

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>366489                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                           | (X3) DATE SURVEY<br>COMPLETED<br><br>09/18/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Alois Alzheimer's Care Center                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>70 Damon Road<br>Cincinnati, OH 45218 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                    |                                                 |
| F 0761<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, staff interview, and review of the facility policy, the facility to ensure insulin was properly stored. This affected four (Residents #5, #12, #15, #61) of eight residents observed for insulin storage. The facility also failed to discard expired tuberculosis (TB) testing solution. This had to potential to affect all of the residents residing in the facility. The facility census was 77 residents. Findings include: 1.Observation on [DATE] at 4:37 P.M with Registered Nurse (RN) #230 revealed the Woods unit medication cart contained the following: a vial of insulin glargine for Resident #12 with an open date of [DATE], a vial of insulin aspart for Resident #12 with an open date of [DATE], an open vial of NovoLog insulin for Resident #61 with no open date, a vial of insulin lispro for Resident #15 with an open date of [DATE]. Interview on [DATE] at 4:38 P.M with RN #230 confirmed the expired insulin for Residents #12and #15 should have been discarded. RN #320 further confirmed the insulin for Resident #61 had no open date and should also be discarded because there was no way to know the proper expiration date. Observation on [DATE] at 4:50 P.M with RN #230 revealed in the Garden unit medication cart contained an open undated insulin lispro for Resident #5. Interview on [DATE] at 4:51 P.M with RN #230 confirmed the insulin lispro for Resident #5 was opened and had no open date. Review of facility policy titled Medications with Shortened Expiration Dates revealed insulin should be disposed after 28 days of first use. 2. Observation on [DATE] at 4:53 P.M with RN #230 revealed Meadows unit medication refrigerator contained an open and undated vial of TB testing solution. Interview on [DATE] at 4:54 P.M with RN #230 confirmed the TB testing solution in the Meadows unit was opened and undated. Observation on [DATE] at 5:08 P.M with RN #230 revealed in the Commons unit Medication Refrigerator contained an open vial of TB testing solution dated on [DATE]. Interview on [DATE] at 5:09 P.M with RN #230 confirmed the TB testing solution in the Commons unit medication refrigerator was expired and should have been discarded. Review of facility policy titled Storage of Medications dated [DATE] revealed all medications should be labeled with an opened date to ensure that no outdated or deteriorated medications are stored.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0812</p> <p>Level of Harm - Minimal harm<br/>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>Based on observation, staff interview, and review of the facility policy, the facility failed to ensure food was stored in a clean, safe, and sanitary manner. This had the potential to affect all of the residents residing in the facility. The facility census was 77 residents. Findings include: 1. Observation on 09/15/25 at 9:06 A.M. with Dietary Manager (DM) #372 of the kitchen revealed the dry storage area contained the following items: a box of baking soda open to air with an expiration date of January 2025, an open and undated two-quart container of soy sauce, an open and undated open 64 ounce bottle of syrup, an open and undated bag of breadcrumbs. Interview on 09/15/25 at 9:09 A.M. with DM #372 confirmed the expired, open, and undated items in the dry storage should have been discarded. 2. Observation on 09/15/25 at 9:15 A.M. with DM #372 revealed the walk-in freezer contained the following items: a box of open pie dough with ice crystals over much of the pie dough, a box of pretzel dough open to air, a bag of open and undated beef patties, a bag of open and undated hotdogs. Interview on 09/15/25 at 9:17 A.M. with DM #372 confirmed the items observed in the walk-in freezer had not been properly stored and should have been discarded. 3. Observation on 09/15/25 at 9:23 AM with DM #372 revealed the walk-in refrigerator contained the following: an box 30 eggs with a use-by date of 08/12/25, a container of coleslaw with a date of 09/05/25. Interview on 09/15/25 at 9:25 A.M. with DM #372 confirmed the items were expired and should have been discarded. 4. Observation on 09/15/25 at 9:33 A.M. with DM #372 revealed the stand-up freezer contained the following items: an open and undated box of veggie burgers, a plastic bag of tater tot which were open to air. Interview on 09/15/25 at 9:26 A.M. confirmed the veggie burgers and tater tots were not properly stored and should have been discarded. Review of the facility policy titled Food Storage dated November 2024 revealed dry food should be labeled and dated, and food should be rotated using first in - first out method. All foods stored in the refrigerator or freezer should be covered, labeled and dated. 5. Observation on 09/16/25 at 10:28 A.M. revealed the Woods unit stand-up refrigerator/freezer contained the following items: an undated and unlabeled container of strawberries, two ice cream cups with no lids open and uncovered with spoons in them. Interview on 09/16/25 at 10:30 A.M. with Licensed Practical Nurse (LPN) #378 confirmed the strawberries and ice cream cups in the Woods unit refrigerator/freezer were not properly stored and should have been discarded. 6. Observation on 09/16/25 at 10:41 A.M. revealed the Commons unit stand-up refrigerator/freezer contained the following items: an unlabeled and undated bag of cupcakes, a open and undated bottle of honey mustard, an undated open to air package of cheese, two undated frozen beverages with straws, a carton of unlabeled and undated strawberry ice cream. Interview on 09/16/25 at 10:42 A.M. with LPN #286 confirmed the items observed in the Commons unit refrigerator/freezer were not properly stored and should have been discarded. 7. Interview on 09/16/25 at 10:57 A.M. revealed the Gardens unit stand-up refrigerator contained a sleeve of cookies, open to air and undated. Interview on 09/16/25 at 10:58 A.M. with LPN #410 confirmed the cookies in the Gardens unit refrigerator freezer were not properly stored and should have been discarded. Review of the policy labeled Foods Brought in by Family/Visitor Policy dated November 2023 revealed food brought in by family or visitors should be stored in a safe and sanitary manner.</p> |                                                                                    |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, staff interview, review of Material Safety Data Sheets (MSDS), and review of the facility policy, the facility failed to ensure hazardous materials were stored safely. This had the potential to affect 14 facility-identified (Residents #13, #19, #26, #32, #33, #35, #37, #47, #54, #62, #63, #73, #75, and #76) who were cognitively impaired and independently mobile. The facility census was 77 residents. Findings include: 1. Observation on 09/15/25 at 10:24 A.M. of the Terrace unit dining room revealed there was a unsecured container of Micro-Kill Two Germicidal Wipes sitting on the countertop near a sink. There was a bottle of Virex TB Disinfectant in an unsecured cabinet above the countertop. Both containers had warning labels indicating the contents could be hazardous to humans. Interview on 09/15/25 at 10:27 A.M. with Registered Nurse (RN) Unit Manager #230 verified the wipes and disinfectant should have been stored in a secure location. 2. Observation on 09/15/25 at 10:35 A.M. of the Gardens unit revealed a bottle of TB-CIDE QUAT and a bottle of Virex TB Disinfectant in an unsecured cabinet under the sink in the dining room. Both bottles of disinfectant had hazard to humans warning labels. Interview on 09/15/25 at 10:38 A.M. with RN #242 verified the bottles of disinfectant should be stored in a secure location. Review of the MSDS for the Micro-Kill Two Germicidal Wipes, revised 12/27/23 revealed the wipes could cause harmful effects via skin, eyes, inhalation, or ingestion. Review of the MSDS for the Virex TB Disinfectant revised 07/31/24 revealed the disinfectant could cause harmful effects via skin, eyes, inhalation, or ingestion. Review of the MSDS for the TB-CIDE QUAT revised 12/02/19 revealed the disinfectant could cause harmful effects via eyes, skin, inhalation, or ingestion. Review of the undated facility policy titled Facility Environment - Hazards revealed the facility would ensure the environment was free of accident hazards.</p> |                                                                                    |                                                 |

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| <p>F 0645</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>Based on medical record review and staff interview the facility failed to ensure Preadmission Screening and Resident Review (PASARR) assessment were completed accurately. This affected three (Residents #6, #25, #60) of six residents reviewed for PASARR completion. The facility census was 77 residents. Findings include: 1. Review of the medical record for Resident #6 revealed an admission date of 12/04/22 with diagnoses including Parkinson's disease, nontraumatic acute subdural hemorrhage, and major depressive disorder.</p> <p>Review of the PASARR for Resident #6 dated 12/04/22 revealed the resident's diagnosis of major depressive disorder and the resident's order for Seroquel (an antipsychotic medication) were not included in the PASARR.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #6 dated 07/14/25 revealed the resident had severe cognitive impairment and was dependent on staff assistance for activities of daily living (ADLs.)</p> <p>Interview on 09/18/25 at 11:52 A.M with Social Service Director (SSD) #434 confirmed Resident #6's diagnosis of major depressive disorder and the medication Seroquel were not included in the resident's PASARR dated 12/04/22.</p> <p>2. Review of the medical record for Resident #25 revealed an admission date of 07/09/25 with diagnoses including Alzheimer's disease, generalized anxiety disorder, and depression.</p> <p>Review of the PASARR for Resident #25 dated 05/03/25 revealed the resident's diagnosis of generalized anxiety disorder and the resident's use of Buspar (an anti-anxiety medication) were not included.</p> <p>Review of the MDS assessment for Resident #25 dated 07/14/25 revealed the resident had severe cognitive impairment and required staff assistance with ADLs.</p> <p>Interview on 09/18/25 at 11:55 A.M with SSD #434 confirmed Resident #25's diagnosis of generalized anxiety disorder and the resident's use of Buspar were not included on the PASARR for the resident dated 05/30/25.</p> <p>3. Review of the medical record for Resident #60 revealed an admission date of 02/21/25 with diagnoses including Alzheimer's disease, and major depressive disorder.</p> <p>Review of the PASARR for Resident #60 dated 02/21/25 revealed the resident's use of Ativan (an anti-anxiety medication) and Zoloft (an antidepressant medication) were included in the assessment.</p> <p>Review of the MDS assessment for Resident #60 dated 02/21/25 revealed the resident was cognitively impaired and required extensive assistance with ADLs.</p> <p>Interview on 09/18/25 at 11:57 A.M with SSD #434 confirmed Resident #60's use of Ativan and Zoloft were not included on the PASSAR for the resident dated 02/21/25.</p> |                                                                                    |                                                 |