STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366364	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Triple Creek Retirement Community	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, and physician interview, the facility failed to obtain weights in a timely manner to monitor a resident's need for medications as an intervention per physician orders. This affected one (#5) of three residents reviewed for medication administration and orders. The census was 48. Findings include:Record review for Resident #5 revealed the resident was admitted to the facility on [DATE], and discharged on 05/14/26, with diagnoses including achalasia of cardia, hypertension, chronic kidney disease, congestive heart failure, dysphagia, diabetes, lymphoma, osteoarthritis, and hypothyroidism. Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #5 had intact cognition and was assessed to require staff assistance for self-care activities and mobility.Review of Resident #5's After Visit Summary, dated 04/09/26, revealed the resident's prescription for torsemide, a diuretic, was changed and a new order was created for torsemide 10 milligrams (mg) as needed for edema with a weight gain of greater than three pounds in one day or 10 pounds in one week.Review of the recorded weights for Resident #5 revealed the resident was weighed on 04/10/26, but not weighed again until 04/16/26.Review of the medication administration record (MAR) for Resident #5 revealed torsemide was only administered to Resident #5 one day (04/13/26) between 04/10/26 and 04/16/26.Review of Resident #5's physician orders revealed an order dated 04/19/26 for the resident to be weighed daily to determine if the resident should be given as need torsemide based on the guidelines of the order for a weight gain of greater than three pounds in one day or 10 pounds in one week.Interview with the Director of Nursing (DON) on 06/18/26 at 11:32 A.M. confirmed Resident #5's weights were not taken between 04/10/26 and 04/16/26. The DON stated she believed the resident's weights were not completed because the admitting nurse omitted an order for daily weights due to them not being explicitly requested in the After Visit Summary dated 04/09/26. The DON stated a call was placed to Resident #5's cardiologist to clarify the order on 04/16/26, which was when the order was affirmed by the physician, and the daily weight order was added to the resident's medical record system.Interview with Physician #900 confirmed in order to properly follow Resident #5's order for torsemide as prescribed on 04/09/26, the resident's weight should have been taken daily beginning on 04/10/26.This deficiency represents non-compliance related to Complaint Number 3016809.

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