STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366467	A. Building B. Wing	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Advanced Health Care of Cincinnati	1400 Mallard Cove Drive Cincinnati, OH 45246

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43062 Based on record review, staff interview, and review of facility policy, the facility failed to provide timely and complete access to resident medical records. This affected one resident (#17) of three residents reviewed. The facility census was 13. Findings include: Review of the closed medical record for Resident #17 revealed the resident was admitted to the facility on [DATE] and discharged to an unknown location on 02/09/23. His diagnoses included cerebral infarction, anxiety disorder, dysphagia, diabetes mellitus (DM), kidney failure, and essential primary hypertension. The limited medical record provided no additional information pertaining to nurse's progress notes, care plan and Minimum Data Set (MDS) information. Interview with the Director of Nursing (DON) and Rehabilitation (Rehab) Service Manager (#80) on 05/07/24 at 2:35 P.M. revealed the facility only utilized electronic medical records (EMR) for the resident's medical information. The DON stated the facility did not have access to Resident #17's medical record or any other resident's medical record prior to their acquisition date of 03/01/23. The DON verified Resident #17 was a resident at the facility; however, stated the previous owners took all of the resident's medical records with them. Rehab Service Manager #80 indicated the therapy notes were on a different platform and he was able to find a face sheet for Resident #17 that contained the admitted and some diagnosis but nothing else. Interview with the Administrator on 05/07/24 at 4:47 P.M. revealed the facility staff did not have access to any of the resident's medical records prior to the current owners acquiring the facility on 03/01/23. A subsequent interview with the Administrator on 05/08/24 at 9:10 A.M. confirmed the facility did not have access to the closed medical records for Resident #17 prior to the current ownership taking over in March 2023. The Administrator stated the Surveyor would have to reach out to the previous company in order to get access to Resident #17's medical records. The Administrator stated he updated the current policy on 05/07/24, to reflect the facility would start retaining medical records at their new acquisition date. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Review of the facility policy titled, Medical Records, updated on 05/07/24, revealed the facility will maintain discharged records for approximately six-months, then the facility will transfer the medical record to a safe location and keep them for no less than seven years. Facilities that are purchased through acquisition shall preserve records beginning on the date of transfer of ownership (acquisition) and moving forward per the regulatory requirement of seven years. This was an incidental finding discovered during the course of the complaint investigation.