

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 02/23/2026
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on medical record review, staff interview, observation, and policy review, the facility failed to ensure adequate care was provided to residents. This affected two (Residents #28 and #77) of four residents reviewed for activities of daily living (ADL) care. The facility census was 78 residents. Findings include: 1. Review of the medical record for Resident #77 revealed an admission date of 05/03/23 with diagnoses including Parkinson's disease, type two diabetes mellitus, and spinal stenosis and a discharge date of 12/30/25. Review of the Minimum Data Set (MDS) assessment for Resident #77 dated 10/31/25 revealed the resident had intact cognition and was dependent on staff for bathing. Review of the medical record for Resident #77 revealed the resident was scheduled to receive showers on day shift on Wednesdays and Saturdays. Review of shower documentation for Resident #77 dated December 2025 revealed the resident received showers on 12/03/25, 12/06/25, 12/10/25, 12/17/25, and 12/20/25. There was no documentation of the resident receiving or refusing showers on the following dates: 12/13/25, 12/24/25, 12/27/25. Interview on 02/11/26 at 2:30 P.M. with the Director of Nursing (DON) verified there was no documented evidence of Resident #77 receiving showers on 12/13/25, 12/24/25, and 12/27/25. 2. Review of the medical record of Resident #28 revealed an admission date of 05/11/23 with diagnoses including type two diabetes mellitus and Raynaud's syndrome. Review of the plan of care for Resident #28 dated 05/08/25 revealed the resident had self-care and mobility deficits related to osteoarthritis, Raynaud's syndrome, and diabetes. The resident required substantial/maximal assistance or was dependent with toileting/personal hygiene, and bathing. Review of the MDS assessment for Resident #28 dated 01/17/26 revealed the resident had intact cognition and required substantial maximal assistance for bathing and personal hygiene. Review of a progress note for Resident #28 dated 12/01/25 revealed the resident refused a bath/shower but did allow for her nails to be trimmed. There were no additional notes regarding nail trimming for Resident #28. Observation on 02/09/26 at 3:51 P.M. revealed Resident #28's fingernails varied in length, with five fingernails extending approximately one and one-half inches beyond the nail tip. The remaining five fingernails had jagged edges and were less than one-half inch long. Interview on 02/09/26 at 3:52 P.M. with Resident #28 confirmed she did not like having her nails that long and stated the shorter nails had broken off. Resident #28 stated she had asked staff to trim her nails, but it had not happened. Resident #28 further stated she was contemplating breaking the longer nails so they would be short, as she preferred them. Interview on 02/09/26 at 4:05 P.M. with Certified Nursing Assistant (CNA) #605 verified Resident #28's fingernails were long and of varying lengths with some jagged edges. CNA #605 stated fingernails are usually trimmed with showers and with daily care if they need to be trimmed. Observation on 02/10/26 at 12:30 P.M. revealed Resident #28's fingernails remained untrimmed in the same condition as observed on 02/09/26. Interview on 02/10/26 at 12:31 P.M. with Resident #28 confirmed staff had not yet trimmed her nails. Interview on 02/10/26 at 12:32 P.M. with CNA #605 confirmed Resident #28's fingernails remained in the same condition as the day prior. CNA #605 stated she told the</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 365733	Facility ID: 365733 If continuation sheet Page 1 of 13

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>resident's assigned aid and nurse her fingernails needed trimmed the day prior, but it still didn't get done. Review of the facility policy titled Supporting Activities of Daily Living (ADLs) dated March 2018 revealed appropriate care and services would be provided for residents who were unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with hygiene and bathing and grooming. This deficiency represents noncompliance investigated under Complaint Number 2709700 and Complaint Number 1395179 and Complaint Number 1395178 and Complaint Number 1395175.</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, review of hospital paperwork, staff interview, policy review and review of online medical resources, the facility failed to monitor and record resident bowel functioning. This resulted in Actual Harm for Resident #76 whose last documented bowel movement occurred on 11/19/25. Resident #76 was subsequently treated in the hospital for a fecal impaction on 01/25/26. This affected one (Resident #76) of three residents reviewed for hospitalization. The facility census was 78 residents. Findings include: Review of the medical record for Resident #76 revealed an admission date of 02/06/24 with diagnoses including cerebral infarction, dysphagia, depression, and mood disorder. Resident #76 was discharged to the hospital on [DATE] and did not return to the facility. Review of the physician's orders for Resident #76 revealed an order dated 02/06/24 for milk of magnesia 30 milliliters (ml) via feeding tube every 24 hours as needed for constipation, and senna oral tablets 8.6 milligrams (mg) two tablets via feeding tube every 24 hours as needed for constipation. Review of the care plan for Resident #76 updated 09/23/25 revealed the resident was at risk for constipation related to decreased mobility, medications, and decreased food intake. Interventions included the following: record bowel movement patterns each day, monitor/document/report to medical director signs/symptoms of complications related to constipation including change in mental status, new onset of confusion and agitation. Review of the Minimum Data Set (MDS) assessment for Resident #76 dated 12/06/25 revealed the resident had moderate cognitive deficits, was dependent on staff for activities of daily living (ADLs), and was always incontinent of bowel and bladder. Review of the bowel records for Resident #76 dated December 2025 and January 2026 revealed there were no bowel movements documented. Review of the change in condition evaluation for Resident #76 dated 01/25/26 revealed the situation section had been completed and signed and the only signs and symptoms noted were a fever of 100.4 degrees Fahrenheit (F) and shortness of breath. Other vital signs listed included a blood pressure of 106/59, pulse of 110 beats per minute (bpm), and oxygen saturation of 98 percent on room air. Review of the hospital history and physical for Resident #76 dated 01/25/26 revealed the resident was admitted to the hospital with acute hypoxic respiratory failure with pneumonia, encephalopathy, hypernatremia, and hyperglycemia. Upon examination, the resident was found with a fecal impaction and concern for stercoral colitis. Resident #76 moaned and grimaced and withdrew due to pain as staff manually removed a fecal impaction. Review of the computed tomography (CT) scan of the abdomen and pelvis for Resident #76 dated 01/26/26 revealed there was a large ball of stool in the rectum. In addition to removing the fecal impaction, Resident #76 was treated with Zosyn (an antibiotic), a soap suds enema, and was started on a bowel regimen of Miralax and Senna twice per day. During an interview on 02/11/26 at 2:28 P.M., the Director of Nursing (DON) verified there was no documentation showing Resident #76 had a bowel movement since 11/19/25. The resident's bowel records for December 2025 and January 2026 were blank. During an interview on 02/17/26 at 11:16 A.M., Nurse Practitioner (NP) #325 stated she was unsure if staff had alerted her to the absence of bowel movements for Resident #76. NP #325 stated she was also unaware the staff had not documented bowel movements for Resident #76 for the months of December 2025 and January 2026 and further stated her expectation was for staff to document the presence or absence of resident bowel movements every shift. During an interview on 02/17/26 at 11:54 A.M., Licensed Practical Nurse (LPN) #600 stated she worked from 5:00 P.M. on 01/25/26 to 7:00 A.M. on 01/26/26. LPN #600 stated she relieved Assistant Director of Nursing (ADON) #300 who mentioned Resident #76 had not had a recent bowel movement and was having respiratory issues. LPN #600 stated her focus when sending Resident #76 to the hospital was respiratory concerns and she did not assess the resident's abdomen.</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Actual harm Residents Affected - Few	Review of the facility policy titled Bowel Management Protocol dated 09/30/25 revealed nursing staff must document bowel movements each shift in the resident's medical record. Review of information from the National Library of Medicine at https://www.ncbi.nlm.nih.gov/books/NBK560608/ revealed stercoral colitis is a rare inflammatory colitis that occurs when impacted fecal material leads to distention of the colon and eventually fecaloma formation. Fecalomas can lead to focal pressure necrosis and perforation, while colonic distention and increased intraluminal pressure can lead to compromise of the vascular supply and ischemic colitis. Review of information from the National Library of Medicine at Constipation - self-care: MedlinePlus Medical Encyclopedia revealed Constipation is when you do not pass stool as often as you normally do. Your stool may become hard and dry, and it can be difficult to pass. And under the section, When to contact a medical professional, Contact your provider if you have not had a bowel movement in 3 days. This deficiency represents noncompliance investigated under Complaint Number 2726965 and Complaint Number 2709700 and Complaint Number 2610295		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of the facility menu and dietary spreadsheets, and staff interview, the facility failed to ensure the menu was followed and portion sizes were served as planned on dietary spreadsheets. This had the potential to affect 76 residents in the facility. The facility identified two (Residents #49 and #50) who did not receive food from the kitchen. The facility census was 78 residents. Findings include: Review of the menu for 02/10/26 revealed residents on regular textured diets were to receive cereal, toast, and sausage egg bake. Review of the dietary spreadsheet for 02/10/26 revealed all diets were to receive six ounces of cereal. The type of cereal varied depending on the diet, with some diets specifying a specific hot cereal. Review of the dietary spreadsheet for 02/13/26, when scrambled eggs were on the menu, revealed all diets were to receive a #16 scoop (two ounces) of eggs. Observation on 02/10/26 at 8:10 A.M. revealed Dietary [NAME] (DC) #340 served food from the steam table for the breakfast meal. The steam table contained pureed eggs, pureed toast, scrambled eggs, sausage patties, and toast. A sausage egg bake was not observed on the steam table. For residents on a regular diet, DC #340 placed a four-ounce scoop of scrambled eggs, one sausage patty, and a slice of toast on each plate. Continued observation revealed residents with pureed diets were served a three-ounce scoop of pureed eggs, a two-ounce scoop of pureed toast and an insulated bowl of hot cereal. Further observation revealed the hot cereal was served directly from a pan on the stove, utilizing a slotted spoon, two scoops into an insulated bowl, filling the bowl approximately halfway to the top. Interview on 02/10/26 at 8:18 A.M. with DC #340 verified he was using a four-ounce scoop for the scrambled eggs and a three-ounce scoop for the pureed eggs. DC #340 verified he was serving scrambled eggs, sausage patties, and toast instead of the sausage egg bake. DC #340 stated he had worked at the facility for three months and always does it that way when casseroles and [NAME] are on the menu because those are the basic ingredients used for the menu items and the facility had several residents who did not eat pork so he had to consider their needs. Interview on 02/10/26 at 8:24 A.M. with Dietary Manager (DM) #345 verified the egg bake was not prepared for the breakfast meal because half of the residents did not eat pork. DM #345 further stated he does the other casseroles and [NAME] the same way. Interview on 02/10/26 at 8:50 A.M. with DM #345 verified DC #340 used a slotted spoon to serve the hot cereal and it was not a measurable amount. DM #345 stated DC #340 scooped the hot cereal into the insulated bowls without being measured. Interview on 02/10/26 at 8:51 A.M. with DC #340 stated the insulated bowls had a capacity of eight ounce and that was approximately about how much hot cereal he had served. Observation on 02/10/26 at 8:59 A.M. revealed DC #340 served one scoop of hot cereal from a slotted spoon onto a divided plate. DC #340 returned to the steam table and placed pureed eggs and pureed toast on the same divided plate. Interview on 02/10/26 at 9:06 A.M. with DC #340 verified the portion sizes served did not match the dietary spreadsheets. DM #345 stated in monthly food committee meetings residents complain about portion sizes being too small, so he has been trying to give them more. Interview on 02/10/26 at 9:28 A.M. with DM #345 verified the foods served at breakfast did not match what was on the menu. DM #345 affirmed they do not make casseroles and [NAME] when on the menu and stated they make scrambled eggs and whatever breakfast meat is supposed to be in the casseroles/[NAME] instead. DM #345 stated he had not talked to Registered Dietitian (RD) #420 about the substitutions made, but verified substitutions should be reviewed by the RD. Interview on 02/10/26 at 2:44 P.M. with Registered Dietitian (RD) #420 verified her expectation was for the menu and spreadsheets to be followed as planned and she should be consulted for menu changes. RD #420 stated the egg bake should have been</p> <p>(continued on next page)</p>		

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	provided as planned and residents who do not eat pork should have been provided an alternate selection. This deficiency represents noncompliance investigated under Complaint Number 2709700.		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, staff interview, resident interview, and policy review, the facility failed to ensure food was served at the appropriate temperature and was palatable. This had the potential to affect 76 of 78 residents in the facility. The facility identified two (Residents #49 and #50) who did not receive food from the kitchen. The facility census was 78 residents. Findings include: Observation of a test tray on 02/10/26 at 9:33 A.M. after all trays had been passed revealed the eggs and sausage were lukewarm to taste and not palatable. The eggs were 93 degrees Fahrenheit (F) and the sausage was 93.4 degrees F. The milk was poured from a carton which had been placed on top of the cart of trays into a glass was 48.8 degrees F and the orange juice was 51 degrees F. Interview on 02/10/26 at 9:34 A.M. with Dietary Manager (DM) #345 confirmed he did not want to taste the food. DM #345 verified the eggs were 93 degrees F, sausage was 93.4 degrees F, milk was 48.8 degrees F, and the orange juice was 51 degrees F. DM #345 stated his expectation was for hot food to be at least 120 degrees F and milk and juice should be 40 degrees or less when it is served to the residents. Interviews on 02/10/26 between 9:45 A.M. and 10:00 A.M. with Residents #66, #67, and #74 confirmed their eggs and sausage were cold when they received their trays. Review of the facility policy titled Food Preparation and Service dated April 2019 revealed the danger zone for food temperatures was between 41 degrees F and 135 degrees F which promoted the rapid growth of pathogenic microorganisms that caused foodborne illness. Potentially hazardous foods (PHF) included meats, poultry, eggs, and milk. The longer foods remained in the danger zone, the greater the risk for growth of harmful pathogens. Therefore, PHF must be maintained below 41 degrees F or above 135 degrees F. This deficiency represents noncompliance investigated under Complaint Number 1395179 and Complaint Number 1395177 and Complaint Number 1395176.</p>		

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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, staff interview, and policy review, the facility failed to ensure staff wore hair restraints in the kitchen, failed to ensure staff washed their hands upon entering the kitchen and before handling food, and failed to ensure food was stored in a manner to protect against the potential spread of foodborne illness. This had the potential to affect 76 of 78 residents residing in the facility. The facility identified two (Residents #49 and #50) who did not receive food from the kitchen. The facility census was 78 residents. Findings include: 1. Observation on 02/10/26 at 8:00 A.M. revealed Dietary [NAME] (DC) #340 was standing at the stove preparing eggs and had a full beard that was approximately one-quarter of an inch in length. DC #340 was not wearing a facial beard restraint. Observation on 02/10/26 at 8:13 A.M. revealed Dietary Aid (DA) #350 was covering food prepared on the tray line and had facial hair on his chin that was approximately one inch in length. DA #350 was not wearing a facial beard restraint. Observation on 02/10/26 at 8:24 A.M. revealed Dietary Manager (DM) #345 entered the kitchen and began preparing food and had a full beard that varied in length from one-half inch to one inch. DM #345 was not wearing a facial beard restraint. Observation on 02/10/26 at 8:57 A.M. revealed Floor Tech (FT) #513 was putting lids onto prepared breakfast plates and had a full beard with chin hair, measuring approximately two inches in length. FT #513 was not wearing a facial beard restraint. Interview on 02/10/26 at 9:02 A.M. with DC #340 verified that neither he nor DA #350, DM #345, or FT #513 were wearing facial beard restraints in the kitchen. Interview on 02/10/26 at 9:03 A.M. with FT #513 confirmed facial hair restraints were not available in the kitchen. Interview on 02/10/26 at 9:03 A.M. with DM #345 verified employees with facial hair should wear facial hair restraints in the kitchen. Review of the facility policy titled Food Preparation and Service dated April 2019 revealed food and nutrition services staff should wear hair restraints (hair net, hat, beard restraint) so that hair does not contact food. 2. Observation on 02/10/26 at 8:57 A.M. revealed FT #513 entered the kitchen, immediately applied gloves and went to the tray line area and began putting lids onto prepared breakfast plates. FT #513 did not wash his hands upon entering the kitchen. Interview on 02/10/26 at 8:58 A.M. with FT #513 confirmed he had not washed his hands upon entering the kitchen. Interview on 02/10/26 at 9:21 A.M. with DM #345 confirmed all employees should wash their hands immediately upon entering the kitchen. Interview on 02/10/26 at 2:44 P.M. with Registered Dietitian (RD) #420 verified all staff should wash their hands immediately upon entering the kitchen. Review of the facility policy titled Handwashing/Hand Hygiene dated 2021 revealed an alcohol-based hand rub or soap and water should be used before and after handling food. Review of the facility policy titled Food Preparation and Service dated April 2019 revealed food preparation staff should adhere to proper hygiene and sanitary practices to prevent the spread of foodborne illness. Food and nutrition services staff should wash their hands before serving food to residents. 3. Observation on 02/10/26 at approximately 8:30 A.M. revealed DC #340 retrieved a thermometer from a pan below the food preparation table which contained two metal spatulas and placed the thermometer into the scrambled eggs on the steam table. DC #340 obtained the temperature of the scrambled eggs, removed the thermometer, and immediately placed it into a sausage patty to check the temperature. Interview on 02/10/26 at 8:34 A.M. with DC #340 verified he did not clean the thermometer before placing it into the eggs and did not clean the thermometer before putting it in the sausage patty. Interview on 02/10/26 at 2:44 P.M. with RD #420 verified alcohol wipes should be utilized to clean thermometers prior to use and in between obtaining the temperatures of each food. Review of the facility policy titled Food Preparation and Service dated April 2019 revealed food-contact equipment should be cleaned and sanitized between uses. Food</p> <p>(continued on next page)</p>		

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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>thermometers used to check food temperatures should be cleaned, sanitized, and calibrated for accuracy. 4. Observation on 02/10/26 at 8:41 A.M. of the cooling on the tray line revealed it contained an open carton of nectar thickened water with a best by date of 01/19/26 and no date upon opening and a large, opened container of cottage with and open date of 01/29/26. Interview on 02/10/26 at 8:42 A.M. with DM #345 verified the carton of nectar thick water had a best by date of 01/19/26 with no open date and the container of cottage cheese was dated 01/29. DM #345 stated both items should have been discarded or used within 10 days of opening. Interview on 02/10/26 at 2:44 P.M. with RD #420 verified all foods should be labeled with an open and a throw out date. Review of the facility policy titled Food Receiving and Storage dated October 2017 revealed all foods stored in the refrigerator or freezer should be covered, labeled, and dated with a use by date. 5. Observation on 02/10/26 at 9:18 A.M. revealed staff were distributing breakfast trays to residents from a cart in the hallway and staff accidentally dropped one of the breakfast trays onto the floor. Staff picked the items up from the floor, placed them back on the tray, and then placed the dirty tray on top of the cart of clean meal trays. The cart also had a rack of clean glasses, another resident's meal tray, condiments for the meal, and a gallon of milk. Interview on 02/10/26 at 9:36 A.M. with DM #345 verified staff had placed the dirty tray from the floor onto the cart of clean meal trays and other clean items.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and staff interview, the facility failed to ensure medical records were accurate and updated. This affected three (Residents #76, #77, and #84) of four residents reviewed for documentation. The facility census was 78 residents. Findings include: 1. Review of the medical record for Resident #77 revealed an admission date of 05/03/23 and diagnoses including type two diabetes mellitus, Parkinson's disease and spinal stenosis.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #77 dated 10/31/25 revealed the resident had intact cognition and required setup/cleanup assistance with eating and substantial/maximal assistance for bed mobility and transfers and was dependent on staff for toileting, bathing.</p> <p>Review of the documentation survey report for Resident #77 dated 11/20/25 to 11/30/25 revealed there was no documentation regarding bed mobility, bladder continence, bowel continence/bowel movements, eating, dressing, hygiene, ambulation, transfers, wheelchair/scooter use, toileting. The meal and fluid intake record was blank for the following dates and times: no documentation at dinner on 11/05/25, 11/06/25, 11/11/25, no documentation at breakfast and lunch on 11/14/25, no documentation for breakfast, lunch, and dinner on 11/1/25, 11/02/25, 11/07/25, 11/10/25, 11/13/25, 11/15/25, 11/16/25, 11/17/25, 11/22/25, 11/23/25, and 11/29/25.</p> <p>Review of the documentation survey report for Resident #77 dated 12/01/25 to 12/31/25 revealed there was no documentation regarding toileting, bladder continence, bowel continence/bowel movements, eating, bed mobility, behaviors, ambulation, dressing, hygiene, transfers, and wheelchair/scooter use, and toileting. The meal and fluid intake record was blank for the following dates and times: no documentation at dinner on 12/03/25, 12/12/25, 12/13/25, 12/16/25, 12/17/25, 12/19/25, 12/20/25, no documentation at breakfast, lunch, and dinner on 12/02/25, 12/04/25, 12/06/25, 12/09/25, 12/10/25, 12/14/25, 12/18/25, 12/22/25, 12/26/25, and 12/27/25.</p> <p>Interview on 02/11/26 at 11:45 A.M. with the Director of Nursing (DON) confirmed the missing documentation regarding activities of daily living (ADLs) and meal intakes for Resident #77 for November and December 2025.</p> <p>2. Review of the medical record for Resident #84 revealed an admission date of 12/29/23 with diagnoses including chronic obstructive pulmonary disease (COPD) and congestive heart failure and a discharge date of 12/17/25 due to death.</p> <p>Review of the MDS assessment for Resident #84 dated 10/16/25 revealed the resident had intact cognition and required substantial/maximal assistance with ADLs.</p> <p>Review of the progress notes for Resident #84 dated 12/17/25 revealed there was no documentation of the resident's death.</p> <p>Interview on 02/10/26 at 1:51 P.M. with the DON verified there was no documentation in Resident #84's chart regarding her death. The DON stated she had present when Resident #84 died in the facility and she thought she had put in a progress note, but the facility could not find a note describing the death.</p> <p>(continued on next page)</p>		

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 02/23/2026
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Review of the medical record for Resident #76 revealed and admission date of 02/06/24 cerebral infarction, anemia, depression, and mood disorder. Resident #76 was discharged to the hospital on [DATE] and did not return to the facility.</p> <p>Review of care plan for Resident #76 dated 09/23/25 revealed the resident #76 was at risk for constipation related to decreased mobility, medications, and decreased food intake. Interventions included the following: record bowel movement patterns each day, monitor/document/report to medical director signs/symptoms of complications related to constipation including change in mental status, new onset of confusion and agitation.</p> <p>Review of the MDS assessment for Resident #76 dated 12/06/25 revealed the resident had moderate cognitive deficits, was dependent on staff for ADLs, and was always incontinent of bowel and bladder.</p> <p>Review of the bowel movement records for Resident #76 dated December 2025 and January 2026 revealed there was no documentation of bowel movements.</p> <p>Interview on 02/11/26 at 2:28 P.M. with the DON verified there was no documentation of bowel movements for Resident #76 for December 2025 and January 2026.</p> <p>This deficiency represents noncompliance investigated under Complaint Number 2683728.</p>		

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 02/23/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, staff interview, and policy review the facility failed to ensure staff wore appropriate personal protection equipment (PPE) while providing care to residents in Enhanced Barriers Precautions (EBP). This affected one (Resident #71) and had the potential to affect 13 facility-identified residents with orders for OBP. The facility census was 78 residents. Findings include: Review of the medical record for #71 revealed an admission date of 01/04/26 with diagnoses including encephalopathy, sleep apnea, heart failure, and severe sepsis. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had no cognitive deficits and required staff assistance with activities of daily living (ADLs.) Review of the physician's orders for Resident #71 revealed an order dated 01/07/26 for the resident to be in EBP due the presence of an enteral tube and wounds. Observation on 02/09/26 at 9:23 A.M. of medication administration per gastrostomy tube to Resident #71 per Licensed Practical Nurse (LPN) #330 revealed the nurse was not wearing a gown or gloves. Interview on 02/09/26 at 9:24 A.M. with LPN #330 verified that she was not a gown or gloves while administering medication via gastrostomy tube to Resident #71. LPN #330 confirmed Resident #71 was on EBP, and she should have donned a gown and gloves prior to medication administration to the resident. Review of the facility policy titled Enhance Barrier Precautions dated 07/30/25 revealed the facility would implement EBP as appropriate for the prevention of transmission of multidrug-resistant organisms.</p>		

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NAME OF PROVIDER OR SUPPLIER Carecore at Margaret Hall		STREET ADDRESS, CITY, STATE, ZIP CODE 1960 Madison Road Cincinnati, OH 45206	
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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>Based on observation, staff interview, and policy review, the facility failed to ensure kitchen staff had access to adequate handwashing facilities in the kitchen. This had the potential to affect 76 residents. The facility identified two (Residents #49 and #50) who did not receive food from the kitchen. The facility census was 78 residents. Findings include: Observation upon entry into the kitchen on 02/10/26 at 8:00 A.M. revealed Dietary [NAME] (DC) #340 was standing at the stove making scrambled eggs. The Surveyor attempted to wash hands at the hand-washing sink at the front of the kitchen, but the water did not flow. Interview on 02/10/26 at 8:01 A.M. with DC #340 confirmed the water did not work in the hand-washing sink and instructed the Surveyor to use the hand-washing sink in the back of the kitchen and stated that it was where he normally washed his hands. Observation on 02/10/26 at 8:02 A.M. revealed the Surveyor turned on the water at the hand-washing sink in the back of the kitchen, but there was no soap available by the sink. Interview on 02/10/26 at 8:02 A.M. with DC #340 confirmed there was no soap at the hand-washing sink in the back of the kitchen and suggested the Surveyor to get soap from hand-washing sink at the front of the kitchen. Observation on 02/10/26 at 8:03 A.M. revealed DC #340 turned the water from the pot filling spiggot, which had been pulled over the sink, and suggested the Surveyor could complete handwashing by using the pot filling spiggot. There were no paper towels available at the hand-washing sink at the front of the kitchen, and DC #340 took a roll of paper towels from the food preparation area and handed it to the Surveyor. Interview on 02/10/26 at 8:03 A.M. with DC #340 verified there were no paper towels available at the hand-washing sink at the front of the kitchen. Interview on 02/10/26 at 9:21 A.M. with Dietary Manager (DM) #345 stated he was not aware the hand-washing sink at the front of the kitchen was not working and further verified hand soap should be available at all hand-washing sinks in the kitchen. Review of the facility policy titled Handwashing/Hand Hygiene dated 2021 revealed hand hygiene products and supplies (sinks, soap, towels) should be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies. This deficiency represents noncompliance investigated under Complaint Number 1395179.</p>		