

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365733	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/18/2024
NAME OF PROVIDER OR SUPPLIER  Carecore at Margaret Hall		STREET ADDRESS, CITY, STATE, ZIP CODE  1960 Madison Road Cincinnati, OH 45206	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35770</p> <p>Based on medical record review, and staff interview, the facility failed to use the proper lift for resident transfers. This affected one (Resident #10) of three residents reviewed for lift transfers. The facility census was 81 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #10 revealed an admitted [DATE] with diagnoses including cerebral infarction, hemiplegia/hemiparesis, edema, sepsis, dementia, and diabetes mellitus, and a discharge date of [DATE].</p> <p>Review of the care plan for Resident #10 dated 09/29/24 revealed the resident had an activities of daily living (ADL) self-care performance deficit related to history of cerebral vascular accident with hemiplegia with an intervention dated 10/02/24 to transfer with Hoyer lift with assist of two to transfer.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #10 dated 10/07/24 revealed the resident had moderate to severe cognitive deficits and required extensive assistance with ADLs.</p> <p>Review of occupational therapy discharge summary for Resident #10 dated 10/10/24 revealed therapy recommended the resident be transferred with assistance of two staff using a Hoyer lift for safety.</p> <p>Review of nurse progress note for Resident #10 dated 11/02/24 revealed the Certified Nursing Assistant (CNA) was giving the resident a bed bath and noticed bruising to the resident's rib cage, under his armpits, and on the right wrist and reported the bruising to the nurse.</p> <p>Review of the facility investigation of the bruising observed for Resident #10 dated 11/04/24 revealed the resident did not know how he had obtained the bruises. Floor staff were interviewed and confirmed Resident #10 had not had any recent falls. The facility investigation revealed the bruising was caused from the resident being transferred by stand-up lift instead of the Hoyer lift as recommended by therapy and per the resident's plan of care.</p> <p>(continued on next page)</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Interview on 11/18/24 at 11:45 A.M. with the Director of Nursing (DON) confirmed staff had been using the stand-up lift (instead of the Hoyer lift) to transfer Resident #10 and the pad was too tight. The DON further confirmed Resident #10 was on Eliquis (a blood thinning medication) which increased the resident's risk for bruising.</p> <p>Interview on 11/18/24 at 12:07 P.M. with Physical Therapy Manager (PTM) #40 confirmed therapy had recommended on 10/10/24 for staff to use the Hoyer lift for Resident #10's transfers as it was the safer option.</p> <p>This deficiency represents noncompliance investigated under Master Complaint number OH00159809 and Complaint Number OH00159808 and Complaint Number OH00159768.</p>		