STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365802	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marjorie P Lee Retirement Community	3550 Shaw Avenue Cincinnati, OH 45208

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, record review, interview, and review of facility policy, the facility failed to store food items in a sanitary manner, failed to ensure proper hair covering was maintained in the kitchen, and failed to maintain the kitchen in a sanitary manner. This had the potential to affect all 71 residents who were identified as receiving food from the kitchen. Facility census was 71.Findings Include:Observation of walk-in freezer in the main kitchen area on 01/27/26 at 9:23 A.M. revealed open bags of plant-based meatballs and hamburger patties that were in unsealed bags, open to air and undated. These findings were confirmed in a concurrent interview with the Dining Service Director (DSD) #310. Observation of stand-up refrigerator in the main kitchen area on 01/27/26 at 9:28 A.M., revealed a half gallon of whole milk open and undated, one container of prune juice, one container of cranberry juice both open an undated. On the bottom shelf of the refrigerator was a box of single serve cranberry juices all with expiration dates of 01/26/26. These findings were confirmed in a concurrent interview with DSD #310. Observation of the facility's food storage area on 01/27/26 at 9:43 A.M. in the basement of the building revealed two boxes of multiple large bags of vanilla pudding mix all with expiration dates of 08/01/2022. This was confirmed in a concurrent interview with Dietary Service (DS) #34. DS #34 revealed kitchen staff no longer use the pudding mixes as they purchase pre-prepared vanilla pudding in cans to serve the residents. Observation of the walk-in freezer in the basement on 01/27/26 at 9:54 A.M. revealed a box of vegetable egg rolls in an open undated unsealed bag, a box of beef hoagie patties opened in an unsealed, undated bag, and a box of cod filets with one of two bags, opened in an unsealed bag undated with three cod filets in the bag. These findings were confirmed in a concurrent interview with DS #34. Observation of the Amstein House resident refrigerator/freezer on 01/28/26 at 12:57 P.M. revealed two bowls of ice cream covered but undated, which were confirmed and disposed of by Licensed Practical Nurse (LPN) #292. These findings were confirmed in a concurrent interview with Observation of Berghamer House resident refrigerator/freezer on 01/28/26 at 3:04 P.M. revealed no thermostat in the freezer compartment. In the refrigerator there was a container of mayonnaise with an expiration date of 09/16/25 and a jar of apple butter with an expiration date of 11/19/25. These findings were confirmed in a concurrent interview with LPN #208. Observation of lunch preparation and service on 01/29/2026 between 10:50 A.M. and 12:15 P.M. in the main kitchen revealed Specialty [NAME] (SC) #76, did not wear a beard guard during initial (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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	preparation of pureed meal. Observation revealed DS #34 was in the food preparation area without a beard guard in place. Dining Services Director #310 entered and moved about the food preparation area of the kitchen without a hair net on. In addition, DS #242 was observed entering and exiting the food preparation are of the kitchen during lunch service without a hair net or beard guard in place. An interview on 01/29/2026 at 10:50 A.M. with SC #76 confirmed SC #76 was not wearing a beard guard when beginning to prepare a pureed meal. An interview on 01/292/206 at 12:04 P.M. with DSD #310 confirmed DS #34 was in the food preparation area without a beard guard in place. Further interview with DSD #310 confirmed DSD #310 entered the food preparation are of the kitchen without a hair net in place, and DS #242 was in the food preparation are of the kitchen without a hair net or beard guard in place. Observation of lunch preparation and service on 01/29/2026 between 10:50 A.M. and 12:15 P.M. in the main kitchen revealed SC #76 had his personal cell phone and charging cord plugged into an outlet and sitting on the food preparation counter in the main kitchen. Interview on 01/29/2026 10:50 A.M. and 12:15 P.M. with SC #76 confirmed his cell phone was sitting on a food preparation surface in the kitchen while preparing a pureed meal and his cell phone should not be on a food preparation surface. Interview on 01/29/2026 at 2:07 P.M. with Hospitality Director (HD) #488 revealed the facility did not have a written policy concerning keeping personal items off of food preparation surfaces. Observation of lunch preparation and service on 01/29/2026 between 10:50 A.M. and 12:15 P.M. revealed a darkly colored fuzz hanging from the ceiling in several food preparation areas of the main kitchen. Interview on 01/29/2026 between 10:50 A.M. and 11:13 A.M. with SC #76 confirmed a darkly colored fuzz hanging from the ceiling in several food preparation areas of the main kitchen. Interview on 01/29/2026 at 11:13 A.M. with DS #34 confirmed a darkly colored fuzz hanging from the ceiling in several food preparation areas of the main kitchen. Further interview with DS #34 revealed maintenance is responsible for the cleaning of the ceiling in the kitchen preparation areas and the ceiling was cleaned a few months ago. Interview on 01/29/2026 at 2:07 P.M. with HD #488 revealed the facility did not have a written policy concerning maintaining the cleanliness of the kitchen preparation area. Observation on 01/29/2026 from 12:15 P.M. to 12:45 P.M. of the Berghamer kitchen serving area revealed that Specialty [NAME] (SC) #60 used the same alcohol wipe to clean the thermometer between checking temperatures for the soup, philly steak meat, peppers, and mashed potatoes. Interview on 01/29/2026 between 12:15 P.M. and 12:45 P.M. with SC #60 verified a new alcohol wipe was not used to clean the thermometer between checking temperatures for the soup, philly steak meat, peppers, and mashed potatoes. Further interview with SC #60 revealed a new alcohol wipe should have been used to clean the thermometer between each food item. Review of a facility policy and procedure with the subject Infection Control Guidelines related to (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dining Services with an effective date of 05/28/2000 stated Dining Services staff are responsible for wearing the appropriate PPE given the task they are performing. Additional review of this policy revealed, All Dining Services Staff will abide by city and state Board of Health regulations pertaining to sanitation and infection control.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, staff interview, and facility policy review, the facility failed to prepare pureed foods to ensure nutritive value and palatability were maintained. This affected one resident, (#13) who was identified as the only resident in the facility who require a pureed diet. The facility census was 71.Findings Include:Review of Resident #13's medical record revealed the resident was admitted to the facility on [DATE] with diagnoses including dementia with behavioral disturbance, malnutrition, urinary retention, anxiety disorder, depression, chronic constipation, atherosclerotic heart disease and osteoporosis.Review of Resident #13's Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was severely cognitively impaired, and was dependent for all activities of daily living including bed mobility and transfers. Resident #13 required a mechanically altered diet and had significant weight loss in the last quarter. Resident #13 received hospice care.Observation of the kitchen on 01/29/2026 from 10:50 A.M. to 11:13 A.M. revealed Specialty [NAME] (SC) #76 added an unmeasured amount of water as a thinning agent while preparing the pureed philly steak sandwich with provolone, onions, and peppers.Interview on 01/29/2026 from 10:50 A.M. to 11:13 A.M. with SC #76 confirmed water was utilized as a thinning agent in the puree preparation. SC #76 further reported he was not following a documented recipe or procedure to make the pureed meal.During an interview on 01/29/2026 at 11:30 A.M. Dining Services Director (DSD) #310 reported beef broth should have been used as a thinning agent to puree the philly steak sandwich with provolone, onions, and peppers. DSD #310 confirmed that water should not have been used as a thinning agent in making the puree. DSD #310 confirmed there was no specific recipe available for direction on how to prepare a pureed philly steak sandwich with provolone, onions, and peppers.Review of an undated and untitled policy and procedure with the identified purpose To create high quality and good tasting purred meals for the residents, stated blend using broth, juice or milk depending on what is appropriate for the food item, see recipe for the proper amount of liquid to be used.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure enhanced barrier precautions were implemented for one, Resident #13. This affected one of one resident reviewed for enhanced barrier precautions. Facility census was 71. Findings Include:Review of medical record for Resident #13 revealed an admission date of 02/26/21. Diagnoses included dementia with behavioral disturbance, malnutrition, urinary retention, anxiety disorder, depression, chronic constipation, atherosclerotic heart disease and osteoporosis.Resident #13's Minimum Data Set (MDS) assessment dated [DATE] revealed resident was severely cognitively impaired, was dependent for all activities of daily living including bed mobility and transfers. Resident #13 was coded as incontinent of bowel and bladder and is dependent for all incontinence care. Resident #13 is on a mechanically altered diet and had significant weight loss in the last quarter. Resident #13 was under hospice care.Review of progress note dated 01/12/26 by Wound Nurse #490 revealed Resident #13 had areas of Moisture Associated Skin Damage (MASD)/mechanical irritation on the left upper buttock/sacrum. Review of progress note dated 01/19/26 by Wound Nurse #432 revealed the wound nurse discovered an unstageable pressure ulcer over sacrum which measured 3.5 centimeters (cm) x 0.1 cm, with 75% slough and 25% granulation. Wound Nurse #348 revealed development of the pressure ulcer was unavoidable secondary to Resident #13's overall decline.Interview with Licensed Practical Nurse (LPN) #292 on 01/28/26 at 10:37 A.M. revealed no residents on the long term care dementia unit had catheters, enteral nutrition or wounds. She confirmed no resident was currently on Enhanced Barrier Precautions (EBP).Interview with Care Team Manager (CTM)/LPN #114 on 01/28/26 at 1:08 P.M. confirmed the long-term care dementia unit had no residents on EPB. CTM/LPN #114 confirmed that Resident #13 lived on the long term care dementia unit, had an open wound and should have been on EPB.Review of facility policy titled Enhanced Barrier Precautions dated 07/31/25, revealed residents with wounds, indwelling medical devices (e.g., urinary catheters, tracheostomies, feeding tubes) or those who are ventilator dependent, even if known to be colonized are all required to be in EPB.