STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366220	A. Building B. Wing	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony Court Rehab and Nursing	6969 Glenmeadow Lane Cincinnati, OH 45237

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident interview, and staff interview, the facility failed to provide a safe, functional and sanitary environment. This affected one (Residents #78) and had the potential to affect all of the residents in rooms 302, 304, 317, and 325. The facility census was 96 residents. Findings include: 1. Interview on 06/01/26 at 11:59 A.M with Resident #78 on confirmed the resident had a leak in his ceiling. Staff had placed containers in the resident's room to catch the water that leaked in while it was raining the previous week but no one has come to repair the leak. Interview on 06/03/26 at 12:00 P.M. with Assistant Director of Nursing (ADON) #385 confirmed Resident #78 did have a leak in his ceiling during the previous week's heavy rain. Interview on 06/03/26 at 3:36 P.M. with Clinical Director (CD) #607 and the Administrator confirmed they were unaware of the leak in Resident #78's room. CD #607 stated the roof needed some work and the facility needed to fix the leak in Resident #78's room. 2. Observation on 06/01/26 at 12:15 P.M. revealed the walls in room [ROOM NUMBER] were dirty and scuffed. The wall in room [ROOM NUMBER] was missing a bathroom mirror and the wall had gouges in it. Observation of the bathrooms in rooms [ROOM NUMBERS] revealed the linoleum was coming up causing a trip hazard. Interview on 06/01/26 at 12:20 P.M. with Certified Nursing Assistant (CNA) #781 verified the dirty walls, the missing mirror, the gouges in the walls, and the loose linoleum flooring of resident rooms. Interview n 06/03/26 at 1:37 P.M. with CD #607 on 06/03/26 at 1:37 P.M. confirmed there were several resident rooms that needed new linoleum on the bathroom floors and also many rooms that needed to be repainted. This deficiency represents noncompliance investigated under Complaint Number 3027775 and Complaint Number 3022262 and Complaint Number 3017462.

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