STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365714	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Leonard Hcc	8100 Clyo Road Centerville, OH 45458

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on medical record review, staff interview, and review of the facility policy, the facility failed to ensure dependent residents received bathing services as scheduled. This affected four (Residents #7, #56, #114, and #130) of five residents reviewed for bathing. The facility census was 124 residents.Findings include: 1.Review of the medical record for Resident #7 revealed an admission date of 12/19/25 with diagnoses including myelodysplastic syndrome, hypokalemia, and iron deficiency anemia. Review of the Minimum Data Set (MDS) assessment for Resident #7 dated 02/10/26 revealed the resident had severe cognitive impairment and required assistance with activities of daily living (ADLs), including bathing and dressing. Review of the care plan for Resident #7 dated 02/11/26 revealed the staff would meet the resident's ADL needs and the resident was fully dependent on staff to provide baths. Review of the shower documentation for Resident #7 revealed she had scheduled showers on Monday and Thursday evenings. Further review of the shower documentation dated 01/01/26 to 04/01/26, revealed no documentation of showers being completed on the following dates: 01/08/26, 01/15/26, 01/26/26, 01/29/26, 02/05/26, 02/09/26, 02/12/26, 02/16/26, 02/23/26, 02/26/26, 03/05/26, 03/16/26, 03/19/26, 03/23/26. During an interview on 04/01/26 at 12:48 P.M., Resident #7's family member stated the resident did not receive baths on a consistent basis. 2. Review of the medical record for Resident #56 revealed an admission date of 04/17/25 with diagnoses including chronic kidney disease, hypertension, and peripheral vascular disease. Review of the MDS assessment for Resident #56 dated 03/19/26 revealed resident had intact cognition and required assistance with ADLs, including bathing and dressing. Review of the shower documentation for Resident #7 revealed he had scheduled showers on Monday and Thursday evenings. Further review of the shower documentation dated 01/01/26 to 04/01/26, revealed no documentation of showers being completed on the following dates: 01/08/26, 01/22/26, 01/26/26, 02/05/26, 02/09/26, 03/23/26, 03/26/26, 03/30/26. 3.Review of the medical record for Resident #114 revealed an admission date of 02/01/26 with diagnoses including diabetes mellitus type two, encephalopathy, and hypertension. Review of the MDS assessment for Resident #114 dated 02/04/26 revealed the resident had intact cognition and required assistance with ADLs. Review of the care plan for Resident #114 dated 02/06/26 the resident was at risk for an ADL self-care performance deficient and required substantial or maximal assistance of staff with bathing or showering. Staff were to provide a sponge bath when the resident could not tolerate a full bath or shower. Review of the shower documentation for Resident #114 revealed she had scheduled showers on Monday and Thursday during day shift. Further review of the shower documentation dated 02/01/26 to 04/01/26, revealed no documentation of showers being completed on the following dates: 02/23/26, 02/26/26, 03/19/26, 03/23/26, 03/26/26, 03/30/26. 4.Review of the medical record for Resident #130 revealed an admission date of 10/20/25 with diagnoses including acute kidney failure, hypertension, and osteoarthritis and a discharge date of 03/20/26. Review of the MDS assessment for Resident #130 dated 01/23/26 revealed the resident had intact cognition and required assistance with ADLs. Review of the care plan for Resident #130 dated 02/13/26 revealed the resident was at risk for an ADL self-care performance deficient and required substantial or maximal assistance by staff with bathing or showering. Staff were to provide a sponge bath when the resident could not tolerate a full bath or shower. Review of (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

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the shower documentation for Resident #130 revealed she had scheduled showers on Wednesday and Saturday nights. Further review of the shower documentation dated 01/01/26 through 03/20/26 revealed no documentation of showers being completed on 01/03/26, 01/07/26, 01/10/26, 01/21/26, 01/28/26, 01/31/26, 02/04/26, 02/07/26, 02/21/26, 02/25/26, 02/28/26, 03/04/26, 03/07/26, 03/11/26, 03/14/26. Interview on 04/01/26 at 9:55 A.M. with Assistant Director of Nursing (ADON) #347 confirmed residents are scheduled to receive showers twice weekly unless otherwise indicated. ADON #347 stated if a resident refused a shower, the Certified Nursing Assistant (CNA) was to notify the nurse, and the nurse should re-offer the shower. If the resident continued to refuse, the refusal was to be documented. ADON #347 verified the missing shower documentation for Residents #7, #56, #114, and #130. Review of facility policy titled Resident Showers dated 12/01/25 revealed residents would be provided showers as per request of as per facility schedule protocols. This deficiency represents noncompliance investigated under Complaint Number 2697589 and Complaint Number 2694588