

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2024
NAME OF PROVIDER OR SUPPLIER Veranda Gardens & Assisted Living		STREET ADDRESS, CITY, STATE, ZIP CODE 11784 Hamilton Avenue Cincinnati, OH 45231	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35770</p> <p>Based on medical record review, observation, and staff interview, the facility failed to maintain resident rooms in good repair and under clean and sanitary conditions. This affected two (Residents #23 and #24) of three residents reviewed for physical environment. The facility census was 91.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #24 revealed an admitted [DATE] with diagnoses including brain cancer, bladder cancer, bone cancer, prostate cancer, dysphagia, and anemia.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #24 dated 12/21/23 revealed the resident was cognitively intact and required supervision to moderate assistance with activities of daily living (ADLs.)</p> <p>Observation on 04/18/24 at 6:35 A.M. revealed there was a soiled incontinence brief hanging out of a trash bag and touching the top surface of Resident #24's bedside table.</p> <p>Interview on 04/18/24 at 6:38 A.M. with Licensed Practical Nurse (LPN #64) confirmed the brief touching Resident #24's bedside table was soiled with urine and should have been discarded in soiled utility room.</p> <p>2. Review of the medical record for Resident #23 revealed an admitted [DATE] with diagnoses including chronic respiratory failure, psychosis, mood disorder, immunodeficiency, and bipolar disorder.</p> <p>Review of the MDS for Resident #23 dated 01/05/24 revealed the resident had cognitive deficits and required maximum assistance with ADLs.</p> <p>Observation on 04/22/24 at 10:30 A.M. of Resident #23's bathroom revealed the fan was not working and was dirty, there was a hole behind the bathroom floor, and the ceiling tiles were stained above the shower. Further observation revealed the wall behind the headboard of the bed had extensive scrapes.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2024
NAME OF PROVIDER OR SUPPLIER Veranda Gardens & Assisted Living		STREET ADDRESS, CITY, STATE, ZIP CODE 11784 Hamilton Avenue Cincinnati, OH 45231	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 04/22/24 at 10:32 A.M. of Resident #23's representative confirmed he had observed the hole in the bathroom wall, the nonfunctioning fan in the bathroom, and the scrapes on the wall behind the headboard two months ago, had reported it to staff, but nothing had been done about the concerns.</p> <p>Interview on 04/22/24 at 10:41 A.M. with Maintenance Director (MD)#55 confirmed Resident #23's bathroom fan was dirty and not functioning and the bathroom ceiling tiles needed to be replaced. MD#55 confirmed there was a hole in Resident #23's bathroom wall and the area on the wall behind the resident's bed headboard was extensively scraped.</p> <p>Interview on 04/22/24 at 12:15 P.M. with Assistant Director of Nursing (ADON) #60 confirmed she talked to Resident #23's representative on two separate occasions and she knew about the hole in the bathroom wall and the stained ceiling tiles. ADON #60 confirmed she reported Resident #23's representative's concerns but could not remember to whom she had reported them, because it was a couple of weeks ago.</p> <p>Review of the facility policy titled Infection Prevention Control Program dated 08/18/10 revealed the facility would establish and maintain an infection control prevention and control program designed to provide a safe, sanitary, and comfortable environment.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00152473.</p>		