Review of the personnel record for Activities Director (AD) #100 revealed a hire date of 04/02/26. Further review of the personnel record for AD #100 revealed she did not meet the qualifications required to be an activity director in the facility. Interview on 04/23/26 at 6:00 P.M. with the Regional Director of Clinical Operations confirmed AD#100 was hired 04/02/26 and did not meet the requirements to be employed as a qualified activity director in the facility.

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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