

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365892	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Burlington House Rehab & Alzheimer's Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2222 Springdale Road Cincinnati, OH 45231	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>50007</p> <p>Based on observation and staff the facility failed to ensure a clean and sanitary environment in resident bathrooms. This affected two (Residents #25 and #27) of three residents reviewed for physical environment. The facility census was 100 residents.</p> <p>Findings include:</p> <p>Observation on 09/16/24 at 9:12 A.M. with State tested Nurse Aide (STNA) #111 revealed a ceiling tile in Resident #25 and #27's bathroom had a large ring of discoloration of an unknown dark substance.</p> <p>Interview on 09/16/24 at 9:13 A.M. with STNA #111 confirmed the discolored ceiling tile in Resident #25 and #27's bathroom had been that way for a least a month and had occurred following a water leak.</p> <p>Observation on 09/17/24 at 11:00 A.M. revealed the ceiling tile in Resident #25 and #27's bathroom still had a large ring of discoloration of an unknown dark substance.</p> <p>Interview with on 09/17/24 at 11:00 A.M. with Maintenance Technician (MT) #81 confirmed the ceiling tile in Resident #25 and #27's bathroom was discolored, and he was going to treat the area with a commercial mold and mildew spray.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00156321</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
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