

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  02/13/2025
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44069</b></p> <p>Based on record review, staff interview, and policy review, the facility failed to ensure resident records were updated to reflect a change in their advance directives. This affected one Resident (#52) of the eight residents reviewed for advance directives. The facility census was 66.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #52 revealed an admitted [DATE]. Diagnoses included quadriplegia, cerebral infarction, congestive heart failure (CHF), paroxysmal atrial fibrillation, unspecified severe protein-calorie malnutrition, chronic obstructive pulmonary disease (COPD), anemia, insomnia, and anxiety disorder.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #52 had moderately impaired cognition. Resident #52 was assessed to be dependent on staff for eating, oral hygiene, toileting, bathing, dressing, personal hygiene, bed mobility, and transfer.</p> <p>Review of the physician orders in the electronic medical record (EMR) for Resident #52 dated 12/27/24 revealed the resident was to be a full code.</p> <p>Review of the completed Do Not Resuscitate (DNR) form dated 01/29/25, revealed Resident #52 had an advance directive of DNR Comfort Care - Arrest (DNR-CCA).</p> <p>Interview on 02/12/25 at 10:27 A.M. with Assistant Director of Nursing (ADON) #42, revealed she updated Resident #52's advance directive to reflect the DNR order. ADON #42 stated the hospice provider uploaded the DNR form into Resident #52's medical record, and the facility was unaware the change in advance directive had occurred.</p> <p>Review of the policy titled Advance Directives, revised 12/2016, revealed information about whether or not the resident has executed an advance directive shall be displayed prominently in the medical record.</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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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44069</b></p> <p>Based on record review and staff interview, the facility failed to routinely monitor the dialysis access site. This affected one Resident (#15) of two residents reviewed for dialysis. The facility census was 66.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #15 revealed an admitted [DATE]. Diagnoses included end stage renal disease (ESRD), type two diabetes mellitus with diabetic chronic kidney disease, dependent on renal dialysis, chronic pain syndrome, hypertension, anorexia, hyperkalemia, depression, and unspecified dementia, unspecified severity, with agitation.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #15 had moderately impaired cognition. Resident #15 was assessed to require supervision for oral hygiene, toileting, personal hygiene, and transfer, substantial/maximal assistance for bathing, and bed mobility, was independent for eating, and dependent on staff for dressing.</p> <p>Review of the plan of care dated 03/03/23, revealed Resident #15 required hemodialysis related to ESRD. Interventions included: encourage the resident to go for the scheduled dialysis appointments, check and change dressing daily at access site and document, monitor for dry skin and apply lotion as needed, monitor intake and output, monitor laboratory results (labs) and report to the doctor as needed, and monitor vital signs and notify doctor of significant abnormalities.</p> <p>Review of the active February 2025 physician orders for Resident #15, revealed no current order for routine monitoring of the dialysis site.</p> <p>Interview on 02/12/25 at 5:10 P.M. with Assistant Director of Nursing (ADON) #42, verified no documentation of routine monitoring of Resident #15's dialysis access site.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44069</p> <p>Based on observations, staff interviews, and policy review, the facility failed to properly label and store food as well as ensure expired products were disposed of. This had the potential to affect all residents in the facility except for Residents #12, #18, and #165 that were identified by the facility as having a diet of nothing by mouth. The facility census was 66.</p> <p>Findings include:</p> <p>Observations of the kitchen's walk-in refrigerator on [DATE] from 6:33 P.M. to 6:40 P.M., revealed half of a ham in a plastic zip lock bag that was not dated, shredded lettuce wrapped in plastic wrap undated, tomato soup in a storage container undated,, a metal container filled with small plastic cups with lids that contained shredded cheese that were undated, a carton of [NAME] slaw undated, and green bell peppers wrapped in plastic wrap that were undated. There was a gallon of milk with an expiration date of [DATE].</p> <p>Interview on [DATE] at 6:40 P.M. with Dietary Staff #48, verified the undated items as well as the expired milk.</p> <p>Observations of the kitchen's walk-in refrigerator on [DATE] at 6:42 P.M. of the walk-in freezer in the kitchen revealed a box of beef patty fritters that were opened, and the plastic bag containing the fritters were open and not dated. A box of veal patties was also opened, and the plastic bag with the patties had not been properly secured or dated. Interview at the time of the observation with Dietary Staff #48 verified the findings.</p> <p>Review of the undated policy titled Refrigerated Storage, revealed refrigerated items shall bear a label indicating the product name and date (month, day, and year) product was received, used, or first opened.</p> <p>Review of the undated policy titled Date Marking revealed all food shall be used or discarded on or before their manufacturer's use by date.</p>		