STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366040	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Doverwood Village	4195 Hamilton Mason Road Hamilton, OH 45011

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. (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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on medical record review and staff interview, the facility failed to ensure wound care was documented accurately for one (#82) of three residents sampled for pressure ulcers. The census was 83. Findings include:Review of Resident #82's medical record revealed an admission date of 02/05/25. Diagnoses included multiple sclerosis, morbid obesity, hyperlipidemia, major depressive disorder, anxiety disorder, restless leg syndrome, essential hypertension, pulmonary embolism, constipation, neurogenic bowel, and neuromuscular dysfunction of the bladder. Review of an admission Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 02/11/25, revealed Resident #82 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident had intact cognition. The MDS assessment indicated the resident was dependent on staff for toileting hygiene, rolling left to right, sitting to lying, lying to sitting on the side of the bed, sit to stand, chair/bed to chair transfer, toilet transfer, tub/shower transfer, and to walk 10 feet. The MDS assessment further indicated that the resident had an indwelling catheter, was always incontinent of bowel, had a stage II pressure ulcer (partial-thickness skin loss involving the dermis), and an unstageable pressure ulcer (obscured full-thickness skin and tissue loss) present on admission. Review of Resident #82's care plan report included a focus area, dated 02/05/225, that indicated the resident had a pressure ulcer/injury to the coccyx and right heel and was at risk for new development, worsening, recurrence related to community acquire, decreased functional ability, decreased sensory mobility, history of pressure ulcer/injury, history of skin breakdown, hypertension, impaired/decreased mobility, major depressive disorder, anxiety, hyperlipidemia incontinence, slow healing expected per wound nurse practitioner, and history of complicated wounds with a need for frequent debridement. Interventions directed staff to administer medications as ordered, administer nutritional interventions as ordered, administer treatments as ordered and monitor for effectiveness, assist as needed with mobility, turning and repositioning, assist as needed with toileting and hygiene, consult wound nurse practitioner, provide a particular wheelchair cushion, document non-compliance, and evaluate wound for size and depth. Interventions also directed staff to document progress on an ongoing basis, notify physician as indicated, provide an indwelling urinary catheter, provide a house supplement per physician orders, keep resident/responsible party updated on status, monitor for non-compliance, educate about risk with noncompliance, and monitor for signs of pain/discomfort. Administer pain medications and other interventions as needed, monitor for signs and symptoms of infections, monitor need for isolation precautions, notify clinician of worsening conditions, and obtain and monitor laboratory values/diagnostic tests as ordered. Review of Resident #82's February 2025 treatment administration record (TAR) revealed an order entry for Dakins (sodium hypochlorite 1/4 strength) external solution to be applied to the coccyx topically every day and night shift with a start date 02/19/25 and end date 03/06/25. The TAR revealed no evidence to indicate the treatment was completed on 02/25/25 for the day shift. The TAR also revealed an order entry for Dakin's external solution to be applied to right and left buttocks topically each day and night shift with a start date 02/13/25 and an end date of 02/19/25 at 1:22 P.M. The TAR revealed no evidence to indicate the treatment was completed on the evening shift on 02/14/25 and 02/15/25.During an interview on 06/27/25 at 12:42 P.M., Licensed Practical Nurse (LPN) #14 revealed she had been trained to complete treatments and then document their completion. She stated she completed Resident #82's treatments on 02/14/25 and 02/15/25 and must have hurriedly left the building and failed to document their completion. Review of Resident #82's March 2025 TAR revealed Dakin's (1/2 strength) external solution to be applied to the sacrum topically every day and night shift. Directions indicated to cleanse with Dakin's, pack with Dakin's moistened gauze, cover with abdominal pad (ABD), and secure with retention tape with a start date of 03/06/25 and an end date of 03/21/25 at 12:29 P.M. The TAR revealed no evidence to indicate the treatment was completed on the day shift on 03/07/25. During an interview on 06/27/25 at 10:43 A.M., LPN #13 revealed she had been trained to document when treatments were completed. She stated she performed Resident #82's treatment on 03/07/25 but failed to sign the treatment as completed. Review of Resident #82's April 2025 TAR revealed an order entry for Dakin's (1/2 strength) external solution to be applied to the coccyx topically every day and night shift. Directions indicated to cleanse the wound with Dakin's, pack with Dakin's moistened gauze, cover with ABD, and secure with tape with a start date of 04/03/25 at 7:00 P.M. and an end date of 04/17/25 at 7:05 P.M. The TAR revealed no evidence to indicate the treatment was completed on 04/03/25 on evening shift and 04/14/25 on day shift. During an interview on 06/27/25 at 12:50

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. (continued on next page)

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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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident and resident representative interview, staff interview, medical record review, facility document and policy review, and review of corrective action documents, the facility failed to execute an effective pest control program for the prevention and control of mice in the facility. This affected four (#5, #12, #13, and #20) of 83 residents residing in the facility. The census was 83. Findings include: 1. Review of Resident #5's medical record revealed an admission date of 11/14/24. Diagnoses included major depressive disorder and adjustment disorder with anxiety.Review of a quarterly Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 04/09/25, revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive impairment. The MDS assessment indicated Resident #5 had no potential indicators of psychosis. During a concurrent interview and observation in Resident #5's room on 06/23/25 at 9:29 A.M., Resident #5 stated they saw mice in their room. Resident #5 stated they had been seeing the mice since 10/21/24, and stated a family member had also seen them in Resident #5's room. Resident #5 stated the mice would leave when staff opened the door, and the mice would play with the paper traps the facility placed in Resident #5's room. A large black box was observed in the corner of the room with the name of a pest control company engraved on it. Resident #5 stated the facility brought the black box last week, and mice had been seen in the room since then. Resident #5 stated some of the mice were gray and some were darker gray. Resident #5 added the mice had not torn up any of the belongings in their room, but having mice in their room made the resident feel bad. Small black pellets that appeared to be mouse excrement (feces) were observed in Resident #5's closet on the left side in a corner and on a sticky trap on the right side of the closet floor.During an observation in Resident #5's room on 06/24/25 at 11:28 A.M., a small number of black pellets that appeared to be mouse excrement were observed in the left corners of Resident #5's closet. During an interview with Licensed Practical Nurse (LPN) #13 and observation in Resident #5's room on 06/24/25 at 11:31 A.M., LPN #13 looked in Resident #5's closet and stated that the black pellets looked like mouse droppings. LPN #13 stated she had not seen any mice but had heard people scream when they saw mice. LPN #13 stated she had worked at the facility for a year and a half, and there were mice the entire time. LPN #13 stated the mice had become worse in the last couple of months, and the residents had complained about mice. LPN #13 stated she did not feel like there were any risks to the residents and thought that maintenance and the head of housekeeping were responsible for monitoring for pest control.During an interview on 06/25/25 at 8:39 A.M., Certified Nurse Aide (CNA) #7 stated she had seen two mice about two and a half weeks prior in a resident's room. CNA #7 stated residents on the long term care unit had complained about mice, and maintenance was responsible for monitoring pest control. CNA #7 stated Resident #5 was upset regarding the mice.Review of a pest control company invoice dated 06/25/25 revealed no mice activity was found, and the mouse droppings found in Resident #5's room were hard, dry, and not fresh.2. Review of Resident #20's medical record revealed and admission date of 04/29/21. The resident had a diagnosis of major depressive disorder.Review of a quarterly MDS assessment, with an ARD of 05/13/25, revealed Resident #20 had a BIMS score of 15, which indicated the resident had intact cognition. The MDS assessment indicated Resident #20 had no potential indicators of psychosis. During a concurrent interview and observation in Resident #20's room on 06/23/25 at 10:07 A.M., Resident #20 stated there were mice in the facility but not recently. Resident #20 stated that about three or four weeks prior there was a mouse under the bed. Resident #20 stated they were scared of the mice. A small amount of black pellets that appeared to be mouse excrement were observed behind Resident #20's refrigerator.3. Review of Resident #13's medical record revealed an admission date of 10/21/23. Diagnoses included major depressive disorder, generalized anxiety disorder, and adjustment disorder with mixed anxiety and depression.Review of a quarterly MDS assessment, with an ARD of 05/22/25, revealed Resident #13 had a BIMS score of two (2), which indicated the resident had severe cognitive impairment. During an observation in Resident #13's room on 06/23/25 at 10:20 A.M., black pellets that appeared to be mouse excrement were observed under Resident #13's bed. During an interview on 06/25/25 at 9:26 A.M., CNA #18 stated she had started seeing mice and mice droppings about a month prior. CNA #18 stated she had seen a mouse under Resident #13's bed during the day the past month. CNA #18 stated the facility had been using sticky mouse traps and snap traps previously, but about a week ago the facility started using big black mouse trap boxes. CNA #18 stated the