STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365734	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chamberlin Healthcare Center	3889 East Galbraith Road Cincinnati, OH 45236

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interview, and review of the facility policy, the facility failed to ensure food was stored, served, and prepared in a safe and sanitary manner. This had the potential to affect all of the residents residing in the facility except for one resident that the facility identified with an order for nothing by mouth. The facility census was 157 residents. Findings include: 1.Observation of dry storage on 05/11/26 at 9:39 A.M. revealed the following open and undated items: open bags of gravy mix, spaghetti noodles, macaroni noodles, two containers of peanut butter Interview 5/11/26 at 9:40 A.M. with Dietary Manager (DM) #250 verified the open and undated items. 2. Observation on 05/11/26 at 9:46 A.M. revealed there was an open container of mashed potato mix without a lid being stored on top of the steamer. Interview on 05/11/26 at 9:46 A.M.with DM #250 verifed that the mashed potato mix should be covered when stored. 3. Observation on 05/11/26 at 9:47 A.M. revealed a bowl of hard boiled eggs was being stored at room temperature on top of the steamer. Interview on 05/11/26 at 9:47 A.M with DM #250 verified the eggs were improperly stored and should have been kept below 41 degrees Fahrenheit (F) or above 135 degrees F. 4.Observation on 05/11/26 at 9:49 A.M. revealed the floor behind the grill was dirty. Interview on 05/11/26 at 9:49 A.M. with DM #250 verified the floor needed to be cleaned. 5. Observation on 05/11/26 at 9:52 A.M. revealed the walk in cooler fans were dirty with a build up of dust. Interview on 05/11/26 at 9:52 A.M. with DM #250 verified the fans were dirty. 6. Observation on 05/11/26 at 9:54 A.M. of the walk -in cooler revealed there were two pans of corn and one pan of mashed potatoes dated 05/08. The floors to the cooler were dirty and showed signs of rust. There was an undated and unlabeled tub of meat. Interview 05/11/26 at 9:58 A.M. with DM #250 verified that only one date was listed on the containers of vegetables and she could not verify if it was a preparation or discard date. DM #250 verified that the floors were dirty and difficult to clean due to the rust buildup. DM #250 verified the meat was unlabeled and undated. 7. Observation on 05/11/26 at 10:01 A.M. revealed there were utensils being stored in large containers on the clean dish rack. Further observation revealed that the containers were dirty with food debris inside. Interview on 05/11/26 at 10:01 A.M. with DM #250 verified that the containers storing the clean utensils were dirty. 8. Observation on 05/11/26 at 10:02 AM revealed the blade of the can opener was dirty and had a build up of food debris. Interview on 05/11/26 at 10:02 A.M. with DM #250 verified the blade was dirty. 9Observation on 05/11/26 at 10:03 A.M. revealed there was a bulk plastic container of brown sugar labeled health shake mix with a discard date of 04/13/26. Interview on 05/11/26 at 10:03 A.M. with DM #250 verified the brown sugar was recently placed in the container. DM #250 verified that the container must have not been cleaned properly prior to adding the brown sugar due to the old label still being on the container. 10. Observation on 05/11/26 at 10:09 A.M. of the beverage cooler revealed it contained the following nectar thickened chocolate milk containers: four dated 04/17/26, three dated 04/16/26, two dated 04/21/26. Interview on 05/11/26 at 10:09 A.M. with DM #250 verified that the drinks were expired and should have been discarded. Review of the facility policy titled Food Storage: Cold Foods dated February 2026 revealed all foods will be stored wrapped or covered, labeled and dated. Review of the facility policy titled Equipment dated September 2017 revealed all foodservice equipment will be clean, sanitary, and in proper (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	working order. This deficiency represents noncompliance investigated under Complaint Number 1271694.

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on medical record review, observation, staff interview, and policy review, the facility failed to ensure privacy and dignity during medication administration. This affected one (Resident #138) of three residents reviewed for dignity. The facility census was 157 residents. Findings include: Review of the medical record for Resident #138 revealed an admission date of 10/09/14 with diagnoses including chronic kidney disease, aphasia following unspecified cerebrovascular disease, and hemiplegia and hemiparesis following cerebral infarction affecting right dominant side. Review of the Minimum Data Set (MDS) assessment for Resident #138 dated 05/03/26 revealed the resident had severely impaired cognition and was dependent on staff assistance with activities of daily living (ADLs.) Review of the physician's orders for Resident #138 revealed an order dated 05/09/26 Lantus insulin 15 units per subcutaneous injection every morning and at bedtime for diabetes. Observation on 5/12/26 at 8:51 A.M. revealed Licensed Practical Nurse (LPN) #149 administered a Lantus insulin injection to Resident #138 to the in a busy hallway in the common area. Interview on 05/12/26 at 8:52 A.M. with LPN #149 confirmed she had not provided privacy to Resident #138 during insulin administration. Interview on 05/14/26 at 9:18 A.M. with the Director of Nursing (DON) confirmed the expectation of administering injectable medications to residents should be based on resident preference and to maintain privacy. The DON stated if the resident is moderately or severely impaired and cannot express a preference, then insulin administration should be done in the privacy of the resident's room. Review of the policy titled Resident Rights undated revealed residents had the right to have their privacy respected when treatment, medication, or care was being administered including the right to not have treatment, medication or care performed in common areas such as hallways. This deficiency represents noncompliance investigated under Complaint Number 2987707 and Complaint Number 2618955 and Complaint Number 2578596.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on medical record review, resident interview, observation, staff interview, and policy review, the facility failed to serve palatable meals at the preferred temperature. This affected one (Resident #9) and had the potential to affect all residents who received food from the kitchen. The facility identified one resident with orders for nothing by mouth. The facility census was 157 residents. Findings include: Review of the medical record for Resident #9 revealed an admission date of 10/05/24 with a diagnosis of degeneration of nervous system due to alcohol. Review of the Minimum Data Set assessment for Resident #9 dated 02/28/26 revealed the resident was cognitively intact. Interview on 05/11/26 at 2:03 P.M. with Resident #9 confirmed the food was served cold and did not taste good. Observation 05/13/26 at 2:28 P.M. of the test tray revealed the mashed potatoes were 109 degrees Fahrenheit (F) and the roast beef was 99 degrees F. The potatoes were bland in flavor and the roast beef was cold. Interview on 05/13/26 at 2:29 P.M. with the Dietary Manager (DM) verified the potatoes were bland and the roast beef was cold. Review of the facility policy titled Food: Quality and Palatability dated February 2023 revealed food will be palatable. This deficiency represents noncompliance investigated under Complaint Number 2987707 and Complaint Number 2578596 and Complaint Number 1271694.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on medical record review, observation, staff interview, and policy review, the facility failed to ensure enhanced barrier precautions (EBP) were followed. This affected one (Resident #8) of three residents reviewed for infection control. The facility census was 157 residents.Findings include: Review of the medical record for Resident #8 revealed an admission date of 09/23/24 with diagnoses including Parkinson's disease, epilepsy, bipolar disease, chronic kidney disease, and obstructive and reflux uropathy. Review of the care plan for Resident #8 dated 10/09/24 revealed the resident requires EBP for indwelling catheter. Review of the Minimum Data Set (MDS) assessment for Resident #8 dated 02/26/26 revealed the resident had moderately impaired cognition and required staff assistance with activities of daily living (ADLs.) Review of the physician's orders for Resident #8 revealed an order dated 04/22/26 for EBP related to the presence of an indwelling catheter. Observation of Resident #8's room on 05/13/26 at 8:43 A.M. revealed there was no EBP sign on the resident's door nor was there any personal protective equipment (PPE) near the door or in the resident's room. Interview on 05/13/26 at 8:44 A.M. with Licensed Practical Nurse (LPN) #133 verified the facility did not have Resident #8 in EBP. Interview on 05/13/26 at 8:47 A.M. with Certified Nursing Assistant (CNA) #167 confirmed there was no sign on Resident #8's door regarding precautions and there were no gowns on the door or in or near the room. Review of the facility policy titled Enhanced Barrier Precautions undated revealed staff should post signs on the resident doors indicating when the resident was in EBP.