

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366141	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Louisville Gardens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4466 Lynnhaven Avenue NE Louisville, OH 44641	

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 0680</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure the activities program is directed by a qualified professional.</p> <p>43063</p> <p>Based on record review and interview, the facility failed to ensure the activities program was directed by a qualified professional. This had the potential to affect all 40 residents residing in the facility.</p> <p>Findings include:</p> <p>Review of the personnel file for Activities Director #208 revealed a hire date of 01/16/24 in the position of receptionist. Her job description changed on 03/08/25 to Activities Director.</p> <p>Review of the Activity Director job description signed by the Administrator and Activities Director #208 on 03/10/25 revealed she must be a qualified therapeutic recreation specialist or an activities professional who is licensed by the state and is eligible for certification as a recreation specialist or as an activities professional; or must have a minimum of two years experience in a social or recreation program within the last five years, one of which was full-time in a patient activities program in a health care setting; or must be a qualified occupational therapist or occupational therapy assistant; or must have completed a training course approved by this state. There was no evidence in Activities Director #208's employee file to prove she had the qualifications.</p> <p>Interview on 04/14/25 at 9:35 A.M. with Human Resources Director (HR) #200 revealed Activities Director #208 was transferred to her position from receptionist on 03/08/25. She stated Activities Director #208 did not have the qualifications required and was not registered for a training course approved by the state.</p> <p>Interview on 04/14/25 at 11:06 A.M. with the Administrator revealed the facility would be enrolling Activities Director #208 into a training course. She stated she believed Activities Director #208 was already enrolled in a course through the corporate office.</p> <p>Interview on 04/16/25 at 8:04 A.M. with Activities Director #208 verified she did not have the qualifications required for the Activity Director role. She stated she had been unsure on how to sign-up for the course and the facility had not provided her information on enrolling her until 04/14/25.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00164095.</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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