STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365889	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lodge Nursing & Rehab Center	9370 Union Cemetery Road Loveland, OH 45140

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and policy review, the facility failed to treat residents with respect and dignity. This affected two (#8 and #11) of two residents reviewed for dignity. The facility census was 114. 1.Resident #11 admitted to the facility on [DATE] with diagnoses including malignant neoplasm of base of tongue, general anxiety disorder, and delusional disorders. Review of the minimum data set (MDS) dated [DATE] revealed Resident #11 had moderate cognitive impairment. Observation on 04/06/2026 at approxiamately 12:15 P.M. revealed Resident #11 was standing in her door way and visibly agitated. Resident #11 was being argumentative with staff while they were attempting to assist her. Interview on 04/09/2026 at the same time as the observation, Registered Nurse (RN) #418 made a comment to the surveyor stating that with the way Resident #11 is acting it appears the cancer has spread to her brain. 2.Review of the medical record revealed that Resident #8 was admitted to the facility on [DATE] with diagnoses including parkinson's disease without dyskinesia with fluctuations, psychotic disorder with hallucinations, and bipolar disorder. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #8 is cognitively intact. Resident #8's ability to hear is highly impaired. Review of the care plan revealed Resident #8 has a communication problem related to damage to the nerves in her ears causing her to be deaf. Interventions include being able to communicate by lip reading, writing, using communication board, gestures, sign language, and picture cards. Interview on 04/07/26 at 8:20 A.M. with Resident #8 revealed that she would like an American Sign Language interpreter for the interview. During an interview on 04/07/2026 at 8:38 A.M. RN #418 asked the surveyor how the interview with Resident #8 went. When the surveyor stated that Resident #8 had requested an interpreter, RN #418 stated that Resident #8 only requested an interpreter because she loves the attention. Interview on 04/09/2026 at 7:25 AM with Corporate Quality Assurance Nurse #309 verified that both (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	comments made by RN #418 are not appropriate when speaking about a resident. Review of the facility policy titled, Dignity dated 02/28/20 revealed each resident will be cared for in a manner that promtes and enhances quality of life, dignity, respect and individuality. This deficiency represents non-compliance investigated under Complaint Number 1331410.

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based medical record review, observation, resident interview, staff interview, and policy review, the facility failed to ensure residents who were dependent on staff received adequate activities of daily living (ADL) care. This affected three (#29, #65, and #115) of four residents reviewed ADL's. The facility census was 117. Findings include: 1. Review of the medical record of Resident #29 revealed an admission date of 02/26/26. Diagnoses included right femur fracture, type 2 diabetes mellitus, depression, and history of breast cancer. Review of the comprehensive minimum data set (MDS) assessment dated [DATE] revealed the resident had intact cognition. The resident required setup/cleanup assistance with eating, substantial/maximal assistance with bed mobility and transfers, and was dependent for toileting and bathing. Observation on 04/06/26 at 3:00 P.M. revealed Resident #29 lying in bed. Resident #29 had several chin hairs, varying in length from 1 to 1.5 inches. Interview on 04/06/26 at 3:04 P.M., Resident #29 emphatically stated she absolutely did not prefer to have chin hairs. Resident #29 stated, when she lived in the community, she would go to the spa and get dermaplaned and was embarrassed at what her chin looked like. Resident #29 stated staff had not offered to shave her. Interview on 04/06/26 at 3:16 P.M., Licensed Practical Nurse (LPN) #305 verified Resident #29 had several long chin hairs. LPN #305 offered to have staff clean her up and Resident #29 stated, she would love that. 2. Review of the medical record of Resident #65 revealed an admission date of 01/22/26. Diagnoses included type 2 diabetes, effusion of right knee, and hyperlipidemia. Review of the comprehensive MDS assessment dated [DATE] revealed the resident had intact cognition. The resident required setup/cleanup assistance with eating, substantial/maximal assistance with bed mobility, transfers, and toileting and bathing. Observation on 04/08/26 at 3:24 P.M. revealed Resident #65 sitting in their chair. Resident #65 had long, grown out toenails. Resident #65's great big toe toenail curved into their index toenail on each foot. This caused irritation to the index toenail. Interview on 04/08/26 at 3:25 P.M., Resident #65 emphatically stated she was experiencing pain from her toenails rubbing against each other and getting caught on things. Resident #65 also confirmed they had requested the facility to cut them over a month ago. Interview on 04/08/26 at 3:30 P.M., Licensed Practical Nurse (LPN) #318 confirmed Resident #65 had long, grown out toenails. LPN #318 confirmed they would put in a consultation for the podiatrist and that the resident's toenails length was unacceptable. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 04/08/26 at 10:05 A.M with Corporate Quality Assurance Nurse (CQAN) #309 confirmed staff should have addressed Resident #65's toenail length. 3. Review of the medical record revealed Resident #115 was admitted on [DATE] with diagnoses including displaced intertrochanteric fracture of left femur, muscle wekaness, dementia and intervertebral disc degeneration. Review of the MDS assessment dated [DATE] revealed Resident #115 was cognitively intact. Further review of the MDS revealed Resident #115 is dependent on staff for showering. Review of the care plan revealed Resident #115 has an activities of daily living (ADL) self care performance deficit. Interventions include Resident #115 requires total dependance with shower/bathing of self and assistance with ADLs as needed. Interview on 04/06/2026 at 12:10 P.M. with Resident #115 revealed that he has not been getting his showers regularly. Resident #115 stated that recently he went about two weeks without a shower. Review of the bathing task record revealed Resident #115 is offered bathing on Mondays and Thursdays. Review of the task for Feburay 2026 revealed eight days when bathing should have been offered and all eight days were marked as not attempted. Review of the task for March 2026 revealed bathing should have been offered on nine days. Further review of the task revealed Resident #115 recieved bathing assistance on 03/13/26, 03/17/26, 03/26/26, and 03/29/26. Review of the task for April 2026 revealed 04/02/26 was blank and 04/06/26 was marked not attempted. Interview on 04/09/26 at 7:20 A.M. with CQAN #309 verified that based on documentation, Resident #115 did not recieve a shower on the days marked not attempted or blank. Review of the facility policy titled, Activities of Daily Living (ADL) Care, dated 01/2024, revealed nursing staff would assist residents with ADL needs, including basic care tasks, such as bathing, based on individual needs. This deficiency represents non-compliance investigated under Complaint Number 1331411, 2797726, 1331409, 2611291, and 2961234.