

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2025
NAME OF PROVIDER OR SUPPLIER  Woods Edge Rehab and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE  1171 Towne Street Cincinnati, OH 45216	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35770</p> <p>Based on observation, staff interview, and policy review, the facility failed to properly label prepared foods in the refrigerator. This had the potential to affect all residents residing in the facility who receive food from the kitchen. The facility census was 85.</p> <p>Findings include:</p> <p>Observation and interview on 03/18/25 at 8:53 A.M. with Kitchen Supervisor (KS) #43 revealed during a tour of the kitchen, there were two trays of sandwiches, one tray of bowls of mandarin oranges, and three trays of cups of juice that were not labeled or dated inside the refrigerator. KS #43 verified the two trays of sandwiches, one tray of bowls of mandarin oranges, and three trays of cups of juice were not labeled or dated. KS #43 stated they should be labeled and dated.</p> <p>Review of the facilities Dietary/Food Handling policy dated 01/2023 revealed food is to be dated and labeled upon arrival from vendor and/or upon preparation date.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00162926.</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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