| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 366232 | A. Building<br>B. Wing | 11/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Westover Retirement Community | 855 Stahlheber Road<br>Hamilton, OH 45013 |

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 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives an accurate assessment.<br><br>Based on observation, medical record review, resident interview, and staff interview, the facility failed to ensure the accuracy of Minimum Data Set (MDS) assessments. This affected one resident (#43) of four resident assessments reviewed. The facility census was 51. Review of the medical record for Resident #43 revealed an admission date of 02/26/25 with diagnoses including type II diabetes mellitus with polyneuropathy and generalized anxiety. Review of the quarterly Minimum Data Set (MDS) assessments dated 06/23/25 and 09/23/25 revealed the resident had no oral or dental issues. Observation on 11/19/25 at 1:58 P.M. of Resident #43 revealed the resident to be without natural upper teeth.Interview with Resident #43 at the time of the observation revealed the resident had lost several teeth since her admission to the facility. Resident #43 verbalized wishes to see a dentist however she has not been offered assistance in obtaining a dental appointment since her admission. Interview on 11/20/25 at 10:38 A.M. with Minimum Data Set Registered Nurse (MDS RN) #70 revealed she was not certain if Resident #43 had upper natural teeth. Interview on 11/25/25 at 2:50 P.M. with Licensed Practical Nurse (LPN) #71 confirmed Resident #43 was without upper natural teeth. Interview on 11/25/25 at 3:31 P.M. with the Director of Nursing confirmed Resident #43's MDS assessment did not accurately reflect the resident's oral or dental status. This deficiency represents non-compliance investigated under Master Complaint Number 2673309. |

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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| Westover Retirement Community | 855 Stahlheber Road<br>Hamilton, OH 45013 |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>Based on record review and staff interview, the facility failed to follow a physician order for referral services. This affected one Resident (#43) of four residents reviewed for physician orders for referral services. The facility census was 51. Review of the medical record for Resident #43 revealed an admission date of 02/26/25 with diagnoses including type II diabetes mellitus with polyneuropathy and generalized anxiety. Review of the provider progress note dated 07/22/25 revealed Resident #43 was seen by Nurse Practitioner (NP) #105 and the resident was referred to neurology related to neuropathy. Review of the nurse's progress note dated 07/22/25 and timed 5:52 A.M. revealed a nurse's note stating Resident #43 was referred to neurology by NP #105 related to neuropathy. Resident with left foot and leg heaviness, numbness and having a hard time lifting leg and foot. Resident made aware of the referral. Review of a provider's progress note dated 07/28/25 and signed at 2:58 P.M. by NP #105 revealed Resident #43 had previously been referred to neurology for left leg and foot heaviness and numbness. Further review of the medical record for Resident #43 revealed no documentation of Resident #43 being seen by neurology.Interview on 11/25/25 at 11:06 A.M. with the Director of Nursing revealed she was unsure if Resident #43 was seen by a neurologist following the referral written by from NP #105 on 07/22/25.Interview on 11/25/25 at 1:58 P.M. with NP #105 revealed she had referred Resident #43 to neurology in July 2025 related to the resident's polyneuropathy. NP #105 was unable to verify if Resident #43 had been seen by a neurologist. This deficiency represents non-compliance investigated under Master Complaint Number 2673309 and Complaint Number 2671315. |

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| | 366232 | A. Building<br>B. Wing | 11/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Westover Retirement Community | 855 Stahlheber Road<br>Hamilton, OH 45013 |

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 0791<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide or obtain dental services for each resident.<br><br>Based on observation, medical record review, staff interview, and resident interview, the facility failed to ensure timely dental services. This affected one resident (#43) of four residents reviewed. The facility census was 51.Review of the medical record for Resident #43 revealed an admission date of 02/26/25 with diagnoses including type II diabetes mellitus with polyneuropathy and generalized anxiety. Review of the quarterly Minimum Data Set (MDS) assessments dated 06/23/25 and 09/23/25 revealed the resident had no issues with oral or dental status. Additional review of the medical record for Resident #43 revealed no documentation regarding a dental care plan or attempts to schedule a dental appointment. Observation on 11/19/25 at 1:58 P.M. of Resident #43 revealed the resident to be without natural upper teeth. Interview with Resident #43 at the time of the observation revealed the resident had lost several teeth since her admission to the facility. Resident #43 verbalized wishes to see a dentist however she has not been offered assistance in obtaining a dental appointment since her admission. Interview on 11/25/25 at 2:50 P.M. with Licensed Practical Nurse (LPN) #71 confirmed Resident #43 had no natural upper teeth. LPN #71 further confirmed Resident #43 had lost teeth during her admission and that no dental appointments had been arranged. This deficiency represents non-compliance investigated under Master Complaint Number 2673309 and Complaint Number 2671315. |