STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366209	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woods Edge Rehab and Nursing	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on medical record review, review of the facility fall investigation, staff interview, and review of the facility policy, the facility failed to provide adequate the adequate level of supervision and assistance during care to prevent falls. This affected one (Resident #84) of three residents reviewed for falls. The facility census was 77 residents.Findings include: Review of the medical record for Resident #84 revealed an admission date of 12/06/26 with diagnoses including cerebral infarction, hemiplegia and hemiparesis affecting left non-dominant side, and paranoid schizophrenia. Review of the fall risk assessment for Resident #84 completed 12/06/25 revealed the resident was at moderate risk for falls. Review of the Minimum Data Set (MDS) assessment for Resident #84 dated 12/11/25 revealed the resident was moderately cognitively impaired and was dependent on staff for toileting, dressing, bathing, personal hygiene, and turning and repositioning. Review of the care plan for Resident #84 dated 12/08/25 revealed the resident had a self-care deficit, impaired cognition, and was at risk for falls due to hemiplegia and hemiparesis. Interventions included two staff were to assist the resident with daily hygiene, grooming, and dressing. Review of the nurse progress note for Resident #84 dated 03/03/26 at 7:59 A.M. revealed at 6:10 A.M. Certified Nursing Assistant (CNA) #109 called out for assistance. Registered Nurse (RN) #59 ran to the room and observed CNA #109 attempting to assist Resident #84 onto the floor. RN #59 and CNA #109 assisted Resident #84 back into bed using the Hoyer lift. Review of the facility fall investigation for Resident #84 dated 03/03/26 revealed CNA #109 was completing Resident #84's incontinence care and bed bath. CNA #109 began to roll Resident #84 over toward the wall to perform care. When CNA #109 was done performing care the aide cleaned off the bed and turned around to grab dry linens. When CNA #109 turned around Resident #84 started to fall sliding feet first and then to his knees. Interview on 04/14/26 at 10:38 A.M. with CNA #109 confirmed Resident #84 required the assistance of two staff for all ADLs including bed baths. CNA #109 confirmed if they would have had another person assisting them Resident #84 would not have fallen. CNA #109 confirmed Resident #109 slid out of bed during the bed bath when the aide turned away from the resident to grab fresh linens. Interview on 04/14/26 at 2:37 P.M. with the Director of Nursing (DON) confirmed Resident #84 had a witnessed fall without injury on 03/03/26 during a bed bath provided by CNA #109. The DON verified the facility investigation determined Resident #84 required the assistance of two staff with transfers and CNA #109 had not followed the resident's care plan which resulted in the fall. Interview on 04/14/26 at 3:16 P.M. with RN #59 confirmed Resident #84 required the assistance of two staff for bed baths and CNA #109 should have had another staff member in the room. Review of the facility policy titled Accident and Incidents Protocol dated on March 2025 revealed the facility would implement interventions to prevent falls. This deficiency represents noncompliance investigated under Complaint Number 2964143.

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