

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2026
NAME OF PROVIDER OR SUPPLIER Liberty Nursing Center of Colerain Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 8440 Livingston Road Cincinnati, OH 45247	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review and policy review, the facility failed to monitor and evaluate residents in response to a change in condition. This affected one (Resident #2) of three residents reviewed for change in condition. The facility census was 55 at the time of survey. Review of the medical record revealed Resident #2 was admitted to the facility on [DATE] and discharged to home with family on 02/27/2026. Diagnoses included chronic obstructive pulmonary disorder (COPD), chronic kidney disease (stage 3), Alzheimer's Disease, gastroesophageal reflux disease, and unspecified abdominal pain. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated revealed the resident was moderately cognitively impaired with a BIMS of 09 out of 15, had no behaviors, and did not reject care. Review of the progress notes for Resident #2 revealed that Resident #2 complained of abdominal pain and chocolate colored emesis on 02/12/2026 at 10:40 A.M. The physician was notified and ordered monitoring and a clear liquid diet x2 days as noted in the progress note. On 02/12/2026 at 6:53 P.M. a progress note was entered stating No further emesis noted this shift. No further progress notes or monitoring were performed until 02/14/2026 at 12:30 P.M. when Resident #2 complained of chest pain and abdominal pain. Resident #2 was sent to the local emergency department (ED) for further evaluation. No orders for monitoring or clear liquid diet were entered for Resident #2. Interview with Director of Nursing (DON) on 03/17/2026 at 11:57 A.M. confirmed that orders should have been entered for monitoring and clear liquid diet and verified there were no progress notes on monitoring for Resident #2 from 02/12/26 at 6:53 P.M. through 12/14/26 at 12:30 P.M. Review of facility policy titled Charting and Documentation dated July 2017 states All services provided to the resident, progress toward the care plan goals or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. This deficiency represents non-compliance investigated under Complaint Number 2792957.</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
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2026
NAME OF PROVIDER OR SUPPLIER Liberty Nursing Center of Colerain Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 8440 Livingston Road Cincinnati, OH 45247	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and facility policy review, the facility failed to administer medications in a safe and timely manner. This affected one (Resident #3) of three residents reviewed for medications. The facility census was 55. Review of the medical record revealed Resident #3 was admitted to the facility on [DATE] for aftercare following explantation of hip joint prosthesis and discharged to hospital on [DATE]. Diagnoses included infection and inflammatory reaction due to orthopedic prosthetic devices, acute embolism and thrombosis of deep veins, type II diabetes mellitus, and radiculopathy of the lumbosacral region. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident was severely cognitively impaired, was rarely/never understood, had no behaviors, and did not reject care. Review of physician orders for Resident #3 revealed medication orders including: Seroquel Oral Tablet (Quetiapine Fumarate) - Give 12.5 milligrams (mg) via J-tube three times a day for bipolar Ciprofloxacin HCL Oral Tablet 750 mg - Give 1 tablet via J-tube every 12 hours for infection. Review of medication administration audit report for Resident #3 revealed that on 12/24/2025 the 9:00 A.M. dose of Seroquel and ciprofloxacin were administered at 12:59 P.M. On 12/25/2025 the 9:00 A.M. doses were administered at 12:17 P.M. On 12/26/2025 the 9:00 A.M. doses were administered at 12:32 P.M. Interview with Director of Nursing (DON) on 03/18/2026 at 1:00 P.M. revealed that nurses have one hour before and one hour after scheduled administration time to administer medications. DON confirmed that medications were given outside of the parameters of safe medication administration. Review of Resident Council meeting minutes for February and March of 2026 revealed resident complaints of medications being administered late. Review of facility policy titled Documentation of Medication Administration dated April 2007 revealed Administration of medication must be documented immediately after it is given. This deficiency represents non-compliance investigated under Complaint Number 2717426.</p>		