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| 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 01/20/2026 |
| 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) |
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| <p>F 0657</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>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to include residents and families for care planning and care conferences. This affected three Residents (#54, #47, and #16) out of four residents reviewed for care planning and care conferences. Facility census was 82. Review of the medical record for Resident #54 revealed the resident was admitted to facility on 05/13/22. Diagnosis included cerebral infarction, chronic pain, stenosis of bilateral carotid arteries, depression, anxiety, aphasia following cerebral infarction, diabetes, hypertension, atrial fibrillation, and hyperlipidemia. Review of the Minimum Data Set (MDS) assessment for Resident #54 dated 12/15/25 revealed the resident had moderately impaired cognition with moderate depression. Interview with Resident #54 on 01/13/26 at 9:31 A.M. revealed he could not remember ever having a care conference with the interdisciplinary team (IDT) to discuss care concerns or his care plan. Interview on 01/13/26 at 4:10 P.M., Resident #54's Guardian stated she was assigned to be Resident # 54's guardian in August 2025 and she has not been invited to or attended a care conference for Resident #54. Review of medical record for Resident #47 revealed an admission date of 06/12/24 with diagnoses including quadriplegia, amputation of two or more toes, atherosclerosis of aorta, diabetes, myocardial infarction, colostomy, malnutrition, alcohol abuse, mood disorder, hypertension, contractures of multiple sites, and neuro dysfunction of the bladder. Review of MDS assessment dated [DATE] revealed Resident #47 was cognitively intact. Interview with Resident #47 on 01/20/26 at 10:22 A.M. revealed the resident had one care conference upon admission to the facility in June 2024 but hasn't been invited to or had any additional care conferences since the initial care conference. Resident #47 stated he had never seen his care plan or been told what was in it. Review of medical record for Resident #16 revealed an admission date of 04/13/23 with diagnoses including quadriplegia, amputation of two or more toes, anemia, atherosclerosis of aorta, diabetes, hyperlipemia, old myocardial infarction, colostomy, malnutrition, alcohol abuse, mood disorder, seasonal allergies, hypertension, contractures of multiple sites, and neuro dysfunction of the bladder. Review of the MDS assessment dated [DATE] revealed Resident #16 was cognitively intact. Interview on 01/20/26 at 10:52 A.M. Resident #16 stated she has not been invited to or attended a care conference since she transitioned from skilled care to long term care sometime in late 2024. Resident #16 stated she has not seen her care plan nor been told what is included in her care plan. Interview on 01/15/26 at 1:29 P.M., SSD #321 stated she would do care conferences upon admission, quarterly, annually and upon request. SSD #321 revealed she invites residents as well as their responsible parties to all care conferences. SSD #321 stated that there are not many residents or responsible parties that attend care conferences. SSD #321 verified the facility had documented evidence of care conference invitations being sent out to residents or responsible parties. Interview on 01/20/26 at 3:01 P.M., the Administrator verified the facility had no documented evidence of care conferences or IDT Plans of Care for Residents (#54, #47, and #16) since</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0657</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>2024. This deficiency represents non-compliance investigated under Complaint Number 2621517.</p> |