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	05/21/2026

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on medical record review, review of grievance forms, review of the facility Self-Reported Incident (SRI) log, staff interview, and review of the facility policy, the facility failed to timely report an allegation of misappropriation to the state agency. This affected one (Resident #15) of three residents reviewed for misappropriation. The facility census was 113 residents. Findings include:Review of the medical record for Resident #15 revealed an admission date of 06/21/24 with diagnoses including cerebral infarction, epilepsy, and chronic obstructive pulmonary disease (COPD). Review of the facility grievance form for Resident #15 dated 01/16/26 revealed the resident reported to a nurse he was missing $250.00 and last saw it on 01/11/26. There were no actions or resolutions noted on the form.Review of the facility SRIs dated 01/11/26 to 05/19/26 revealed the facility did not report the allegation of misappropriation.Interview on 05/19/26 at 2:45 P.M. with Licensed Practical Nurse (LPN) #201 stated she completed the grievance form for Resident #15 and turned it in to the social worker.Interview on 05/20/26 at 12:26 P.M. with Licensed Social Worker (LSW) #500 stated he remembered he received a voice mail from a staff member regarding Resident #15's allegation of missing money and he does not recall why he did not document further on the matter LSW #500 further confirmed he did not report the allegation to the Administrator and the allegation was not reported to the state agency. Review of the facility policy titled Abuse, Neglect, Misappropriation, and Exploitation dated 10/16/19 revealed allegations of misappropriation should be investigated and reported to the state agency. This deficiency represents noncompliance investigated under Complaint Number 2964354.

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
	366327	A. Building B. Wing	05/21/2026

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

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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on medical record review, review of grievance forms, review of the facility Self-Reported Incident (SRI) log, staff interview, and review of the facility policy, the facility failed to investigate an allegation of misappropriation. This affected one (Resident #15) of three residents reviewed for misappropriation. The facility census was 113 residents. Findings include:Review of the medical record for Resident #15 revealed an admission date of 06/21/24 with diagnoses including cerebral infarction, epilepsy, and chronic obstructive pulmonary disease (COPD). Review of the facility grievance form for Resident #15 dated 01/16/26 revealed the resident reported to a nurse he was missing $250.00 and last saw it on 01/11/26. There were no actions or resolutions noted on the form.Review of the facility SRIs dated 01/11/26 to 05/19/26 revealed the facility did not report the allegation of misappropriation.Interview on 05/19/26 at 2:45 P.M. with Licensed Practical Nurse (LPN) #201 stated she completed the grievance form for Resident #15 and turned it in to the social worker.Interview on 05/20/26 at 12:26 P.M. with Licensed Social Worker (LSW) #500 stated he remembered he received a voice mail from a staff member regarding Resident #15's allegation of missing money and he does not recall why he did not document further on the matter LSW #500 further confirmed he did not report the allegation to the Administrator and the allegation was not reported to the state agency. Review of the facility policy titled Abuse, Neglect, Misappropriation, and Exploitation dated 10/16/19 revealed allegations of misappropriation should be investigated and reported to the state agency. This deficiency represents noncompliance investigated under Complaint Number 3001233.

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	05/21/2026

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. Based on medical record review, staff interview, and review of the facility policy, the facility failed to ensure residents received adequate pain management. This affected one (Resident #12) of five residents reviewed for pain management. The census was 113 residents. Findings include: Review of the medical record for Resident #12 revealed an admission of 12/19/22 with diagnoses including Alzheimer's Disease, dementia with behavioral disturbance, and delusional disorder, and a discharge date of 02/14/26. Review of the physician's orders for Resident #12 revealed an order dated 12/19/22 for Tylenol 325 milligrams (mg) two tablets every four hours as needed for pain. Review of the Minimum Data Set (MDS) assessment for Resident #12 dated 01/13/26 revealed the resident was cognitively impaired and required assistance with activities of daily living (ADLs.) Review of care plan for Resident #12 revealed the resident was at risk for alteration in comfort related to functional limitations with an intervention to administer pain medications as ordered. Review of the Medication Administration Records (MARs) for Resident #12 dated January 2026 and February 2026 revealed the resident had a pain level of five on a scale of one to 10 with 10 being the worst pain 01/30/26 and a pain level of six on 02/09/26. There was no documentation of pain medication or other interventions provided to Resident #12 on 01/30/26 and 02/09/26. There was no documentation of a reassessment of pain for Resident #12. Interview on 05/20/26 at 2:35 P.M. with Licensed Practical Nurse (LPN) #210 stated she used the Pain Assessment in Advanced Dementia (PAINAD) scale to determine Resident #12's pain. LPN #210 stated Resident #12 paced and wandered frequently and only occasionally had a facial grimace, and a score above four on a scale of one to 10 was considered the standard point to offer medication interventions. LPN #210 verified she did give ordered pain medications to Resident #12 nor could the nurse recall if any nonpharmacological interventions were offered. Review of the facility policy titled Pain Assessment undated revealed if pain was noted nonpharmacological and pharmacological treatments would be utilized to help control resident pain. This deficiency represents noncompliance investigated under Complaint Number 2805478.