STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366327	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glendale Place Care Center	779 Glendale Milford Road Cincinnati, OH 45215

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on record review, interview, and facility policy review, the facility failed to consistently provide routine baths to 1 (Resident #112) of 5 sampled residents reviewed for activities of daily living (ADLs). Findings included: A facility policy titled, Activities of Daily Living (ADL) Care, reviewed 01/2024, indicated, Policy Interpretation and Implementation: Nursing staff will assist residents with receiving care and services for residents with ADL needs which may include (but not limited to): basic-self-care tasks such as bathing, dressing, eating, toileting and mobility, oral care based on individual needs.An admission Record revealed the facility admitted Resident #112 on 05/09/2025. According to the admission Record, the resident had a medical history that included diagnoses of hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting the left non-dominant side, acquired absence of right foot, adult failure to thrive, and chronic obstructive pulmonary disease. An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/20/2025, revealed Resident #112 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident had intact cognition. The MDS indicated the resident was dependent on staff for bathing. Resident #112's Care Plan Report included a focus area, initiated 05/22/2025, that indicated the resident had an ADL self-care performance deficit related to cerebral vascular disease, hemiparesis, chronic obstructive pulmonary disease, respiratory failure, fibromyalgia, and diabetes mellitus. Interventions initiated on 05/22/2025 directed staff to adjust the level of ADL support for fluctuations and/or declines in self-care and or mobility, assist with ADLs, and provide one-person physical assistance with bathing. The Care Plan Report did not reflect how frequently the resident was to be bathed.Resident #112's 05/2025 and 06/2025 Documentation Survey Reports revealed documentation that indicated the resident received baths on 05/12/2025, 05/13/2025, 05/22/2025, 06/05/2025, 06/07/2025, 06/08/2025, and 06/16/2025. Per the reports, a code of NA meant not applicable, a code of RX meant the resident was not available, and a code of RR meant the resident refused. The reports revealed staff documentation that indicated the resident was not available for a bath on 05/26/2025, 06/17/2025, and 06/18/2025 (per progress notes, the resident was in the hospital on these dates). The reports revealed staff documented NA for bathing on 05/17/2025, 05/20/2025, 06/03/2025, 06/13/2025 and 06/15/2025. The reports did not include documentation regarding the provision of bathing assistance on any other days and did not reflect any resident refusals. Resident #112's Progress Notes for the timeframe from 05/05/2025 through 06/17/2025 revealed no documented evidence that Resident #112 refused baths or showers. During an interview on 08/07/2025 at 10:16 AM, State Trained Nursing Assistant (STNA) #15 stated that when she documented NA on the bath/shower records, she meant that she did not offer or provide the resident a bath. During an interview on 08/08/2025 at 8:28 AM, STNA #16 stated that if a bath was not given, she documented an NA on the bath/shower records; however, she indicated she documented the same way if the resident refused their bath. During an interview on 08/08/2025 at 9:48 AM, the Director of Nursing (DON) said she expected staff to at least offer baths and document in the resident's electronic medical record (EMR). The DON stated staff should be coding the bath/shower records correctly. This deficiency represents non-compliance investigated under Complaint Number 1336365 (OH00166784).

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. (continued on next page)

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observation, interview, record review, and facility policy, the facility failed to ensure multi-use equipment was sanitized between residents for 1 (Resident #42) of 8 residents observed during medication administration. Additionally, the facility failed to ensure personal protective equipment (PPE) was donned prior to entering a transmission-based precautions (TBP) room for 1 (Resident #52) of 3 residents reviewed for TBP.Findings included: 1. A facility policy titled, Cleaning and Disinfecting Environment & Resident Care Equipment, last reviewed by the facility on 10/12/2020, indicated, Environmental Guidelines: Staff will use standard precautions, including appropriate personal protective equipment (PPE) for all rooms unless transmission-based precautions are identified as indicated on posted precaution signs located outside resident rooms. The policy revealed, Surface cleaning and disinfection will be conducted with focus on high touch areas to include, but not limited to: toilet seats & toilet flush handles, grab bars next to toilet, bed assist rails, overbed tray tables, call light buttons, TV and bed remotes, telephones, resident chairs, IV poles, blood pressure cuffs, sinks and faucets, light switches, door knobs and/or levers, countertops, desktops and tables. The policy specified, Resident Care Equipment Guidelines: Single-use equipment will be cleaned when visually soiled. Multi-use items will be routinely cleaned and disinfected after each use, particularly before use for another resident.During medication administration on 08/06/2025 at 8:30 AM, Licensed Practical Nurse (LPN) #4 obtained a blood pressure cuff that had been previously used on another resident and had not been sanitized between residents and started to enter Resident #42's room. LPN #4 was asked about the facility process for sanitizing blood pressure cuffs between residents, and LPN #4 stated there was not a policy to sanitize between residents. LPN #4 stated that she did not normally clean blood pressure cuffs between residents. LPN #4 stated she would sanitize the blood pressure cuffs between residents if a resident was on TBP or enhanced barrier precautions. During an interview on 08/06/2025 at 9:21 AM, LPN #5 stated she sanitized the blood pressure cuff between each resident use.During an interview on 08/07/2025 at 11:56 AM, the Assistant Director of Nursing (ADON), who was also the Infection Preventionist, stated equipment used for multiple residents should be sanitized between use; however (in contrast to her prior statement and the facility policy), she stated she would not expect staff to sanitize the blood pressure cuff between use of residents if the resident was not on any precautions.During an interview on 08/08/2025 at 8:34 AM, the Director of Nursing (DON) stated (in contrast to the facility policy), I do not expect for a multiuse item to be cleaned between residents if it is not known that they have an infection.2. A facility policy titled, Contact Precautions, last reviewed by the facility on 12/19/2020, specified, Staff will use standard precautions in addition to contact precautions as they apply. Staff will wear gloves; gowns, masks, or goggles IF there is a danger of being sprayed or splattered.An admission Record revealed the facility admitted Resident #52 on 03/08/2025. According to the admission Record, the resident had a medical history that included diagnoses of extended spectrum beta lactamase (ESBL) resistance and urinary incontinence.A quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/13/2025, revealed Resident #52 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident had intact cognition. The MDS indicated the resident was occasionally incontinent of urine and bowel.Resident #52's Order Summary Report as of 08/07/2025 revealed an order dated 08/04/2025 for contact isolation for ESBL in urine every shift.During an observation on 08/06/2025 at 11:33 AM, Licensed Practical Nurse (LPN) #6 performed a finger stick blood sugar check on Resident #52. LPN #6 obtained the supplies, performed hand hygiene, applied gloves, then entered the resident's room without donning a gown. A contact precaution sign was on the door. LPN #6 obtained the resident's finger stick blood sugar check. LPN #6 stated the resident was not on contact precautions. LPN #6 stated the PPE to be worn for contact isolation was gloves, mask, and gown. LPN #6 stated the sign read to wear a gown and gloves, but she did not wear a gown when she performed Resident #52's finger sick blood sugar check. LPN #6 stated it was important to wear PPE to protect the resident and herself from disease causing micro-organisms. LPN #6 stated she should have double checked and not assumed the resident was not on precautions when she saw the sign on the door. During an interview on 08/07/2025 at 11:56 AM, the Assistant Director of Nursing (ADON), who was also the Infection Preventionist, stated she expected staff to don PPE for contact precautions. The ADON stated the PPE was a barrier to anything that could be spread through physical contact. The ADON stated staff should have worn a gown as well as gloves when performing the resident's finger sick blood sugar check. During an interview on 08/08/2025 at 8:34 AM, the