

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 04/13/2026
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify a resident's resident representative of a change in condition or an injury of unknown origin. This affected one (#24) resident out of three residents reviewed for notification of change in condition. The facility census was 80. Review of Resident #24's chart revealed Resident #24 admitted to the facility on [DATE] with unspecified dementia unspecified severity without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety, Type Two Diabetes Mellitus without complications, acute embolism and thrombosis of unspecified vein, cognitive communication deficit, muscle weakness, hyperlipidemia, altered mental status, dysphagia, other toxic encephalopathy, insomnia, essential hypertension, orthostatic hypertension, peripheral vascular disease, depression, unspecified urinary incontinence, full incontinence of feces and gastrostomy status. Review of Resident #24's admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #24 was moderately cognitively impaired and Resident #24 required set up assistance with eating. Resident #24 required supervision with oral hygiene, upper body dressing, sitting to lying, lying to sitting, sitting to standing, chair transfers and walking ten feet and Resident #24 required moderate assistance with toileting, showering, lower body dressing, putting on and taking off footwear, toilet transfers, and tub transfers. Resident #24 was independent with personal hygiene, and rolling left to right. Review of Resident #24's Nurse Practitioner (NP) progress note dated 03/16/25 revealed Resident #24 was seen by NP #500. Resident #24 was noted with a swollen upper lip. Resident #24 stated he tripped and hit his lip, but other staff members noted different stories of the injury. Resident #24 denied any pain or concerns. Staff were to continue monitoring the swollen upper lip and adjust the treatment plan as needed. Review of Resident #24's chart from 03/16/26 to 03/25/26 revealed no documentation that Resident #24's swollen lip was monitored by facility staff as directed by NP #500. Review of Resident #24's skin assessment dated [DATE] at 10:45 P.M. revealed no skin issues were noted. Review of Resident #24's NP progress note dated 03/26/26 revealed Resident #24 was noted with a contusion of the upper lip on the prior visit. The area had resolved and the lip was back to normal. Resident #24 reported no current pain. Resident #24 continued to have baseline confusion. Observation of Resident #24 on 04/13/26 at 10:30 A.M. revealed Resident #24 was sitting in a chair in the hallway. Resident #24 appeared clean and was dressed appropriately. Interview with NP #500 on 04/13/26 at 1:15 P.M. revealed staff reported Resident #24 had a swollen upper lip on 03/16/26. NP #500 stated she could not recall which staff told her about Resident #24's lip, but NP #500 assessed the resident that day. NP #500 reported Resident #24 had a swollen upper lip with some dark purple coloration to the upper top inside and outside of the lip. NP #500 stated Resident #24 was eating and drinking without difficulty and Resident #24 reported no pain. NP #500 reported therapy staff told NP #500 that Resident #24 was outside when a tree limb hit him in the face, but Resident #24 stated he tripped and hit his face. NP #500 stated nursing staff told her that they did not know what happened to Resident #24's lip. NP #500 reported she notified the Director of Nursing (DON) about Resident #24's lip being swollen on 03/16/26. NP #500 reported that she ordered ice and the area to the lip was healed the (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
---	-------	-----------

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 04/13/2026
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>next time she saw Resident #24. NP #500 stated that Resident #24 has a history of dementia and Resident #24 had confusion. Interview with the DON on 04/13/26 at 1:32 P.M. verified the facility did not have any documentation that Resident #24's resident representative was notified of Resident #24's swollen upper lip with dark purple discoloration. Interview with LPN #92 on 04/13/26 at 3:08 P.M. verified LPN #92 did not notify Resident #24's family when LPN #92 discovered Resident #24 had a swollen upper lip. LPN #92 stated she worked on 03/15/26 and Resident #24's lip was not swollen. LPN #92 reported Resident #24's lip was swollen when she returned to work on 03/16/26. LPN #92 verified she did not document any information on Resident #24's swollen lip in the chart. LPN #92 stated she could not recall who told her that Resident #24 hit his lip on the bed rail. Review of the facility's undated abuse policy revealed it was the facility's policy to investigate all alleged violations including abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property including injuries of unknown source. Facility staff should immediately report such allegations to the Administrator and to the state surveying agency. An injury of unknown source was defined as an injury where the source of the injury was not obtained by any person or the source of the injury could not be explained by the resident and the injury was suspicious because of the extent of the injury, the location of the injury, the number of injuries observed at one particular point in time or the incidence of injuries over time. The policy also stated the resident representative should be notified of the incident.</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 04/13/2026
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure an injury of unknown origin was reported to the state surveying agency. This affected one (#24) resident out of three residents reviewed for injury of unknown origins. The facility census was 80. Review of Resident #24's chart revealed Resident #24 admitted to the facility on [DATE] with unspecified dementia unspecified severity without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety, Type Two Diabetes Mellitus without complications, acute embolism and thrombosis of unspecified vein, cognitive communication deficit, muscle weakness, hyperlipidemia, altered mental status, dysphagia, other toxic encephalopathy, insomnia, essential hypertension, orthostatic hypertension, peripheral vascular disease, depression, unspecified urinary incontinence, full incontinence of feces and gastrostomy status. Review of Resident #24's admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #24 was moderately cognitively impaired and Resident #24 required set up assistance with eating. Resident #24 required supervision with oral hygiene, upper body dressing, sitting to lying, lying to sitting, sitting to standing, chair transfers and walking ten feet and Resident #24 required moderate assistance with toileting, showering, lower body dressing, putting on and taking off footwear, toilet transfers, and tub transfers. Resident #24 was independent with personal hygiene, and rolling left to right. Review of Resident #24's Nurse Practitioner (NP) progress note dated 03/16/25 revealed Resident #24 was seen by NP #500. Resident #24 was noted with a swollen upper lip. Resident #24 stated he tripped and hit his lip, but other staff members noted different stories of the injury. Resident #24 denied any pain or concerns. Staff were to continue monitoring the swollen upper lip and adjust the treatment plan as needed. Review of Resident #24's chart from 03/16/26 to 03/25/26 revealed no documentation that Resident #24's swollen lip was monitored by facility staff as directed by NP #500. Review of Resident #24's skin assessment dated [DATE] at 10:45 P.M. revealed no skin issues were noted. Review of Resident #24's NP progress note dated 03/26/26 revealed Resident #24 was noted with a contusion of the upper lip on the prior visit. The area had resolved and the lip was back to normal. Resident #24 reported no current pain. Resident #24 continued to have baseline confusion. Review of the facility's self reported incidents (SRIs) from 03/15/26 to 04/13/26 revealed the facility did not file an SRI for Resident #24's swollen upper lip or injury of unknown origin. Observation of Resident #24 on 04/13/26 at 10:30 A.M. revealed Resident #24 was sitting in a chair in the hallway. Resident #24 appeared clean and was dressed appropriately. Interview with Resident #24 on 04/13/26 at 10:30 A.M. revealed Resident #24 denied being abused or neglected at the facility. Resident #24 denied being harmed at the facility and Resident #24 denied ever having a swollen lip at the facility. Interview with Licensed Practical Nurse (LPN) #92 on 04/13/26 at 10:32 A.M. revealed LPN #92 was not present at the facility when Resident #24 sustained a swollen lip. LPN #92 stated she came back to work on an unknown date and Resident #24's lip was swollen. LPN #92 stated that she did not ask Resident #24 what happened, but staff told her that Resident #24 hit his lip on the bed rail. Interview with NP #500 on 04/13/26 at 1:15 P.M. revealed staff reported Resident #24 had a swollen upper lip on 03/16/26. NP #500 stated she could not recall which staff told her about Resident #24's lip, but NP #500 assessed the resident that day. NP #500 reported Resident #24 had a swollen upper lip with some dark purple coloration to the upper top inside and outside of the lip. NP #500 stated Resident #24 was eating and drinking without difficulty and Resident #24 reported no pain. NP #500 reported therapy staff told NP #500 that Resident #24 was outside when a tree limb hit him in the face, but Resident #24 stated he tripped and hit his face. NP #500 stated nursing staff told her that they did not know what happened to Resident #24's lip. NP #500 reported she notified the Director of Nursing (DON) about Resident #24's lip being swollen on 03/16/26. NP #500 reported that she ordered ice and the area to the lip was healed the (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 04/13/2026
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>next time she saw Resident #24. NP #500 stated that Resident #24 has a history of dementia and Resident #24 had confusion. Interview with the DON on 04/13/26 at 1:18 P.M. verified the facility did not have any documentation of Resident #24's swollen upper lip with dark purple discoloration in Resident #24's progress notes. The DON verified Resident #24's skin assessment completed 03/16/26 at 5:38 P.M. did not document Resident #24's swollen upper lip with dark purple discoloration and that there was no other documentation of Resident #24's swollen upper lip with dark purple discoloration in Resident #24's chart except for in NP #500's notes completed 03/16/26 and on 03/26/26. The DON confirmed the facility did not know how Resident #24 sustained the swollen upper lip with dark purple discoloration. The DON verified the facility did not complete an investigation and did not have copies of resident or staff statements related to the injury of unknown origin and the facility did not complete a SRI for the injury of unknown origin. The DON verified there was no documented monitoring of Resident #24's swollen upper lip with dark purple discoloration from 03/16/26 to 03/25/26 as ordered by NP #500 on 03/16/26. Review of the facility's undated abuse policy revealed it was the facility's policy to investigate all alleged violations including abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property including injuries of unknown source. Facility staff should immediately report such allegations to the Administrator and to the state surveying agency. An injury of unknown source was defined as an injury where the source of the injury was not obtained by any person or the source of the injury could not be explained by the resident and the injury was suspicious because of the extent of the injury, the location of the injury, the number of injuries observed at one particular point in time or the incidence of injuries over time. The policy also stated the resident representative should be notified of the incident. This deficiency represents non-compliance investigated under Complaint Number 2807672.</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 04/13/2026
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to thoroughly investigate an injury of unknown origin. This affected one (#24) resident out of three residents reviewed for injury of unknown origins. The facility census was 80. Review of Resident #24's chart revealed Resident #24 admitted to the facility on [DATE] with unspecified dementia unspecified severity without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety, Type Two Diabetes Mellitus without complications, acute embolism and thrombosis of unspecified vein, cognitive communication deficit, muscle weakness, hyperlipidemia, altered mental status, dysphagia, other toxic encephalopathy, insomnia, essential hypertension, orthostatic hypertension, peripheral vascular disease, depression, unspecified urinary incontinence, full incontinence of feces and gastrostomy status. Review of Resident #24's admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #24 was moderately cognitively impaired and Resident #24 required set up assistance with eating. Resident #24 required supervision with oral hygiene, upper body dressing, sitting to lying, lying to sitting, sitting to standing, chair transfers and walking ten feet and Resident #24 required moderate assistance with toileting, showering, lower body dressing, putting on and taking off footwear, toilet transfers, and tub transfers. Resident #24 was independent with personal hygiene, and rolling left to right. Review of Resident #24's Nurse Practitioner (NP) progress note dated 03/16/25 revealed Resident #24 was seen by NP #500. Resident #24 was noted with a swollen upper lip. Resident #24 stated he tripped and hit his lip, but other staff members noted different stories of the injury. Resident #24 denied any pain or concerns. Staff were to continue monitoring the swollen upper lip and adjust the treatment plan as needed. Review of Resident #24's chart from 03/16/26 to 03/25/26 revealed no documentation that Resident #24's swollen lip was monitored by facility staff as directed by NP #500. Review of Resident #24's skin assessment dated [DATE] at 5:38 P.M. revealed Resident #24 had a feeding tube to his abdomen. No other skin issues were noted. Review of the facility's self reported incidents (SRIs) from 03/15/26 to 04/13/26 revealed the facility did not file an SRI for Resident #24's swollen upper lip or injury of unknown origin. Observation of Resident #24 on 04/13/26 at 10:30 A.M. revealed Resident #24 was sitting in a chair in the hallway. Resident #24 appeared clean and was dressed appropriately. Interview with Resident #24 on 04/13/26 at 10:30 A.M. revealed Resident #24 denied being abused or neglected at the facility. Resident #24 denied being harmed at the facility and Resident #24 denied ever having a swollen lip at the facility. Interview with Licensed Practical Nurse (LPN) #92 on 04/13/26 at 10:32 A.M. revealed LPN #92 was not present at the facility when Resident #24 sustained a swollen lip. LPN #92 stated she came back to work on an unknown date and Resident #24's lip was swollen. LPN #92 stated that she did not ask Resident #24 what happened, but staff told her that Resident #24 hit his lip on the bed rail. Interview with NP #500 on 04/13/26 at 1:15 P.M. revealed staff reported Resident #24 had a swollen upper lip on 03/16/26. NP #500 stated she could not recall which staff told her about Resident #24's lip, but NP #500 assessed the resident that day. NP #500 reported Resident #24 had a swollen upper lip with some dark purple coloration to the upper top inside and outside of the lip. NP #500 stated Resident #24 was eating and drinking without difficulty and Resident #24 reported no pain. NP #500 reported therapy staff told NP #500 that Resident #24 was outside when a tree limb hit him in the face, but Resident #24 stated he tripped and hit his face. NP #500 stated nursing staff told her that they did not know what happened to Resident #24's lip. NP #500 reported she notified the Director of Nursing (DON) about Resident #24's lip being swollen on 03/16/26. NP #500 reported that she ordered ice and the area to the lip was healed the next time she saw Resident #24. NP #500 stated that Resident #24 has a history of dementia and Resident #24 had confusion. Interview with the DON on 04/13/26 at 1:18 P.M. verified the facility did not have any documentation of Resident #24's swollen upper lip with dark purple discoloration in Resident #24's progress notes. The DON verified Resident #24's skin assessment completed (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 04/13/2026
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>03/16/26 at 5:38 P.M. did not document Resident #24's swollen upper lip with dark purple discoloration and that there was no other documentation of Resident #24's swollen upper lip with dark purple discoloration in Resident #24's chart except for in NP #500's notes completed 03/16/26 and on 03/26/26. The DON confirmed the facility did not know how Resident #24 sustained the swollen upper lip with dark purple discoloration. The DON verified the facility did not complete an investigation and did not have copies of resident or staff statements related to the injury of unknown origin and the facility did not complete a SRI for the injury of unknown origin. Interview with LPN #92 on 04/13/26 at 3:08 P.M. verified LPN #92 did not notify Resident #24's family when LPN #92 discovered Resident #24 had a swollen upper lip. LPN #92 stated she worked on 03/15/26 and Resident #24's lip was not swollen. LPN #92 reported Resident #24's lip was swollen when she returned to work on 03/16/26. LPN #92 verified she did not document any information on Resident #24's swollen lip in the chart. LPN #92 stated she could not recall who told her that Resident #24 hit his lip on the bed rail. Review of the facility's undated abuse policy revealed it was the facility's policy to investigate all alleged violations including abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property including injuries of unknown source. Facility staff should immediately report such allegations to the Administrator and to the state surveying agency. An injury of unknown source was defined as an injury where the source of the injury was not obtained by any person or the source of the injury could not be explained by the resident and the injury was suspicious because of the extent of the injury, the location of the injury, the number of injuries observed at one particular point in time or the incidence of injuries over time. The policy also stated the resident representative should be notified of the incident. This deficiency represents non-compliance investigated under Complaint Number 2807672.</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 04/13/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for 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 interview and record review, the facility failed to monitor a resident's swollen upper lip with dark purple discoloration as ordered by the Nurse Practitioner (NP). This affected one (#24) resident out of three residents reviewed for monitoring resident conditions. The facility census was 80. Review of Resident #24's chart revealed Resident #24 admitted to the facility on [DATE] with unspecified dementia unspecified severity without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety, Type two Diabetes Mellitus without complications, acute embolism and thrombosis of unspecified vein, cognitive communication deficit, muscle weakness, hyperlipidemia, altered mental status, dysphagia, other toxic encephalopathy, insomnia, essential hypertension, orthostatic hypertension, peripheral vascular disease, depression, unspecified urinary incontinence, full incontinence of feces and gastrostomy status. Review of Resident #24's admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #24 was moderately cognitively impaired and Resident #24 required set up assistance with eating. Resident #24 required supervision with oral hygiene, upper body dressing, sitting to lying, lying to sitting, sitting to standing, chair transfers and walking ten feet and Resident #24 required moderate assistance with toileting, showering, lower body dressing, putting on and taking off footwear, toilet transfers, and tub transfers. Resident #24 was independent with personal hygiene, and rolling left to right. Review of Resident #24's Nurse Practitioner (NP) progress note dated 03/16/25 revealed Resident #24 was seen by NP #500. Resident #24 was noted with a swollen upper lip. Resident #24 stated he tripped and hit his lip, but other staff members noted different stories of the injury. Resident #24 denied any pain or concerns. Staff were to continue monitoring the swollen upper lip and adjust the treatment plan as needed. Review of Resident #24's chart from 03/16/26 to 03/25/26 revealed no documentation that Resident #24's swollen lip was monitored by facility staff as directed by NP #500. Review of Resident #24's skin assessment dated [DATE] at 5:38 P.M. revealed Resident #24 had a feeding tube to his abdomen. No other skin issues were noted. Review of Resident #24's skin assessment dated [DATE] at 10:45 P.M. revealed no skin issues were noted. Review of Resident #24's NP progress note dated 03/26/26 revealed Resident #24 was noted with a contusion of the upper lip on the prior visit. The area had resolved and the lip was back to normal. Resident #24 reported no current pain. Resident #24 continued to have baseline confusion. Observation of Resident #24 on 04/13/26 at 10:30 A.M. revealed Resident #24 was sitting in a chair in the hallway. Resident #24 appeared clean and was dressed appropriately. Interview with NP #500 on 04/13/26 at 1:15 P.M. revealed staff reported Resident #24 had a swollen upper lip on 03/16/26. NP #500 stated she could not recall which staff told her about Resident #24's lip, but NP #500 assessed the resident that day. NP #500 reported Resident #24 had a swollen upper lip with some dark purple coloration to the upper top inside and outside of the lip. NP #500 stated Resident #24 was eating and drinking without difficulty and Resident #24 reported no pain. NP #500 reported therapy staff told NP #500 that Resident #24 was outside when a tree limb hit him in the face, but Resident #24 stated he tripped and hit his face. NP #500 stated nursing staff told her that they did not know what happened to Resident #24's lip. NP #500 reported she notified the Director of Nursing (DON) about Resident #24's lip being swollen on 03/16/26. NP #500 reported that she ordered ice and the area to the lip was healed the next time she saw Resident #24. NP #500 stated that Resident #24 has a history of dementia and Resident #24 had confusion. Interview with the DON on 04/13/26 at 1:18 P.M. verified the facility did not have any documentation of Resident #24's swollen upper lip with dark purple discoloration in Resident #24's progress notes. The DON verified Resident #24's skin assessment completed 03/16/26 at 5:38 P.M. did not document Resident #24's swollen upper lip with dark purple discoloration and that there was no other documentation of Resident #24's swollen upper lip with dark purple discoloration in Resident #24's chart except for in NP #500's notes completed 03/16/26 and on 03/26/26. The DON confirmed (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 04/13/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>the facility did not know how Resident #24 sustained the swollen upper lip with dark purple discoloration. The DON verified there was no documented monitoring of Resident #24's swollen upper lip with dark purple discoloration from 03/16/26 to 03/25/26 as ordered by NP #500 on 03/16/26. Interview with LPN #92 on 04/13/26 at 3:08 P.M. LPN #92 stated she worked on 03/15/26 and Resident #24's lip was not swollen. LPN #92 reported Resident #24's lip was swollen when she returned to work on 03/16/26. LPN #92 verified she did not document any information on Resident #24's swollen lip in the chart.</p>		