| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 365693 | A. Building<br>B. Wing | 06/17/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Western Hills Retirement Village | 6210 Cleves Warsaw Pike<br>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) |
|---|---|
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide wound care as ordered. This affected one resident (#10) out of three residents reviewed for wounds. The facility census was 100.Review of the medical record revealed Resident #10 was admitted to the facility on [DATE]. Diagnoses include lymphedema, cerebral infarction, hemiplegia, type II diabetes, mild protein-calorie malnutrition, cellulitis, and heart failure.Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident was cognitively intact, had no behaviors, did not reject care, and did not wander.Review of the medical record for Resident #10 revealed wound care orders as follows:Bilateral dorsal feet, cleanse with normal saline (NS), pat dry, apply xeroform and follow by kerlix every day shift for arterial ulcers dated 06/03/26.Review of the Treatment Administration Record (TAR) for June revealed the ordered wound care was not completed on 06/04/26, 06/05/26, 06/07/26, 06/09/26, 06/11/26, and 06/12/26.Interview with Resident #10 on 06/16/26 at 9:25 A.M. revealed sometimes dressing changes were missed but could not recall exact dates.Interview with the Administrator on 06/17/26 at 10:38 A.M. revealed there was no documentation of wound care being completed on the above dates and should have been completed. The Administrator confirmed the facility does not have a policy on wound care. This deficiency represents non-compliance investigated under Complaint Numbers 1379015 and 3029923. |

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 |
|---|---|---|