STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366399	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Covenant Village Care Center	3210 West Fork Road Cincinnati, OH 45211

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and policy review the facility failed to ensure residents were treated with respect and dignity when staff stood over residents as they fed them lunch. This affected two residents (#26 and #48) of twenty four reviewed for dining observation. The facility census was 104.Findings include:1. Medical record review of Resident #26 revealed an admission date of 02/01/25 with diagnoses including; Huntington's disease, ataxia, and dysphagia. Review of the care plan dated 01/30/23 revealed Resident #25 was dependent for eating and required one person assistance with being fed.Review of the minimum data set assessment dated [DATE] revealed Resident #25 was severely cognitively impaired and was dependent upon staff for bringing food and/or drink to mouth.2. Medical record review of Resident #48 revealed an admission date of 08/03/23 with diagnoses including; generalized idiopathic epilepsy and epileptic syndromes, Alzheimer's disease, downs syndrome. Review of the care plan dated 08/03/23 revealed Resident #48 required one person assistance with being fed.Review of the minimum data set assessment dated [DATE] revealed Resident #48 was severely cognitively and required substantial/maximal assistance with bringing food and/or drink to mouth.Observation on 06/08/26 at 11:50 A.M. in main dining room revealed Certified Nurse Assistant (CNA) #91 standing over Resident #48 at the dining table feeding resident. Further observation revealed CNA #141 standing over Resident #26 while feeding him lunch. Interview on 06/08/26 at 12:10 P.M. with CNA #91 confirmed she fed Resident #48 lunch while standing over her at the dining table.Interview on 06/08/26 at 1:08 P.M. with CNA #141 confirmed she fed Resident #26 lunch while standing over him at the dining table.Review of facility policy titled, Dignity, reviewed 3/2026 revealed the facility will promote resident dignity in dining.This deficiency represents non-compliance investigated under Complaint Number 3033707.

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