

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/15/2025
NAME OF PROVIDER OR SUPPLIER Seven Acres Senior Living at Clifton		STREET ADDRESS, CITY, STATE, ZIP CODE 476 Riddle Road Cincinnati, OH 45220	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on closed medical record review, interview, and facility policy review, the facility failed to report an injury of unknown origin to the Ohio Department of Health (ODH). This affected one resident (#1) of five residents reviewed. The facility census was 56 at the time of survey. Findings Include: Review of the closed medical record revealed Resident #1, was admitted to the facility on [DATE] and discharged on 09/13/2025. Diagnoses included Discitis (thoracic region), Osteomyelitis of vertebra, Hypertensive Heart Disease with Heart Failure, Type II Diabetes Mellitus, and Chronic Diastolic Heart Failure. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident had a BIMS of 12 out of 15 indicating mild cognitive deficits, he had no behaviors, did not reject care, and did not wander. Resident #1 was incontinent of bowel and bladder. Resident #1 was a two-person physical assist, was dependent for bed mobility, transfers, dressing, toileting, and personal hygiene, and supervision with eating and locomotion. Review of physician orders dated August 2025 revealed resident received Lovenox (anticoagulant medication) subcutaneously once a day for atrial fibrillation. Review of Resident #1's progress note dated 09/02/2025 revealed resident had a raised bruising lesion on his left lower leg that measured 11 centimeters (cm) by 7 cm width. It was described as mottled with shades of purple, black, and pinkish with irregular borders and swollen. The lesion was warm to touch. The surrounding skin was erythematous and swollen. Resident #1 can not recall when or how it happened. No known trauma reported. The physician was made aware and he was sent to the emergency room. Interview with DON on 09/15/2025 at 1:40 P.M. confirmed that Resident #1 did present with an injury of unknown origin on 09/02/2025 and was not reported to the Ohio Department of Health. Injuries of Unknown Origin: An injury should be classified as an injury of unknown source when both of the following conditions are met: The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time. Facility policy further states that all staff will receive education about how to identify signs and symptoms of abuse. Residents will be monitored for possible signs of abuse. Symptoms that will be monitored include Suspicious or unexplained bruising. Investigation of injuries of Unknown Origin or Suspicious injuries: must be immediately investigated to rule out abuse: injuries include, but are not limited to, bruising of the inner thigh, chest, face, and breast, bruises of an unusual size, multiple unexplained bruises, and/or bruising in an area not typically vulnerable to trauma. This deficiency represents non-compliance investigated under Complaint Number 2613362.</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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