

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366153	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/08/2025
NAME OF PROVIDER OR SUPPLIER  Terrace View Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE  3904 North Bend Road Cincinnati, OH 45211	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and facility policy review, the facility failed to ensure enhanced barrier precautions were followed during incontinence care. This affected one (#36) of three residents reviewed for incontinence care. The facility census was 72. Findings include: Review of the medical record for Resident #36 revealed an admission date of 04/24/25. Diagnoses included chronic kidney disease, depression, and transient ischemic attack (TIA). Review of the Five-day Medicare Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #36 had intact cognition as evidenced by a Brief Interview for Mental Status (BIMS) score of 14. This resident was assessed to require supervision with eating, dependent with toileting, transfers, and dressing, and substantial assistance with bathing. Review of section H for bowel and bladder of the Five-Day Medicare MDS assessment dated [DATE] revealed Resident #36 was always incontinent of bowel and bladder. Review of the physician orders for Resident #36 revealed no orders for enhanced barrier precautions (EBP) even though Resident #36 had multiple wounds. Observation on 07/08/25 at 10:32 A.M. revealed incontinence care was completed by Certified Nursing Assistant (CNA) #154 to Resident #36. Resident #36 was in enhanced barrier precautions (EBP) related to multiple wounds. CNA #154 did not apply gown for EBP while providing care. Observation at 07/08/25 at 10:48 A.M. revealed wound care was completed by Licensed Practical Nurse (LPN) #164 to Resident #36 due to the wound being contaminated from bowel movement. LPN #164 did not apply a gown when completing wound care. Interview on 07/08/25 at 10:57 A.M. with CNA #154 verified she did not wear a gown during incontinence care on Resident #36. Interview on 07/08/25 at 11:02 A.M. with LPN #164 verified she did not wear a gown during wound care on Resident #36. Review of the enhanced barrier precautions best practice dated March 2024 revealed enhanced barrier precautions referred to the use of gown and gloves during high-contact care activities for residents with any of the following: infection or colonization with a targeted multi-drug resistant organism (MDRO), chronic wounds, and indwelling medical devices. Examples of high-contact resident care activities included dressing, bathing, transferring, providing hygiene, changing linens, changing briefs, and wound care.</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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