

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2025
NAME OF PROVIDER OR SUPPLIER  Daniel Drake Center for Post-Acute Care LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  151 West Galbraith Road Cincinnati, OH 45216	

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)
<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation, interview, and facility document review, the facility failed to ensure the daily nurse staffing was posted daily and the information included the facility name, the resident census, and the actual hours worked by the licensed and unlicensed nursing staff. This deficient practice had the potential to affect all 54 residents who currently resided in the facility. Findings included: During a concurrent observation and interview on 05/20/2025 at 2:51 PM, Health Unit Coordinator (HUC) #2 stated the daily staff posting was hung on the wall. The surveyor noted the daily staff posting dated 05/20/2025 only listed the staff assignments. The posting did not list the facility name, the resident census, or the actual hours worked by the licensed and unlicensed nursing staff. During a concurrent document review and interview on 05/21/2025 at 12:51 PM, HUC #9 stated the staff on the second floor did the daily staff posting. HUC #9 provided the surveyor with six daily staff postings for the fourth floor dated 05/06/2025, 05/13/2025, 05/19/2025, 05/20/2025, and two that were not dated and incomplete. HUC #9 verified some of the documents were not dated. The daily staff posting dated 05/06/2025 and 05/20/25 for the 7:00 AM - 7:00 PM shift did not include the facility name, resident census, or the actual hours worked by the licensed and unlicensed nursing staff. The daily staff posting dated 05/13/2025 and 05/19/25 did not include the facility name, resident census, or the actual hours worked by the licensed and unlicensed nursing staff. During a concurrent document review and interview on 05/22/25 of the daily staff posting for the second floor for the timeframe 04/20205 and 05/2025 revealed the daily staff posting were completed for 04/30/2025 - 05/02/2025 and 05/05/2025 - 05/13/2025. HUC #3 stated could not locate any more. The daily staff postings provided by HUC #3 did not include the facility name, the resident census, or the actual hours worked by the licensed and unlicensed nursing staff. During an interview on 05/23/2025 at 10:51 AM, the Director of Nursing stated the expectation was that daily staff posting should be done in the morning and evening. During an interview on 05/23/2025 at 12:17 PM, the Administrator stated she expected the staff posting to be correctly posted every day.</p>

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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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and facility policy review, the facility failed to discard expired food items, label and date items stored in the refrigerator, and properly store food items in the refrigerator and freezer. These deficient practices had the potential to affect all 54 residents who received food from the kitchen. Findings include: Interview and observation of the cold storage on 05/19/2025 at 9:03 AM with the Food and Nutrition Services (FANS) Director, there was one case of sugar-free, orange gelatin with a use-by-date (UBD) of 04/15/2025. The FANS Director stated, More than likely we missed it. There was a half pan of pre-sliced onions covered with plastic wrap with a UBD of 05/18/2025. The FANS Director stated the pre-sliced onions should be discarded. There was a container of sliced mushrooms approximately a quarter full not dated with the date it was opened or a UBD. The FANS Director stated the container should have an opened and there should be UBD date on the label. There were six lemons that had been punctured with the interior exposed stored in a pan not wrapped or dated. The FANS Director stated the lemons should be labeled with a UBD and stored in a closed container. There was a plastic container of peeled garlic cloves with a UBD of 04/20/2025. The FANS Director stated the garlic cloves should be discarded. According to the FANS Director, the supervisors and entire dietary department was responsible for daily monitoring the refrigerator and freezer for expired items. Interview and observation of the frozen storage on 05/19/2025 at 10:03 AM with the FANS Director, there was an opened case of chicken breasts with an interior bag which was opened to air. The FANS Director stated the chicken breasts were not stored correctly as the bag should have been sealed and the box closed and not opened to air. Interview on 05/19/2025 at 9:40 AM, FANS Staff #4 stated she monitored the refrigerator and freezer for expired, outdated items and made sure the items were labeled with a date it was opened and a UBD. FANS Staff #4 stated she had been out for the past three days and had not gone in the refrigerator as of yet on 05/19/2025. Interview on 05/19/2025 at 9:44 AM, FANS Staff #5 stated she last checked the refrigerator before she left work on 05/15/2025 for expired and undated items. FANS Staff #5 stated she had not worked since 05/15/2025. Interview on 05/21/2025 at 9:38 AM, FANS Supervisor #18 stated she was the supervisor and the dietary staff was responsible to ensure all food items were labeled correctly, stored properly, and expired food items were discarded. Review of the facility policy titled Food Safety, dated 08/01/2006, revealed at bullet L. All foods prepared in operation must be covered and labeled as to contents and date of preparation prior to storage in refrigerators and freezers. Review of the facility policy titled Food Storage, dated 04/01/2008, revealed at bullet 2. Each container shall be labeled with the name of the product and the date of preparation or discard by date. Bullet H. Labeling of Leftovers 1. All prepared (leftovers) foods will be labeled and dated with a date of expiration by the person responsible for placing them in a storage refrigerator or freezer. 2. It is the responsibility of the cooks and supervisor to daily monitor the storage of leftover foods by examining the labels attached to foods stored in refrigerators. During an interview on 05/23/2025 at 9:18 AM, the Administrator stated she expected the staff in the dietary department to follow the policy regarding the correct food standards and approved real time monitoring. If the staff were expected to do daily check of the refrigerator and freezer, she expected the daily checks to occur.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, record review, and facility policy review, the facility failed to offer the pneumococcal vaccine and provide education regarding the benefits and potential side effects of the pneumococcal vaccine for two (Resident #30 and Resident #40) of six sampled residents reviewed for infection control. The facility census was 54. Findings include: 1. Record review revealed Resident #30 was admitted on [DATE]. Review of the admission Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 04/11/2025, revealed Resident #30's pneumococcal vaccination was not up to date and the pneumococcal vaccine was not offered to the resident. Resident #30's medical record revealed no evidence the resident was provided education regarding the benefits and potential side effects of the pneumococcal vaccine. Interview on 05/22/2025 at 11:59 AM, the Director of Nursing (DON) stated the pneumococcal vaccine was offered to all residents over the age of 60. The DON reviewed Resident #30's medical record and verified there was no evidence of documentation provided to the resident regarding the pneumococcal vaccine. 2. Record review revealed Resident #40 was admitted on [DATE]. Review of the admission MDS assessment, with an ARD of 05/04/2025, revealed Resident #40's pneumococcal vaccination was not up to date and the pneumococcal vaccine was not offered to the resident. Resident #40's medical record revealed no evidence the resident was provided education regarding the benefits and potential side effects of the pneumococcal vaccine. Interview on 05/22/2025 at 11:59 AM, the DON stated the pneumococcal vaccine was offered to all residents over the age of 60. The DON reviewed Resident #40's medical record and verified there was no evidence of documentation provided to the resident regarding the pneumococcal vaccine. Interview on 05/23/2025 at 8:45 AM, Resident #40 stated they did not recall anyone discussing the pneumonia vaccine with them upon admission to the facility. Interview on 05/23/2025 at 9:12 AM, the Infection Preventionist stated new residents should be provided education on immunizations and receive a vaccination if they want one. During a follow-up interview on 05/23/2025 at 10:51 AM, the DON stated her expectation was the facility staff would ask about and offer immunizations for residents who had not already received the vaccine. Interview on 05/23/2025 at 12:17 PM, the Administrator stated her expectation was that during the admission process, staff were to educate residents and document acceptance or refusal of immunizations. Review of the facility policy titled SNF [skilled nursing facility] Resident Immunization Policy, revised 11/08/2024, revealed all residents will receive immunizations and vaccinations that aid in preventing infectious diseases unless medical contraindicated or otherwise ordered by the resident's attending physician or the facility's medical director. The policy noted at bullet B. Pneumococcal vaccine 1. Each resident or the resident's legal representative receives education regarding the benefits and potential side effects of immunization. 2. All residents will be offered pneumococcal immunization, unless medically contraindicated or the resident has already been immunized on admission, regardless of date of admission. At bullet 6. Documentation in the medical record will include minimally a. That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal vaccination; and b. That the resident either received the pneumococcal vaccination or did not receive the immunization due to medical contraindications or refusal. c. If there is reason to believe that the vaccine was given previously but the date cannot be verified and this had an impact upon the decision regarding administration of the vaccine.</p>		