

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Loveland		STREET ADDRESS, CITY, STATE, ZIP CODE 6405 Small House Circle Loveland, OH 45140	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, and policy review, the facility failed to obtain written documentation in the medical record of the code status of one (#41) resident of three residents reviewed for advance directives. The facility census was 58. Findings include: Review of the medical record revealed Resident #41 was admitted to the facility on [DATE]. Diagnoses included type two diabetes mellitus without complications, severe sepsis without septic shock, cellulitis, rheumatoid arthritis, and atrial fibrillation. Review of Resident #41's admission summary dated [DATE] revealed the resident was alert and a full code (initiate cardiopulmonary resuscitation (CPR) in the event of cardiac or respiratory arrest). Review of a physician order dated [DATE] revealed Resident #41 had an advance directive for Do Not Resuscitate Comfort Care (DNRCC; meaning no CPR will be performed for cardiac or respiratory arrest and only comfort care measures will be initiated). Review of a physician progress note dated [DATE] revealed Resident #41's code status was listed as a full code. Review of Resident #41's electronic health record (EHR) revealed no copy of an advanced directive in the record and documentation in the banner of DNRCC. Review of Resident #41's hard medical record revealed no copy of an advanced directive in the record, but was labeled with DNRCC on the outside of the hard chart. Interview on [DATE] at 3:11 P.M. with Quality of Life Coordinator #206 stated the team discussed the code status of residents during care conferences. She confirmed there was no signed advance directive in Resident #41's paper chart or EHR for a DNRCC code status. Interview on [DATE] at 12:15 P.M. with the Administrator confirmed Resident #41 admitted with a DNRCC code status according to the records they received but when they spoke with the family and Resident #41 at a later date (not specified) they discovered the family and Resident #41 wanted to be a full code status. The Administrator also added it was changed yesterday ([DATE]) in the Resident #41 EHR, the physician order for the DNRCC was removed, and the DNRCC was removed from the banner. Review of the policy for Advance Directives, dated [DATE], revealed on admission, the facility will determine whether the resident has executed an advance directive, and if not, whether the resident's physician issued a DNR order in another setting and whether the resident would like a DNR order issued while in the facility. Copies of all Advance Directives will be obtained from the resident and/ or family and placed in the medical record. If applicable, a DNR order will be obtained from the resident's physician and placed 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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Loveland		STREET ADDRESS, CITY, STATE, ZIP CODE 6405 Small House Circle Loveland, OH 45140	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident and staff interview, review of water temperature logs, review of a repair quote, and policy review, the facility failed to ensure the residents environment was safe, comfortable, and homelike. This affected nine (#14, #17, #19, #23, #34, #52, #54, #56, and #59) of nice residents reviewed for environment. The census was 58. Findings include:</p> <p>1. Observation of Resident #19's room on 08/18/25 at 4:10 P.M. revealed the carpet in the resident's room was heavily stained.</p> <p>Observation of Resident #43's bathroom on 08/19/25 at 9:39 A.M. revealed there were three lights above the sink area that were dim to the point they were out.</p> <p>Interview with Maintenance Supervisor (MS) #63 on 08/21/25 at 7:12 A.M. confirmed the carpet in Resident #19's room was heavily stained and stated the lights in Resident #43's bathroom contained light bulbs that would go dim before they were ready to burn out. MS #63 confirmed the bathroom's lighting was very dim.</p> <p>2. Medical record review for Resident #17 revealed he was admitted to the facility on [DATE]. His diagnoses included congestive heart failure (CHF), pressure ulcer of the right heel, depression, insomnia headache, and cluster headache syndrome.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #17 dated 08/05/25 revealed he was cognitively impaired. Resident #17 was dependent on staff for medication administration. He required assistance from staff with eating. He required supervision from staff with oral hygiene, toilet use, bathing and moderate assistance from staff with dressing.</p> <p>Observation on 08/18/25 at 4:26 P.M. revealed Resident #17 had a brown substance that appeared to be dried bowel movement on his toilet seat and around the rim of the toilet and the bathroom floor was soiled with dirt and debris. Resident #17 had a dried substance on his pillow that appeared to be blood, crumbs and food debris throughout the carpet in his bedroom, and the window blinds were torn and had a black substance around the window frame.</p> <p>Interview with Resident #17 on 08/18/25 at 4:26 P.M. revealed he was not sure how often the facility staff clean his room.</p> <p>Interview with Certified Nurse Aide (CNA) #105 confirmed Resident #17's window blinds were torn in his room, confirmed a black substance around his window frame, a dried brown substance on and around his toilet, the black substance throughout his bathroom floor, and the food debris and dirt all around the carpet throughout the bedroom. CNA #105 confirmed the soiled sheets that appeared to have dried blood on the pillow case, and the unknown splattered substance around the doorframe. CNA #105 stated the resident's sheets are usually changed on shower days and as needed.</p> <p>3. Medical record review for Resident #14 revealed the resident was admitted to the facility on [DATE]. Her diagnoses included dorsalgia, essential primary hypertension, sciatica, dysphagia, atrial fibrillation, cerebral infarction, and depression.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Loveland		STREET ADDRESS, CITY, STATE, ZIP CODE 6405 Small House Circle Loveland, OH 45140	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the MDS assessment for Resident #14 dated 06/02/25 revealed she was cognitively intact. She was dependent on staff for medication administration and showers. She required set up assistance for oral hygiene and eating. She required maximum assistance from staff with toilet use and dressing. She required moderate assistance with personal hygiene.</p> <p>Interview on 08/19/25 at 9:17 A.M. with Resident #14 revealed the carpet was soiled with dirt and debris scattered throughout the bedroom area. The room had black marks along the wall and around the bathroom area. The toilet seat was soiled, and the bathroom floor appeared to be black and heavily soiled.</p> <p>Interview with Resident #14 on 08/19/25 at 9:17 A.M. revealed her family will clean her bathroom when they visit. Resident #14 stated her family will mop the bathroom floor and clean the toilet. Resident #14 stated she has ongoing issues with her toilet not flushing well.</p> <p>Observation on 08/19/25 at 9:18 A.M. of Resident #14's bathroom revealed the floor was heavily soiled with black debris and the toilet was soiled. The room had black marks around the wall and debris scattered along the carpet.</p> <p>Interview on 08/21/2025 at 2:32 P.M. with CNA #40 confirmed Resident #14 had a soiled toilet. CNA #40 confirmed Resident #14's bathroom toilet does not flush well and stated the issue was because Resident #14 had large bowel movements. CNA #40 confirmed the bathroom floor was soiled with black debris and stool was identified around the toilet seat. CNA #40 confirmed a black substance was along the wall when entering the room, around the wall, the bathroom, and under the window. CNA #40 confirmed the carpet had dirt and debris scattered throughout the room. CNA #40 confirmed the chunk of wood missing from the lower part of the bathroom door in Resident #14's bathroom.</p> <p>4. Record review of Resident #23's medical record revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #23 include hemiplegia, cerebral infarction accident, history right hip fracture, seizure disorder, and hypertension.</p> <p>Review of the MDS assessment dated [DATE] revealed Resident #23 had intact cognition and required moderate staff assistance with bathing.</p> <p>Interview on 08/18/25 at 12:10 P.M., Resident #23 stated he received showers in which the water temperature was cold, even when the staff let the water run. Resident #23 stated he preferred warm showers.</p> <p>Review of water temperature logs revealed the hot water temperatures should be between 108 and 120 degree Fahrenheit (F). Further review of the logs revealed Resident #54's water temperatures were between 99 and 101 degrees F between February and July 2025. Resident #52's water temperatures were between 99 and 104 degrees F between February and July 2025. Resident #34's water temperatures were between 77 and 91 degrees F between March and June 2025. Resident #23's water temperatures were between 84 and 101 degrees F between February and July 2025. Resident #56's water temperatures were between 91 and 101 degrees F between February and July 2025. Resident #59's water temperatures were between 89 and 96 degrees F between February and July 2025.</p> <p>Review of a supply quote dated 05/07/25 revealed the facility obtained a quote for repair/replacement of water equipment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Loveland		STREET ADDRESS, CITY, STATE, ZIP CODE 6405 Small House Circle Loveland, OH 45140	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/25/25 at 7:25 A.M. with Maintenance Director (MD) #63 verified he obtained the residents' room water temperatures and documented them on the temperature log. MD #63 stated the minimum temperature should be 108 degrees F, per the facility requirements. MD #63 verified he did not get a quote for water repair supplies until May 2025 and stated he should have followed up and implemented an immediate intervention when the water temperature was below the threshold.</p> <p>Interview on 08/25/25 at 7:45 A.M with the Administrator verified MD #63 should have implemented an alternative plan to ensure the water temperatures were within correct range.</p> <p>Review of the facility policy titled, &ldquo;Resident Rights, dated 01/22/20, revealed the Resident has the right to a clean, and safe environment.</p> <p>The deficiency represents non-compliance investigated under Complaint Number OH00167007 (1399080).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Loveland		STREET ADDRESS, CITY, STATE, ZIP CODE 6405 Small House Circle Loveland, OH 45140	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, review of self-reported incidents, staff interview, and review of a policy, the facility failed to timely report an allegation of abuse. This affected one (#23) of one residents reviewed for abuse. The facility census was 58. Finding include: Review of Resident #23's medical record revealed the resident was admitted to the facility on [DATE]. Diagnoses included hemiplegia, cerebral infarction accident, history right hip fracture, seizure disorder, and hypertension. Review of the Minimum Data Set (MDS) comprehensive assessment dated [DATE] revealed Resident #23 had intact cognition and required moderate staff assistance with bathing. Review of a self-reported incident (SRI) dated 08/18/25 revealed, during the annual survey, Resident #23 alleged abuse during personal care of a previous incident in March 2025. During the investigation, Certified Nurse Aide, (CNA)# 133 stated earlier in the month of August 2025, Resident #23 reported to her an unnamed CNA said, You understand this, and turned cold water onto him during his shower. CNA #133 sent a text message to Coach Manger (CM) #129 and asked CM #129 to come and talk to her. CM #129 did not talk to CNA # 133 until 08/18/25 during the SRI investigation, when CNA #133 revealed the allegation. Interview on 08/21/25 at 3:07 P.M. CNA #133 stated, on 07/31/25, Resident #23 reported an allegation to her and CNA #107 that a few months ago an unknown CNA intentionally turned cold water onto him in the shower saying, You understand this, and turned the cold shower water onto him. CNA #133 stated on 07/31/25 she asked CM #129 to come talk to her, but CM #129 did not. On 08/14/25, CNA #133 went to CM #129 and in-person told CM #129 Resident #23's allegation of abuse. CNA #133 stated she reminded CM #129 on 08/18/25 for the reported allegation on 08/14/25. CNA #133 stated she had not reported to anyone else in management from 07/31/25 through 08/14/25 about Resident #23's allegation of abuse. Interview on 08/22/25 at 11:36 A.M. with CNA #107 stated she was very close to Resident #23 and he reported to her a staff member sprayed him with cold water because he told her he could not understand her. CNA #107 denied any knowledge of physical or verbal abuse, however, stated Resident #23 was very clear when he said the CNA turned the cold water on and sprayed him with the cold water. CNA #107 stated she reported it to CM #129 on 07/31/25. CNA #107 verified on her telephone the date of the reported abuse allegation to CM #107 was 07/31/25. CNA #107 stated she had not reported the allegation to any other manager or the Administrator. Interview on 08/25/25 at 10:3 A.M. with CM #129 verified she was contacted by CNA #133 on 07/31/25 to follow-up on a request for communication, and stated she did not follow up on the request. CM #129 verified on 08/14/25, CNA #133 reported in-person of an allegation of abuse reported by Resident #23. CM #129 verified she did not report the allegations to the Administrator on or after 08/14/25. CM #129 stated CNA #133 reported the allegation late in the day on 08/14/25 when CNA #133 left work at the end of the day shift between 7:00 A.M. to 3:00 P.M. Interview on 08/25/25 at 11:35 A.M. the Administrator verified she was not contacted by CM #129, CNA #133, or CNA #107 of an allegation of abuse by Resident #23 from 07/31/25 through 08/17/25. The Administrator stated she first heard of an allegation of abuse regarding Resident #23 when it was reported on 08/18/25 by the surveyor. The Administrator stated the staff should contact her directly if an allegation of abuse was made and if she was not available, report it to their supervisor. The direct supervisor of the CNAs was CM #129 or the Director of Nursing (DON). The Administrator stated the reporting of an allegation of abuse was immediate and stated CM #129, CNA #133, and CNA #107 should have reported the allegation immediately to her. Review of a facility policy titled, Abuse, Mistreatment, Neglect and Exploitation, dated 10/25/22, revealed the residents have the right to be free from abuse. The employees are to immediately report all allegations to the Administrator.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Loveland		STREET ADDRESS, CITY, STATE, ZIP CODE 6405 Small House Circle Loveland, OH 45140	

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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, resident, resident representative, and staff interviews, review of activity calendars, and policy review, the facility failed to ensure activity programs were provided for residents to support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This affected five (#16, #20, #36, #43, and #48) of five residents reviewed for activities. The census was 58. Findings include:</p> <p>1. Medical record review for Resident #16 revealed an admission date of 01/26/22. Medical diagnoses included non-traumatic brain dysfunction, dementia, and diabetes.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #16 was severely cognitively impaired.</p> <p>Review of the activity care plan dated 05/26/25 for Resident #16 revealed she enjoyed activity programs but needed encouragement, reminders, and motivation. Interventions included to invite her even if she may not attend or participate in them. Her preferences were to watch television, look at picture books, play BINGO if someone would sit with her, and coloring and painting.</p> <p>Review of the activity calendar dated 08/20/25 revealed at 9:00 A.M. the activity was morning reminiscing and at 11:00 A.M. the activity was pottery. The activity was labeled to be in all houses.</p> <p>Observation on 08/20/25 at 8:44 A.M. to 9:15 A.M. in House #19 revealed there was not morning reminiscing with the residents. Observation on 08/20/25 from 10:42 A.M. to 10:55 A.M. revealed there was not any pottery done with the residents in House #19.</p> <p>Interview with Certified Nurse Aide (CNA) #72 and CNA #125 on 08/20/25 at 10:55 A.M. confirmed they were not able to conduct activities in House #19 because they were busy in the kitchen and the residents liked to stay in their rooms.</p> <p>2. Medical record review for Resident #43 revealed an admission date of 02/28/23. Medical diagnoses included non-traumatic brain dysfunction, dementia, cancer, and coronary artery disease.</p> <p>Review of a quarterly MDS assessment dated [DATE] revealed Resident #43 was severely cognitively impaired.</p> <p>Review of the activity care plan dated 05/29/25 revealed Resident #43 enjoyed activities and programs; however, he needed encouragement, reminders and motivation. He liked to watch television, walk, make crafts, visit with family, playing BINGO, putting together wooden planes, and to sit at the table and listen to the resident's talk.</p> <p>Review of the activity calendar dated 08/20/25 revealed at 9:00 A.M. the activity was morning reminiscing and at 11:00 A.M. the activity was pottery. The activity was labeled to be in all houses.</p> <p>Observations were made on 08/20/25 from 8:57 A.M. to 9:12 A.M. in House #5 of Resident #43 and revealed he was sitting at the dining room table eating breakfast. There were no observed activities taking place and no staff were observed asking the residents to attend activities.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Loveland		STREET ADDRESS, CITY, STATE, ZIP CODE 6405 Small House Circle Loveland, OH 45140	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 08/20/25 at 11:00 A.M. revealed CNAs #51 and CNA #302 were sitting at the table outside of the kitchen area. There were no activities taking place.</p> <p>Interviews with CNA #51 and CNA #302 on 08/20/25 at 11:22 A.M. confirmed there was not any activities taking place in the house because everyone wanted to be in their rooms and residents were not invited to do an activity.</p> <p>3. Review of Resident #20's medical record revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #20 include Parkinson's disease, Alzheimer's disease, heart failure, anxiety, hypertension, and history of trans ischemic attacks.</p> <p>Review of the MDS assessment dated [DATE] revealed Resident #20 had severely impaired cognition and required moderate assistance with activity of daily living (ADLs).</p> <p>Review of the activity care plan dated 07/17/25 revealed Resident #20 enjoyed activity programs but needed encouragement, reminders, and motivation. Her preferences were to watch television, watching crafts, being around other elders, and worship services.</p> <p>Review of the activity calendar dated 08/19/25 revealed at 9:00 A.M. the activity was morning stretches and at 10:30 A.M. the activity was one-on-one visits. The activity was labeled to be in all houses.</p> <p>Review of the activity calendar dated 08/20/25 revealed at 9:00 A.M. the activity was morning reminiscing and at 11:00 A.M. the activity was pottery. The activity was labeled to be in all houses.</p> <p>Observation on 08/19/25 at 9:00 A.M. to 9:15 A.M. in House #5 revealed there were no morning stretches with the residents. Observation on 08/19/25 from 10:30 A.M. to 10:55 A.M. revealed there was no one-on-one provided for Resident #20.</p> <p>Observation on 08/20/25 at 8:44 A.M. to 9:15 A.M. in House #5 revealed there was no morning reminiscing with the residents. Observation on 08/20/25 from 11:12 A.M. to 11:55 A.M. revealed there was no pottery done with the residents in House #5.</p> <p>Interviews with CNA #90 on 08/19/25 at 11:30 A.M. and CNA #51 on 08/20/25 at 11:55 A.M. confirmed they were not able to conduct activities in House #5. They stated they were busy in the kitchen. The CNAs verified they did not encourage or gather the residents for activities in the mornings.</p> <p>4. Review of Resident #36's medical record revealed the resident was admitted to the facility on [DATE]. Diagnoses included atrial fibrillation, hypertension, dementia, and depression.</p> <p>Review of the MDS assessment dated [DATE] revealed the resident had severely impaired cognition and required partial to moderate assistance with ADLs.</p> <p>Review of the activity care plan dated 07/17/25 revealed Resident #36 enjoyed activity programs but needed encouragement, reminders, and motivation. Her preferences were to watch television, reading, and visits.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Loveland		STREET ADDRESS, CITY, STATE, ZIP CODE 6405 Small House Circle Loveland, OH 45140	
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the activity calendar dated 08/19/25 revealed at 9:00 A.M. the activity was morning stretches and at 10:30 A.M. the activity was one-on-one visits. The activity was labeled to be in all houses.</p> <p>Review of the activity calendar dated 08/20/25 revealed at 9:00 A.M. the activity was morning reminiscing and at 11:00 A.M. the activity was pottery. The activity was labeled to be in all houses.</p> <p>Observation on 08/19/25 at 9:00 A.M. to 9:15 A.M. in House #5 revealed there were no morning stretches with the residents. Observation on 08/19/25 from 10:30 A.M. to 10:55 A.M. revealed there was no one-on-one visit for Resident #36.</p> <p>Observation on 08/20/25 at 8:44 A.M. to 9:15 A.M. in House #5 revealed there was no morning reminiscing with the residents. Observation on 08/20/25 from 11:12 A.M. to 11:55 A.M. there was no pottery done with the residents in House #5.</p> <p>Interview on 08/18/25 at 12:18 P.M. with Resident #36's family representative stated the resident needed a lot of encouragement to attend activities and preferred one-on-one visits.</p> <p>Interviews with CNA #90 on 08/19/25 at 11:30 A.M. and CNA #51 on 08/20/25 at 11:55 A.M. confirmed they were not able to conduct activities in House #5. They stated they were busy in the kitchen and verified they did not encourage or gather the residents for activities in the mornings.</p> <p>5. Review of the medical record revealed Resident #48 was admitted to the facility on [DATE]. Diagnoses included type two diabetes mellitus without complications, mild intellectual disabilities, interstitial pulmonary disease and depression.</p> <p>Review of the most recent MDS assessment for Resident #48 dated 07/24/25 revealed the resident had moderately impaired cognition.</p> <p>Review of the care plan for Resident #48 dated 07/29/25 revealed the resident enjoyed many activities and programs, however, needed continuous encouragement, reminders, and motivation.</p> <p>Observation of Resident #48 on 08/19/25 at 8:23 A.M. revealed the resident was in bed after eating breakfast. Resident #48 refused to complete an interview.</p> <p>Observation on 08/20/25 from 8:55 A.M. to 9:30 A.M. and 11:00 A.M. to 11:30 A.M. revealed no activities in House #10.</p> <p>Interview on 08/20/25 at 9:24 A.M. with CNA #32 confirmed activities are not done every day and in only certain different houses because of the residents receiving skilled therapy services.</p> <p>Review of the policy titled, Engagement and Activities, dated 04/01/13, revealed the goal of the neighborhoods is to create a home where persons living in the home have choice and excellent quality of life and care coupled with providing an environment rich in meaningful engagement experiences. Staff are held accountable to proper documentation of the engagement experience by following the Documentation of Engagement and Activity process. Furthermore, it is everyone's responsibility to engage the resident/elders in all facets of life.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Loveland		STREET ADDRESS, CITY, STATE, ZIP CODE 6405 Small House Circle Loveland, OH 45140	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Loveland		STREET ADDRESS, CITY, STATE, ZIP CODE 6405 Small House Circle Loveland, OH 45140	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, medical record review, and review of a facility policy, the facility failed to ensure fall incidents were reviewed and interventions put in place in a timely manner and failed to ensure established fall interventions were in place as care planned. This affected two (#25 and #64) of six residents reviewed for falls. The census was 58. Findings include: 1. Medical record review for Resident #25 revealed she was admitted to the facility on [DATE]. Her diagnoses included, major depressive disorder, essential primary hypertension, generalized anxiety, hallucinations, bipolar disorder, insomnia, anemia, anorexia nervosa, and candidal esophagitis. Review of the Minimum Data Set (MDS) assessment, dated 07/02/25, revealed Resident #25 was cognitively intact. Resident #25 was dependent on staff for medication administration, lower body dressing, and putting on/taking off shoes. Resident #25 required supervision with meals and oral hygiene. Resident #25 required maximum assistance from staff with toilet use, bathing, upper body dressing, personal hygiene, and sit to stand positions. Review of the progress notes for Resident #25, late entry dated on 12/27/25 for 12/23/24 at 9:29 P.M., revealed Resident #25 was found on the floor in Resident #25's room. No immediate intervention was listed. On 12/24/24, Resident #25 was assessed by the nurse practitioner and a stat x-ray was ordered related to Resident #25's complaints of pain. The x-ray results confirmed a probable fracture of the distal clavicle without dislocation and an age indeterminate T12 compression fracture. Review of the interdisciplinary team (IDT) note on 12/26/24 at 1:24 P.M. revealed the IDT met to review the fall from 12/23/24 when Resident #25 was found on the floor by a certified nurse aide (CNA) in front of Resident #25's bed. Resident #25 was assessed by the nurse and denied pain. Resident #25 had complaints of pain with the nurse practitioner visit on 12/24/24 and an order for an x-ray of the left shoulder and lumbar spine was ordered with resulted findings of probable fracture of the distal clavicle and findings of an age indeterminate T12 compression fracture. The IDT intervention was a scoop mattress in place to prevent sliding out of bed. Interview with the Administrator and the Director of Nursing (DON) on 08/21/25 at 9:25 A.M. confirmed no immediate intervention was listed. The Administrator and the DON confirmed the IDT team did not meet until 12/26/25 to review the fall that occurred on 12/23/25 and the intervention put in place at that time was for Resident #25 to utilize a scoop mattress. Review of the progress notes for Resident #25 revealed a late entry dated 04/25/25 at 8:03 A.M. for 04/23/25 at 8:30 A.M. that a CNA attempted to transfer Resident #25 from wheelchair to the shower chair and lowered Resident #25 to the floor. Resident #25 stated she was lowered to the floor. No immediate intervention as listed in the progress notes. Review of the IDT team note dated 05/01/25 at 7:10 P.M. for the fall on 04/23/25 revealed a CNA attempted to transfer Resident # 25 from the wheelchair to the shower chair and lowered Resident #25 to the floor. The intervention was to have Resident #25 utilize two staff members to transfer to the shower chair verses one person for transfer to the shower chair. Interview with the DON on 08/21/25 at 9:30 A.M. confirmed the facility failed to place an immediate intervention in place. The IDT did not meet until 05/01/25 and the intervention for two caregivers to transfer Resident #25 to her shower chair was implemented. Review of the progress notes dated 06/28/25 at 12:30 P.M. for Resident #25 revealed she was sent to the emergency room post fall with head trauma and pain was rated a six out of 10. Resident #25 fell when she attempted to transfer herself. No immediate intervention was listed. Review of the IDT note dated 06/30/25 at 1:31 P.M. for 06/28/25 revealed Resident #25 was discharged to the emergency room for evaluation related to the resident falling, hitting her head, and had complaints of pain. Resident #25 fell when she attempted to transfer herself. The intervention was to encourage Resident #25 to utilize a recliner chair when out of the bed. Interview on 08/21/25 at 9:35 A.M. with the Administrator and the DON confirmed Resident #25 tried to transfer herself and it resulted in a fall. The Administrator and the DON confirmed the facility failed to implement an immediate intervention. Resident #25 was discharged to the emergency room for evaluation on 06/28/25 at 12:30 P.M. per the progress notes and returned to the facility on [DATE] at 4:46 P.M. The IDT met on 06/30/25 and Resident #25's new intervention was placed on 06/30/25. Interview with the Administrator on 08/20/25 at 3:54 P.M. confirmed the facility will meet as an IDT and review falls that have occurred the previous business day. The Administrator confirmed the facility identified concerns related to a delay in the time the IDT members have met in relation to a fall. The Administrator confirmed the facility identified a concern with immediate interventions being identified, documented, and put in place immediately after a fall has occurred. The Administrator and the DON confirmed the facility expectation and the facility fall</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Loveland		STREET ADDRESS, CITY, STATE, ZIP CODE 6405 Small House Circle Loveland, OH 45140	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Loveland		STREET ADDRESS, CITY, STATE, ZIP CODE 6405 Small House Circle Loveland, OH 45140	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident and staff interview, medical record review, and review of a facility policy, the facility failed to ensure incontinence care was provided timely and adequately. This affected two (#4 and #41) of two residents reviewed for bowel and bladder. The census was 58. Findings include: 1. Medical record review for Resident #4 revealed an admission date of 05/16/23. Medical diagnoses included pneumonia meningitis, ulcerative colitis, and viral hepatitis. Review of the care plan dated 01/20/25 revealed Resident #4 was at risk for bladder incontinence related to impaired mobility. Interventions included to clean the peri-area after each incontinence episode, and wash, rinse, and dry after each incontinence episode. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #4 was cognitively intact. His functional status was supervision or touching assistance for eating, and was dependent for toileting, bed mobility, and transfers. He was frequently incontinent for bladder and bowel. Observation of incontinence care for Resident #4 on 08/18/25 at 2:00 P.M. revealed Certified Nurse Aide (CNA) #83 provided the care for the resident who was saturated with urine and had feces on his bottom. CNA #83 was observed to wipe the front of Resident #4 in a quick motion over the penis and did not pull back the foreskin and did not adequately clean the resident's scrotum. CNA #83 then turned the resident over and wiped his buttocks and finished the care. Interview with CNA #83 on 08/18/25 at 2:09 P.M. confirmed she did not pull back Resident #4's foreskin of the penis when providing incontinence care and confirmed she did not wipe the scrotum adequately or dry the resident during the care provided. CNA #83 stated she came in late that morning and was in a hurry. Review of the policy titled, [NAME] Solutions, dated 05/19/25, revealed staff are to wet the washcloth with warm water from a running spigot and apply mild soap. Hold the shaft of the penis with one hand. Wash the penis with the washcloth, beginning at the tip and working in a circular motion from the center to the periphery to avoid introducing microorganisms into the urethra. Use a clean section of washcloth for each stroke to prevent the spread of contaminated secretions or discharge. Wet a clean washcloth and rinse the area thoroughly using the same circular motion. Wash the rest of the penis using downward strokes toward the scrotum. If appropriate, rinse well and pat dry with a towel. Clean the top and sides of the scrotum; if appropriate, rinse thoroughly and pat dry. Handle the scrotum gently to avoid causing discomfort. Turn the patient onto the side (if possible) to expose the anal area. Clean the bottom of the scrotum and the anal area. If appropriate, rinse well and pat dry. 2. Review of the medical record revealed Resident #41 was admitted to the facility on [DATE]. Diagnoses included type two diabetes mellitus without complications, severe sepsis without septic shock, cellulitis, rheumatoid arthritis and atrial fibrillation. Review of the most recent MDS assessment dated [DATE] revealed Resident #41 had no behaviors, did not reject care, and did not wander. The resident was dependent for toileting, required substantial assistance with bathing, and was dependent for transfers. Review of the care plan for Resident #41 dated 08/16/25 revealed the resident was frequently incontinent of bladder and bowel. Interview and observation with Resident #41 on 08/20/25 at 8:52 A.M. stated she rang the call light over an hour ago and no one came; however, stated a nurse and a nurse aide came in 30 minutes ago and asked if she needed anything and she let them know she had gone to the bathroom in her pants in the bed. The resident appeared frustrated that she had the accident. Interview with Registered Nurse (RN) #300 on 08/20/25 at 8:55 A.M. confirmed she and the nurse aide went in and asked if Resident #41 needed anything 30 minutes ago and the resident indicated she needed help with toileting and RN #300 was not sure if anyone went in to help her. Interview on 08/20/25 at 8:58 A.M. with RN #300 stated she was going to finish giving medications to another resident and then she would assist Resident #41. Interview on 08/20/25 at 9:00 A.M. with Resident #41 confirmed she was not happy and embarrassed about sitting in soiled pants. She stated it did not happen all of the time, and she was worried because her skin was sensitive. Observation on 08/20/25 at 9:04 A.M. revealed RN #300 walked into Resident #41 's room. Interview on 08/20/25 at 9:08 A.M. with CNA #32 verified she was in Resident #41 's room about 30 minutes ago and aware at that time the resident had an incontinence accident in her bed, and she added she let the resident know she had to come out and make breakfast for the other residents first.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Loveland		STREET ADDRESS, CITY, STATE, ZIP CODE 6405 Small House Circle Loveland, OH 45140	
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 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and staff interview, the facility failed to ensure the Medical Director visited residents once every 60 days. This affected four (#4, #16, #43, and #61) of four reviewed for physician visits. The census was 58. Findings include: 1. Medical record review for Resident #4 revealed an admission date of 05/16/23. Medical diagnoses included pneumonia meningitis, ulcerative colitis, and viral hepatitis. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #4 was cognitively intact. 2. Medical record review for Resident #16 revealed an admission date of 01/26/22. Medical diagnoses included non-traumatic brain dysfunction, dementia and diabetes. Review of the quarterly MDS assessment dated [DATE] revealed Resident #6 was severely cognitively impaired. 3. Medical record review for Resident #43 revealed an admission date of 02/28/23. Medical diagnoses included non-traumatic brain dysfunction, dementia, cancer, and coronary artery disease. Review of quarterly MDS assessment dated [DATE] revealed Resident #43 was severely cognitively impaired. 4. Review of the medical record for Resident #61 revealed an admission date of 01/14/25. Medical diagnoses included Alzheimer's disease, renal insufficiency, diabetes, and psychotic disorder. Review of the quarterly MDS assessment dated [DATE] revealed Resident #61 was severely cognitively impaired. Review of the Medical Director visits revealed the last visit for Resident #4, Resident #16, Resident #43, and Resident #61 was on 05/21/25. Interview with the Administrator on 08/21/25 at 10:30 A.M. confirmed the Medical Director had not seen Resident #4, Resident #16, Resident #43, or Resident #61 within 60 days of the last visit. The Administrator stated the Medical Director was not aware she had to see residents every 60 days.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Loveland		STREET ADDRESS, CITY, STATE, ZIP CODE 6405 Small House Circle Loveland, OH 45140	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident and staff interview, and medical record review, the facility failed to ensure the facility was adequately staffed to provide timely care and services for residents. This affected one (#41) of two residents reviewed for bowel and bladder. The census was 58. Findings include: Review of the medical record revealed Resident #41 was admitted to the facility on [DATE]. Diagnoses included type two diabetes mellitus without complications, severe sepsis without septic shock, cellulitis, rheumatoid arthritis and atrial fibrillation. Review of the most recent Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #41 had no behaviors, did not reject care, and did not wander. The resident was dependent for toileting, required substantial assistance with bathing, and was dependent for transfers. Review of the care plan for Resident #41 dated 08/16/25 revealed the resident was frequently incontinent of bladder and bowel. Interview and observation with Resident #41 on 08/20/25 at 8:52 A.M. stated she rang the call light over an hour ago and no one came; however, stated a nurse and a nurse aide came in 30 minutes ago and asked if she needed anything and she let them know she had gone to the bathroom in her pants in the bed. The resident appeared frustrated that she had the accident. Interview with Registered Nurse (RN) #300 on 08/20/25 at 8:55 A.M. confirmed she and the nurse aide went in and asked if Resident #41 needed anything 30 minutes ago and the resident indicated she needed help with toileting and RN #300 was not sure if anyone went in to help her. Interview on 08/20/25 at 8:58 A.M. with RN #300 stated she was going to finish giving medications to another resident and then she would assist Resident #41. Interview on 08/20/25 at 9:00 A.M. with Resident #41 confirmed she was not happy and embarrassed about sitting in soiled pants. She stated it did not happen all of the time, and she was worried because her skin was sensitive. Observation on 08/20/25 at 9:04 A.M. revealed RN #300 walked into Resident #41 's room. Interview on 08/20/25 at 9:08 A.M. with CNA #32 verified she was in Resident #41 's room about 30 minutes ago and aware at that time the resident had an incontinence accident in her bed, and she added she let the resident know she had to come out and make breakfast for the other residents first. Interview on 08/20/25 at 9:52 A.M. with RN #300 stated it was only her and the nurse aide working at the time they went into Resident #41's room. She stated they were short staffed. Interview on 08/20/25 at 9:55 A.M. with CNA #83 confirmed the facility was short staffed and she just got called in to work at 9:15 A.M. This deficiency represents non-compliance investigated under Complaint Number OH00167007 (1399080), Complaint Number OH00165643 (1399077), and Complaint Number OH00164139 (1399076).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Loveland		STREET ADDRESS, CITY, STATE, ZIP CODE 6405 Small House Circle Loveland, OH 45140	

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 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>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Loveland		STREET ADDRESS, CITY, STATE, ZIP CODE 6405 Small House Circle Loveland, OH 45140	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on observation, staff interview, review of dishwasher, refrigerator, freezer, and food temperature logs, and policy review, the facility failed to ensure foods were stored in a manner to prevent spoilage and contamination and failed to ensure the kitchen and dishware were maintained in a sanitary manner. This had the potential to affect all 58 residents residing in the facility. The census was 58. Findings include: 1. During the initial kitchen tour on 08/18/25 from 8:48 A.M through 10:20 A.M. of each facility house with Dietary Technician (DT) #205 revealed, at 8:48 A.M., there was an open container of sour cream dated 08/04/25 with a used by date of 08/11/25 and an open unmarked package of food, identified by DT #205 to be fish aquarium food. Review of the food temperature log revealed no documentation of prepared food temperatures for all three meals for 15 days in July 2025. There were no refrigerator temperatures logged for August 2025 for refrigerator #2 and no temperatures logged for outside freezer #3 for July and August 2025. Interview with DT #205 verified the outdated sour cream and fish food in the resident food refrigerator, the absent food temperatures and refrigerator and freezer temperatures at the time of discovery. Observation of House #19 on 08/18/25 at 9:18 A.M. revealed the food preparation and work table had a large crack extending across the width of table and had a raised edge measuring approximately 1/8 of an inch with noted food debris. Review of the food temperature log had no temperature recorded for all meals of four days in August 2025. Refrigerator #1 and refrigerator #2 had no temperatures recorded for August 1 through August 17 and freezer #3 had no temperatures recorded for July or August 2025. Interview with DT #205 verified the above findings in House #19 at the time of discovery. Observation of House #9 on 08/18/25 at 9:43 A.M. revealed food temperature logs were not complete for all three meals for July 1 through July 28 and freezer #3 had no temperatures recorded for August 1 through August 4. Interview with DT #205 verified the above findings in House #9 at the time of discovery. Observation of House #5 on 08/18/25 at 10:00 A.M revealed no food temperatures for any of the three meals from August 13 to August 17 were recorded. There were no temperatures documented for refrigerator #1 for 12 days in August 2025 and freezer #3 had no recorded temperatures for all of August 2025. Interview with DT #205 verified the above findings in House #5 at the time of discovery. Observation of House #10 on 08/18/25 at 10:20 A.M. revealed there were no recorded temperatures for freezer #3 for all of August 2025. Interview with DT #205 verified the lack of recorded freezer temperatures in House #10 at the time of discovery. 2. Review of the House #5 dishwasher log for August 2025 revealed the log listed the rinse cycle temperature of the dishwasher must reach 180 degrees Fahrenheit (F). Further review of the temperature log revealed on 08/02/25, 08/05/25, 08/07/25, 08/10/25, 08/12/25, 8/15/25, and 08/17/25 the dishwasher rinse cycle varied from 170 to 176 degrees F. There was no evidence the dishwasher was re-ran to attain a higher temperature. There was no documentation of any intervention in the comment section of the log regarding the deficient temperature correction. Review of the House #9 dishwasher log for August 2025 revealed the log listed the rinse cycle temperature of the dishwasher must reach 180 degrees F. Further review of the temperature log revealed on 08/03/25, 8/15/25, and 08/17/25 the dishwasher rinse cycle varied from 172 to 174 degrees F. There was no evidence the dishwasher was re-ran to attain a higher temperature. There was no documentation of any intervention in the comment section of the log regarding the deficient temperature correction. Review of the House #19 dishwasher log for August 2025 revealed the log listed the rinse cycle temperature of the dishwasher must reach 180 degrees F. Further review of the temperature log revealed on 08/04/25, 08/05/25, 08/06/25, 08/08/25, 08/09/25 and 08/10/25, the dishwasher rinse cycle varied from 140 to 146 degrees F. There was no evidence the dishwasher was re-ran to attain a higher temperature. There was no documentation of any intervention in the comment section of the log regarding the deficient temperature correction. Interview on 08/18/25 at 10:25 A.M with DT #205 verified dishwasher temperatures were below the required 180 degrees F during the rinse cycle for House #5, House #9, and House #19. Interview on 08/25/25 at 7:35 A.M. Maintenance Director (MD) #63 stated he had not been notified of the dishwasher rinse cycles not getting up to 180 degrees F in House #5, House #9, and House #19. 3. Observation on 08/20/25 at 8:50 A.M. revealed Certified Nurse Aide (CNA) #32 prepared puree food in the same blender bowl for two different batches of food. Between the preparations of the foods CNA #32 handwashed the blender bowl with detergent and rinsed the bowl in water. There was no sanitizer system or chemical sanitizer used between the preparation of the foods. Interview on 08/20/25 at approximately 9:00 A.M., CNA #32 verified she did not use a sanitizer between the food preparation and did not know how to do so. She did not know how she would have</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Loveland		STREET ADDRESS, CITY, STATE, ZIP CODE 6405 Small House Circle Loveland, OH 45140	
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 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on staff interview, review of Quality Assurance meeting sign-in sheets, and policy review, the facility failed to provide evidence the Medical Director attended and Quality Assurance committee meetings at least quarterly. This had the potential to affect all 58 residents. The census was 58. Findings Include: Review of the sign-in-sheets of the quarterly Quality Assurance (QA) committee meetings dated 09/30/24, 12/20/24, 03/28/25, and 06/19/25 revealed Medical Director #306 did not sign the sign-in attendance paperwork to show attendance. Interview on 08/25/25 at 1:58 P.M. the Administrator verified the MD must attend and participate at each quarterly QA committee meeting. The Administrator stated MD #306 did not sign the sign-in attendance sheet, and stated the MD #306 attended by telephone. The Administrator verified there was no other documentation to show MD #306 attended or participated in the most recent previous quarterly QA meetings. Review of facility policy titled, Quality Assurance and Performance Improvement Policy, dated 07/24/17, revealed the committee is made up of at least the Medical Director, the Administrator, Infection Preventionist, the Director of Nursing and at least two other care partners.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Loveland		STREET ADDRESS, CITY, STATE, ZIP CODE 6405 Small House Circle Loveland, OH 45140	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, medical record review, staff interview, and policy review. the facility failed to ensure soiled linens were properly handled and failed to ensure proper hand sanitation during wound treatments. This affected two (#2 and #62) of four residents reviewed for infection control measures during care and services. The census was 58. Findings include:</p> <p>1. Review of Resident #2's medical record revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident # 2 include hypertension, cerebral vascular accident affected right side, heart disease, diabetes, and anxiety disorder.</p> <p>Review of the Minimum Data Set (MDS) comprehensive assessment dated [DATE] revealed Resident #2 had intact cognition and was dependent for toileting and hygiene assistance.</p> <p>Observation on 08/19/25 at 10:27 A.M. of Certified Nurse Aide (CNA) #90 revealed the CNA exiting Resident #2's room with both arms and hands ungloved carrying uncovered linens, which were touching CNA #90's body. She carried the linens through the hallway to the laundry room which was approximately 40 yards from Resident #2's room.</p> <p>Interview on 08/19/25 at 10:28 A.M. CNA #90 verified she changed Resident #2's linens and carried them with ungloved hands through the hallway to the laundry room. CNA #90 verified the linens were touching her body. She stated she should have bagged the linens but had no bags.</p> <p>Review of facility policy titled, Used Linen Handling, dated May 2013, revealed staff should always wear gloves when handling used linen, and handle linen as little as possible held away from the body and covered when taken to the dirty utility room.</p> <p>2. Review of Resident #62's medical record revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #62 include hypertension, osteoporosis, anxiety disorder, and dementia.</p> <p>Review of the MDS comprehensive assessment dated [DATE] revealed Resident #62 had impaired cognition and required maximum assistance for transfers and set up assistance for eating.</p> <p>Review of physician orders revealed Resident #62 had orders to cleanse bilateral legs with calcium alginate and medihoney, and wrap in kerlix and ACE wrap once each shift.</p> <p>Observation on 08/21/25 at 12:33 P.M. revealed Licensed Practical Nurse (LPN) #88 was observed to apply the treatment to Resident #62's lower extremity skin tears on bilateral legs at three different areas on the legs. LPN #88 did not change gloves or sanitize her hands between treatments of the three different areas on Resident #62's legs.</p> <p>Interview on 08/21/25 at 12:33 P.M. LPN #88 verified she did not change gloves or sanitize her hands between treatments of the three different wound sites on Resident #62's legs. LPN #88 stated she should have changed gloves and sanitized her hands between administration of the treatments between each of the three wound sites.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/25/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Loveland		STREET ADDRESS, CITY, STATE, ZIP CODE 6405 Small House Circle Loveland, OH 45140	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 08/25/25 at 3:17 P.M. the Director on Nursing (DON) verified changing gloves and sanitizing hands should occur between application of wound treatments for different wound sites.</p> <p>Review of policy titled, Hand Hygiene Procedure, dated November 2017, revealed hand hygiene occurs after contact with wound dressings.</p> <p>This deficiency represents non-compliance related to Complaint Number OH00167007 (1399080) and Complaint Number OH00165718 (1399078).</p>		