

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366364	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2024
NAME OF PROVIDER OR SUPPLIER Triple Creek Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE 11230 Pippin Road 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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39702</p> <p>Based on medical record review, staff interviews and policy review, the facility failed to ensure documentation was completed regarding a resident's meal/dietary intake. This affected one (#45) out of three residents reviewed for meal service. The facility census was 43.</p> <p>Findings include:</p> <p>Medical record review for Resident #45 revealed an admission on 04/16/24 and a discharge on 04/18/24. Diagnoses include acute kidney failure, asthma, and cerebral infarction without deficits.</p> <p>Review of the admission Minimum Data Set (MDS) assessment dated [DATE] for Resident #45 was not completed due to discharge from the facility.</p> <p>Review of the baseline plan of care dated 04/16/24 for Resident #45 revealed the resident was on a regular diet, mechanical soft with thin liquids.</p> <p>Review of the active physicians' orders for Resident #45 revealed an order dated 04/16/24 stating regular diet, mechanical soft with thin liquids.</p> <p>Review of the electronic health record for Resident #45 for dietary intake revealed there was no documentation the resident consumed any meals during her stay at the facility.</p> <p>Interview on 05/28/24 at 2:10 P.M. with the Director of Nursing (DON) verified the facility did not have any documentation for Resident #45's meal intake during the resident's stay. DON stated the staff should be documenting the percentage of food consumed at each meal in the electronic health record.</p> <p>Review of the facility policy titled Meal Service, dated 01/2024 revealed if an individual is not accepting of their food an appropriate alternate is offered and the staff will assist the individual as needed.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00153301.</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
-----------------------------------------------------------------------	-------	-----------