STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365375	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. 3. Review of the medical record for Resident #43 revealed an admission date of 8/11/24 with diagnoses including diabetes mellitus, bipolar disorder, and Alzheimer's Disease. Review of the MDS assessment for Resident #43 dated 3/12/25 revealed the resident had severely impaired cognition and received insulin. Observation on 05/05/25 at 11:27 A.M. revealed Resident #43 was seated in the dining room with multiple residents who were waiting for lunch to be served. Registered Nurse (RN) #152 approached Resident #43 and told her she was going to check her blood sugar. RN #152 did not obtain consent from the resident. RN #152 then cleansed Resident #43's finger and pierced it with a lancet to obtain a blood sample to perform a blood sugar check. Interview on 05/05/25 at 11:35 A.M. with RN #152 confirmed she checked Resident #43's blood sugar in the dining room in the presence of other residents and did not provide visual privacy during treatment for the resident. This deficiency represents noncompliance investigated under Complaint Number OH00162453. 2. Review of the medical record for Resident #21 revealed an admission date of 04/08/21 with diagnoses including heart failure, vascular dementia, and major depressive disorder. Review of the MDS assessment for Resident #21 dated 02/18/25 revealed the resident had severely impaired cognition and was dependent on staff assistance with ADLs. Observation of incontinence care for Resident #21 on 05/07/2025 at 1:30.PM. per Certified Nursing Assistant (CNA) #133 and Licensed Practical Nurse (LPN) #146 revealed the curtain to the outside window which opened to the staff parking lot was not closed during provision of care. Interview on 05/07/25 at 1:35 PM with CNA #133 confirmed she had not closed the curtain to the window of the resident's room during incontinence care for Resident #21. Interview on 05/07/25 at 1:36 P.M. with LPN #146 confirmed staff members could potentially see inside Resident #21's window during incontinence care because the curtain was not drawn. LPN #146 further confirmed the curtain to the outside window should be drawn to provide visual privacy for the resident. (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
	365375	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled Resident Rights undated revealed residents have the right to privacy. Based on medical record review, observation, staff interview, and review of the facility policy the facility failed to ensure resident personal privacy was maintained . This affected three (Residents#10, #21, and #43) of three residents reviewed for personal privacy. The facility census was 89 residents. Findings include: 1. Review of the medical record for Resident #10 revealed an admission date of 12/25/22 with diagnoses including diabetes, schizoaffective disorder, bipolar disorder, and dementia. Review of the Minimum Data Set (MDS) assessment for Resident #10 dated 04/01/25 revealed the resident had severely impaired cognition and was dependent on staff for activities of daily living (ADLs.) Review of the nurse progress note for Resident #10 dated 04/03/25 revealed the resident's representative informed Registered Nurse Unit Manger (RNUM) #160 she did not want the resident's picture posted on social media. Interview on 05/06/25 at 3:16 P.M. of Activity Director (AD) #200 confirmed the facility had posted a picture of Resident #10 on social media a couple months ago and the picture remained online for a few weeks. Resident #10's representative reported her concerns to RNUM #160. AD #200 confirmed the facility had not obtained prior consent from the resident and/or the resident's representative before posting the resident's picture on social media. Interview on 05/06/25 at 3:44 P.M. with Medical Records Clerk (MRC) #179 confirmed Resident #10's record did not include consent to post the resident's picture on social media. Interview on 05/06/25 at 4:25 P.M. with RNUM #160 confirmed Resident #10's representative contacted her when she saw a picture of the resident posted on social media by the facility and asked for the picture to be removed. RNUM #160 confirmed Resident #10's representative had not consented for the facility to post the resident's picture on social media. Review of facility policy titled Videotaping, Photographing and Other Imaging of Residents dated April 2017 revealed the staff could not release images of any resident without explicit written consent from the representative prior to obtaining images. Transmitting unauthorized images of any resident through social media was considered a violation of resident rights.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365375	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observation and staff interview, the facility failed to ensure adequate lighting in resident rooms. This affected one (Resident #21) of 16 residents reviewed for adequate lighting. The facility also failed to ensure a clean environment. This affected the 48 residents residing on the C Unit who used the shower room (Residents #01, #03, #04, #06, #09, #11, #13, #14, #15, #16, #17, #18, #19, #21, #22, #25, #26, #27, #29, #32, #33, #34, #36, #39, #40, #41, #45, #46, #48, #49, #50, #51, #52, #59, #61, #64, #67, #75, #76, #77, #78, #80, #85, #89, #146, #147, #196, and #196). The facility census was 89 residents. Findings include: 1.Review of the medical record for Resident #21 revealed an admission date of 04/08/21 with diagnoses including heart failure, vascular dementia, and major depressive disorder. Review of the Minimum Data Set (MDS) assessment for Resident #21 dated 02/18/25 revealed the resident had severe cognitive impairment and was dependent on staff assistance with activities of daily living (ADLs.) Observation of wound care for Resident #21 on 05/07/25 at 1:32 PM per Licensed Practical Nurse (LPN) #146 revealed the resident's room did not have adequate overhead lighting when the curtain was closed. Light sources in Resident #21's room included a sink light, a bathroom light, and an over the bed light. Interview on 05/07/25 at 1:35 PM with LPN #146 confirmed Resident #21's room did not have adequate light for performing wound care and staff sometimes had to use a flashlight when providing care for Resident #21 due to inadequate overhead lighting when the curtain was closed. 2. Observation on 05/07/25 at 10:11 A.M. of the C Hall shower room with LPN #146 revealed there was an area measuring approximately two inches by three inches of brown skid marks of an unidentified substance on the wall by the toilet. Further observation revealed the walls surrounding the entire shower area contained a layer of a brown unidentifiable material where the wall met the floor, measuring approximately two inches up the wall. Interview on 05/07/25 with LPN #146 confirmed the brown skid marks on the wall by the toilet and the brown substance on the walls surrounding the shower and all of the C Hall residents had access to the shower room. This violation represents noncompliance investigated under Master Complaint Number OH00165072 and Complaint Number OH00164179 and Complaint Number OH00161596 and Complaint Number OH00161253

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365375	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on medical record review, staff interview and review of the facility policy, the facility failed to ensure hypnotic medications were used with adequate indications for administration and with adequate monitoring. This affected one (Resident #75) of five residents reviewed for unnecessary medications. The facility census was 89 residents. Findings include: Review of the medical record for Resident #75 revealed an admission date of 10/29/24 with diagnoses including dysphagia, generalized anxiety disorder, and cerebral infarction. Review of the physician's orders for Resident #75 revealed an order dated 01/08/25 for Ambien five milligrams (mg) one table per mouth at bedtime for sleep assistance. Review of the Minimum Data Set (MDS) assessment for Resident #75 dated 02/04/25 revealed the resident was cognitively intact and required staff assistance with activities of daily living (ADLs) and received a hypnotic medication during the review period. Review of the care plan for Resident #75 last updated on 02/19/25 revealed the care plan did not address the use of Ambien, a hypnotic medication. Review of the diagnosis list for Resident #75 dated 05/07/25 revealed the resident had no diagnosis of a sleep disorder or related diagnosis. Interview on 05/08/25 at 8:05 A.M. with the Director of Nursing (DON) confirmed Resident #75 had an order for Ambien at bedtime for sleep assistance but the resident's record did not include an appropriate diagnosis or medical indication for hypnotic use. Interview with the DON on 05/08/25 at 8:31 A.M. confirmed the facility had not developed a care plan for Ambien use for Resident #75 to outline how the facility would monitor the resident for use of the hypnotic medication. Review of the facility policy titled Psychotropic Medication Use dated 01/19/24 revealed residents would not receive medications that were not clinically indicated to treat a specific condition. Residents receiving psychiatric medications would be monitored and assessed for adverse consequences. This deficiency represents noncompliance investigated under Complaint Number OH00161596.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365375	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 4. Review of the medical record for Resident #10 revealed and admission date of 12/15/22 with diagnoses including diabetes, schizoaffective disorder and chronic kidney disease. Resident #10 was hospitalized from [DATE] to 12/13/24 and returned to the facility. Review of the MDS assessment for Resident #10 dated 04/01/25 revealed the resident had severely impaired cognition and was dependent on staff for ADLs. Interview on 05/06/25 at 2:25 P.M. with Regional Operations Manager (ROM) #501 confirmed the facility failed to provide a bed hold notice to Resident #10's representative for the resident's hospitalization from 11/14/24 to 12/13/24. 3. Review of the medical record for Resident #06 revealed an admission date of 12/30/21 with diagnoses including hypothyroidism, cardiomegaly, and atrial fibrillation. Resident #06 was discharged to the hospital on [DATE] and readmitted to the facility on [DATE]. Review of the MDS assessment for Resident #06 dated 03/21/25, revealed the resident had mild cognitive impairment and required staff assistance with activities of daily living (ADLs) Interview on 05/06/25 at 1:46 P.M. with Business Office Manager (BOM) #104 confirmed the facility failed to provide a bed hold notice to Resident #06 for the hospitalization from 02/15/25 and 02/20/25. Interview on 05/06/25 at 2:02 P.M. with the Administrator confirmed the facility failed to the notify the Ombudsman of Resident #06's transfer to the hospital on [DATE]. Based on medical record review and staff interview, the facility failed to issue appropriate bed hold notices and/or Ombudsman notification when residents were discharged or transferred to the hospital. This affected four (Residents #06, #10, #197, #200) of five residents reviewed for discharge and hospitalization. The facility census was 89 residents. Findings include: 1. Review of the medical record for Resident #200 revealed an admission date of 01/17/25 with a diagnosis of acute on chronic diastolic heart failure. The resident discharged to the hospital on [DATE] and did not return to the facility. Review of the Minimum Data Set (MDS) assessment for Resident #200 dated 01/23/25 revealed the resident had intact cognition. Review of the medical record for Resident #200 revealed the record did not include documentation of Ombudsman notification of the resident's transfer to the hospital on [DATE]. Interview on 05/06/25 at 2:02 P.M. with the Administrator confirmed the facility failed to the notify the Ombudsman of Resident #200's discharge to the hospital on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365375	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Review of the medical record for Resident #197 revealed an admission date of 02/04/25 with diagnoses including right hip fracture and osteomyelitis. Resident #197 transferred to the hospital on [DATE] and returned to the facility on [DATE]. The resident transferred to the hospital again on 03/20/25 and did not return. Review of the MDS assessment for Resident #197 dated 03/11/25 revealed the resident had severely impaired cognition. Review of the medical record for Resident #197 revealed the record did not include documentation of Ombudsman notification of the resident's transfers to the hospital on [DATE] and 03/20/25. Interview on 05/06/25 at 2:02 P.M. with the Administrator confirmed the facility failed to the notify the Ombudsman of Resident #197's transfers to the hospital on [DATE] and 03/20/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365375	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on medical record review, observation, staff interview, and review of facility policy, the facility failed to timely and adequately assess resident skin. This affected one (Resident #21) of three residents reviewed for pressure ulcers. The facility also failed to follow the physician's orders regarding wound care for pressure ulcers and also failed to document the completion of wound care in the resident's medical record. This affected one (Resident #19) of three residents reviewed for pressure ulcers. The facility census was 89 residents. Findings include: 1.Review of the medical record for Resident #21 revealed an admission date of 04/08/21 with diagnoses including heart failure and vascular dementia. Review of the pressure ulcer risk assessment for Resident #21 dated 11/20/24, revealed the resident was at very high risk for developing pressures ulcers. Review of the physician's orders for Resident #21 revealed an order dated 12/06/24 to cleanse the resident's bilateral hips with normal saline, pat dry, and apply skin prep every shift and as needed as a preventative measure and an order dated 01/08/24 for the resident to have weekly skin checks to be documented in the electronic medical record (EMR.) Review of the care plan for Resident #21 dated on 01/21/25 revealed the resident was at risk for the development of pressure ulcers. Interventions included the following: administer treatments as ordered and monitor for effectiveness, follow facility policies/protocols for the prevention/treatment of skin breakdown, inform the resident/family/caregivers of any new area of skin breakdown. Review of the Treatment Administration Records (TARs) for Resident #21 dated December 2024, January 2025, and February 205 revealed the preventative treatment to the resident's bilateral hips was signed off as completed. Review of the Minimum Data Set (MDS) assessment for Resident #21 dated 02/18/25 revealed the resident was severely cognitively impaired and required substantial staff assistance with activities of daily living (ADLs.) Review of the skin check for Resident #21 dated 02/19/25 revealed there were no new areas of skin impairment noted. Review of a nurse progress note for Resident #21 dated 02/20/25 per Licensed Practical Nurse (LPN) #146 revealed the resident's family noticed an open area to the resident's right hip. Staff notified Wound Nurse Practitioner (WNP) #502 who gave an order to cleanse the area and apply Medihoney and a border foam dressing two times a day. The note did not include measurements or a description of the open area to the resident's right hip. Review of the skin check for Resident #21 dated 2/21/25 revealed there was an open area to the resident's right hip. The skin check did not include measurements, staging or a description of the wound. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365375	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the visit note for Resident #21 dated 02/26/25 per WNP #502 revealed the resident had a facility-acquired unstageable pressure ulcer to the right hip which measured 1.3 centimeters (cm) in length by 4.0 cm. in depth by 0.3 cm in depth with a heavy amount of serous drainage from the wound and 100 percent (%) slough tissue present to the wound bed. WNP #502 gave an order to cleanse the wound daily with wound cleanser, apply medical grade honey to the wound and secure with a border foam dressing. Interview on 05/06/25 at 11:35 A.M. with LPN #146 confirmed Resident #21's family notified the nurse that Resident #21 had an open area to the right hip on 02/20/25. LPN #146 further confirmed he notified WNP #502 of the open area and he obtained orders for wound care, but the facility did not measure or document the appearance of the wound to the resident's right hip. Observation on 05/07/25 at 1:30 P.M. of wound care for Resident #21 per LPN #146 revealed the resident had a nickel- sized open area to the right hip. The wound bed was pink with no drainage. LPN #146 cleansed the wound with normal saline, applied Medihoney, and covered the wound with a border foam dressing. Interview on 05/07/25 at 1:45 P.M. with WNP #502 confirmed on 02/26/25 she examined Resident #21 and documented the resident had an unstageable facility-acquired pressure ulcer the resident's right hip. Review of the facility policy titled Pressure Ulcers/Skin Breakdown-Clinical Protocol dated March 2014 revealed assessment of a pressure ulcer should include the nurse describing and documenting a full assessment of a pressure ulcer, including location, stage, length, width, and presence of exudate or necrotic tissue. 2. Review of the medical record for Resident #19 revealed an admission date of 03/22/25 with diagnoses including osteoarthritis, benign prostatic hyperplasia glaucoma, chronic kidney disease, and intellectual disabilities. Review of the MDS assessment for Resident #19 dated 03/26/25 revealed the resident was moderately cognitively impaired, required supervision with ADLS, and was admitted with two stage III pressure ulcers and one unstageable pressure ulcer. Review of the care plan for Resident #19 dated 04/01/25 revealed the resident was at risk for the development of pressure ulcers related to the disease process, decreased mobility and moisture exposure. Interventions included staff to administer treatments as ordered and monitor for the effectiveness and to follow facility protocols for the prevention of and treatment of skin breakdown. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365375	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the wound assessment for Resident #19 dated 04/02/25 per WNP #502 revealed upon admission the resident had the following three pressure ulcers: a stage three pressure ulcer to the left buttock which measured 3.5 centimeters (cm) in length, by 1.5 cm in width by 0.3 cm in depth, a stage three pressure ulcer to the right buttock which measured 0.5 cm in length by 0.5 cm in width by 0.3 cm in depth, an unstageable pressure ulcer to the left ischium which measured 7.5 cm in length by 3.5 cm in width by 2.3 cm in depth. WNP #502 gave an order to cleanse the wounds to the left and right buttocks with normal saline, apply medical grade honey, and cover with a border foam dressing and to cleanse the wound to the left ischium with normal saline (do not use wound cleanser), gently pack the wound with half-strength Dakin's solution moistened fluffed gauze and apply a border foam dressing every shift and as needed. Review of the wound assessment for Resident #19 dated 04/09/25 per WNP #502 revealed the pressure ulcer to the resident's left buttock was improving and the treatment changed to cleanse with soap and water, pat dry, apply triad paste and leave open to air every shift and as needed. The pressure ulcer to the right buttock was resolved. The pressure ulcer to the left ischium was improving and the treatment order was unchanged. Review of the wound assessment for Resident #19 per WNP #502 dated 04/23/25 revealed the pressure ulcer to the left buttock was resolved. The pressure ulcer to the left ischium was improving and the treatment was changed to cleanse the left ischium with wound cleanser, gently pack the wound with quarter-strength Dakin's solution moistened fluffed gauze and apply a border foam dressing every shift and as needed. Review of the TAR for Resident #19 dated April 2025 revealed the treatment order given by WNP #502 dated 04/02/25 to 04/09/25 to cleanse the wounds to the left and right buttocks with normal saline, apply medical grade honey and a border dressing daily were not noted in the TAR and there was no record of the treatments being completed. Further review of the TAR revealed the treatment order to cleanse the left buttock with soap and water, pat dry, apply triad paste and leave open to air every shift from 04/09/25 to 04/23/25 was not listed on the TAR and there was no record that the treatment was completed. The treatments to the left ischium were not documented as completed on 04/04/25, 04/16/25 and 04/29/25 on the night shift. The treatment order to the left ischium indicated the wound was to cleansed with wound cleanser but WNP #502's order from 04/02/25 to 04/09/25 indicated the left ischium wound should be cleansed with normal saline. Interview on 05/07/25 at 10:49 A.M. with the Director of Nursing DON confirmed the treatment orders for the pressure ulcers to Resident #19's right and left buttocks were not included in the April TAR for 04/02/25 to 04/09/25 and the facility had no evidence the treatments had been completed. The DON further confirmed the treatment order for the pressure ulcer to Resident #19's left buttock was not included in the April TAR for 04/09/25 to 04/23/25 and the facility had no evidence the treatments had been completed. The DON confirmed the treatment orders for the pressure ulcer to Resident #19's left ischium were not signed off as completed on the night shift on 04/04/25, 04/16/25 and 04/29/25 and the facility had no evidence the treatments had been completed on those dates. The DON confirmed wound cleanser was used on Resident #19's left ischium from 04/02/25 to 04/09/25 and WNP #502's wound care order indicated staff should cleanse the left ischium with normal saline and should not use wound cleanser on the left ischium until the order was changed on 04/09/25. Review of the facility policy titled Wound Care dated October 2010 revealed wound treatments should be completed per physician's orders. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365375	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This deficiency represents noncompliance investigated under Complaint Number OH00161253 and Complaint Number OH00164317.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365375	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365375	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NON-COMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY.Based on medical record review, review of a medication error report, staff interview, and review of the facility policy, the facility failed to ensure residents were free from significant medication errors. This affected one (Resident #200) of one resident reviewed for medication errors. The facility census was 89 residents. Findings include:Review of the medical record for Resident #200 revealed an admission date of 01/17/25 with diagnoses including chronic diastolic heart failure, anxiety disorder, acute respiratory failure with hypoxia, hypertension, chronic obstructive pulmonary disease, and chronic kidney disease The resident discharged to the hospital on [DATE]. Review of the Minimum Data Set MDS assessment for Resident #200 dated 01/23/25 revealed the resident had intact cognition and required staff assistance with activities of daily living (ADLs.)Review of the medical record revealed the resident had no known medication allergies. Review of a progress note for Resident #200 dated 02/04/25 timed at 12:39 A.M. per Registered Nurse (RN) #503 revealed the nurse prepared medication intended for another resident, but she inadvertently administered the other resident's medications to Resident #200. RN #503 assessed the resident and notified the resident's physician and emergency contact of the medication error. The physician gave orders to monitor the resident for 72 hours. Review of the hospital transfer form for Resident #200 dated 02/04/25 revealed the resident was sent to the hospital per the family's request due to a medication error. The resident was a DNR-CC (do not resuscitate-comfort care) code statusReview of a progress note for Resident #200 dated 02/04/25 timed at 2:37 A.M. revealed Resident #200's family arrived at the facility after being notified of the medication error and requested the resident go to the hospital. Staff sent the resident to hospital via emergency medical services (EMS.) Review of the hospital note for Resident #200 dated 02/04/25 revealed the resident presented from her nursing facility with altered mental status following improper medication administration. The hospital performed lab work and an electrocardiogram (EKG) with no significant abnormalities. The hospital administered one liter of intravenous fluids to Resident #200 and monitored the resident for over eight until the resident returned to her baseline. Resident #200 was diagnosed with accidental drug overdose and altered mental status, and once stabilized the resident's family chose to place the resident in a different nursing facility.Review of the medication error report summary for Resident #200 revealed on 02/03/25 at approximately 11:37 P.M. staff administered the following medications to the resident in error: Aricept 5 milligrams (mg), gabapentin 600 mg, rosuvastatin 40 mg, duloxetine 30 mg, Keppra 500 mg, oxycodone 10 mg, ropinirole 0.25 mg, sennosides-docusate 8.6-50 mg (two tablets), and clonazepam 0.5 mg. As a result of the medication error, RN #503 was terminated, and all resident electronic health record pictures were audited and verified they matched the facility room name plates. All nursing staff were reeducated on the medication administration policy and procedure. Review of a written statement per RN #503 dated 02/05/25 timed at 4:05 P.M. revealed the nurse prepared the medications for Resident #148 and administered them to Resident #200, thinking she was Resident #148. RN #503 stated, approximately 20 minutes later, she realized what she had done and notified management and assessed Resident #200. RN #503 stated that when administering medications to Resident #200, she did not ask her name or attempt to identify her in any way. Review of the facility policy titled Administering Medications April 2019 revealed the individual administering medications was to verify the resident's identity before giving the resident their medications. Medications ordered for one resident must not be administered to another resident. This deficiency represents noncompliance investigated under Complaint Number OH00163155 and Complaint Number OH00161596.The deficient practice was corrected on 02/06/25, when the facility implemented the following corrective actions: -A medication error report was made for the 02/04/25 incident related to Resident #200. -The nurse involved in the incident was terminated.-All residents on the assignment of the nurse involved were audited to ensure accurate identification methods were present. -Nurses were educated on medication administration, including the proper methods to identify a resident.-Medication pass competency checks for five nurses weekly for four weeks, then monthly for two months were initiated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365375	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on medical record review, observation, staff interview, and consulting pharmacist interview, the facility failed to ensure insulin pens were properly labeled and stored. This affected three (Residents #65, #39 and #34) of 21 facility- identified residents who received insulin. The facility census was 89 residents. Findings include: 1. Review of the medical record for Resident #65 revealed an admission date of 02/18/25 with a diagnosis of diabetes mellitus (DM.) Review of the Minimum Data Set (MDS) assessment for Resident #65 dated 03/25/25 revealed the resident had intact cognition and required staff assistance with activities of daily living (ADLs.) Review of the physician's orders for Resident #65 revealed an order dated 02/18/25 for the resident to receive insulin lispro per sliding scale. Observation on 05/06/25 at 10:46 A.M. of the A-nursing unit front medication cart revealed the cart contained two insulin lispro pens for Resident #65 that were not dated. Interview on 05/06/25 at 10:46 A.M. with Licensed Practical Nurse (LPN) #260 confirmed the two insulin lispro pens for Resident #65 were not dated, and insulin is to be dated when removed from refrigeration storage and/or placed in the medication cart. 2. Review of the medical record for Resident #39 revealed an admission date of 11/14/18 with a diagnosis of DM. Review of the MDS assessment for Resident #39 dated 03/12/25 revealed the resident had intact cognition and required set-up assistance and supervision with ADLs. Review of the physician's orders for Resident #39 revealed an order dated 03/03/25 for insulin glargine twice daily. Observation on 05/06/25 at 11:05 A.M. of the C-nursing unit front medication cart revealed the cart contained an insulin glargine pen for Resident #39 that was not dated. Interview on 05/06/25 at 11:05 A.M. with LPN #172 confirmed the insulin glargine pen for Resident #39 was not dated and insulin is to be dated when removed from refrigeration storage and/or placed in the medication art. 3. Review of the medical record for Resident #34 revealed an admission date of 03/17/23 with a diagnosis of DM. Review of the MDS assessment for Resident #34 dated 04/08/25 revealed the resident had intact cognition and required set-up assistance with ADLs. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365375	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of physician's orders for Resident #34 revealed an order dated 02/27/25 for insulin glargine twice daily. Observation on 05/06/25 at 11:05 A.M. of the C-nursing unit front medication cart revealed the cart contained an insulin glargine pen for Resident #34 that was not dated. Interview on 05/06/25 at 11:05 A.M. with LPN #172 confirmed the insulin glargine pen for Resident #34 was not dated, and insulin is to be dated when removed from refrigeration storage and/or placed in the medication art. Interview on 05/06/25 at 1:10 P.M. with the Director of Nursing (DON) confirmed insulin is to be dated when removed from refrigerator storage and/or placed in the medication cart. The DON confirmed the facility did not have a policy specific to the storage and dating of Insulin. Interview on 05/06/25 at 3:02 P.M. with the Consulting Pharmacist (CP) #250 confirmed insulin is to be refrigerated until needed for administration. The vial or injector pen was to be dated when removed from refrigerated storage or used for the first time.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365375	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on review of medical records, observation, staff interview and review of the facility policy, the facility failed to serve food portions as planned by the Registered Dietitian (RD). This affected six (Residents #9, #13, #21, #30, #38, #65) of six residents with orders for a pureed diet. The facility census was 89 residents. Findings include: Review of the medical records for Residents #9, #13, #21, #30, #38 and #65 revealed the residents had physician's orders to receive a pureed diet. Observation of lunch being served on 05/07/25 at 11:27 A.M. revealed [NAME] #188 served pureed portions of barbeque ham sandwiches and pureed potatoes for Residents #9, #13, #21, #30, #38, and #65. [NAME] #18 used a four-ounce scoop to plate the pureed barbeque ham sandwiches and a three-ounce scoop for the potatoes. Further observation revealed there was a poster in the kitchen which explained coded measurement indicators on utensils for reference when portioning food. Review of the dietary spreadsheet for lunch on 05/07/25 revealed the barbeque ham sandwich portion should be five and one-half ounces and the potato portion should be four ounces. Dietary manager confirmed that inappropriate scoop sizes were being used for the pureed barbeque ham and pureed potatoes servings. Interview on 05/07/25 at 11:45 A.M with the Dietary Manager (DM) confirmed [NAME] #18 had used the wrong scoop sizes to plate the pureed barbeque ham sandwiches and potatoes for Residents #9, #13, #21, #30, #38, and #65. The DM confirmed [NAME] #18 had not followed the spreadsheet which had been planned and approved by the RD. Review of facility policy titled Kitchen Weights and Measures dated April 2007 revealed staff were to be trained in appropriate measurement and type of serving utensil to use for each food. This deficiency represents noncompliance investigated under Complaint Number OH00161596 and Complaint Number OH00164317.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365375	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. Based on medical record review, observation, resident interview, staff interview, and review of the facility policy, the facility failed to provide specified foods for residents with physician's orders to be on a renal diet. This affected one (Resident #81) of two residents reviewed for specialized diets. The facility total census was 89 residents. Findings include: Review of the medical record for Resident #81 revealed an admission date of 12/19/24 with diagnoses including end stage renal disease with dialysis, congestive heart failure, and diabetes mellitus. Review of the Minimum Data Set (MDS) assessment for Resident #81 dated 03/26/25 revealed the resident had intact cognition and required minimal staff assistance with activities of daily living (ADLs.) Review of physician's orders for Resident #81 revealed the resident was ordered a renal diet with low concentrated sugar and had a fluid restriction of 2000 milliliters (ml) per day. Review of the breakfast meal ticket for Resident #81 dated 05/07/25 revealed the resident was to receive six ounces of apple or cranberry juice and four ounces of milk for the entire day. Observation on 05/07/25 at 7:44 A.M. revealed Certified Nursing Assistant (CNA) #133 served Resident #81 a breakfast tray which included six ounces of orange juice and eight ounces of milk. Interview on 05/07/25 8:16 A.M. with Resident #81 confirmed he did not ask for the orange juice, but the CNA just gave it to him each morning on his meal tray, and he usually drank all of it. Resident #81 confirmed he always got eight ounces of milk, and he drank it each morning. Resident #81 confirmed he didn't know what foods he was permitted on the specialized renal low sugar diet. Interview on 05/07/25 at 8:35 A.M. with the Dietary Manger, (DM) confirmed Resident #81 should not have been served eight ounces of milk and six ounces of orange juice on his breakfast tray. The DM stated the CNA incorrectly served the juice and the kitchen staff incorrectly served the milk to Resident #81. Observation on 05/08/25 at 8:43 A.M. of breakfast for Resident #81 revealed the resident had consumed an eight ounces container of milk but the resident's meal ticket on the tray revealed the resident was to have a limit of four ounces of milk. Resident #81 received and consumed a portion of sugar syrup which was served on the breakfast tray. The meal ticket indicated the resident was to be served a low concentrated sugar diet. Interview on 05/08/25 at 8:44 A.M. with Resident #81 confirmed he had been served eight ounces of milk and regular sugar syrup at breakfast, and he had consumed all of it. Interview on 05/08/25 a 08:45 A.M. with Registered Nurse Unit Manager, (RNUM) #158 confirmed Resident #81 should not have received eight ounces of milk, and the resident should have received sugar-free syrup instead of regular syrup. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365375	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled Therapeutic Diets dated October 2017 revealed therapeutic diets were prescribed by the physician to support the resident's treatment plan. This deficiency represents noncompliance investigated under Complaint Number OH00165072 and Complaint Number OH00164317 and Complaint Number OH00161596.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365375	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on medical record review, observation, staff interview, and review of the facility policy the facility failed to ensure staff followed guidelines for enhanced barrier precautions (EBP) and proper infection control practices during care. This affected one (Resident #79) of one resident observed for tracheostomy care. The facility identified one resident who currently had a tracheostomy. The facility also failed to use proper hand hygiene when assisting residents. This affected one (Resident #18) of five residents reviewed for infection control. The facility census was 89 residents. Findings include: 1.Review of the medical record for Resident #79 revealed an admission date of 03/05/25 with diagnoses including acute and chronic respiratory failure with hypoxia, hypertension, atrial fibrillation, and chronic obstructive pulmonary disease. Review of the Minimum Data Set (MDS) assessment for Resident #79 dated 03/11/25 revealed the resident had intact cognition and required staff assistance with activities of daily living (ADLs.) Review of physician's orders for Resident #79 revealed an order dated 03/05/25 for the resident to have her tracheostomy cleaned at least every shift and as needed and an order dated 04/15/25 for the resident to have EBP in place. Observation on 05/07/25 at 9:50 A.M. of the EBP signage on Resident #79's door revealed everyone must clean their hands, including before entering and when leaving the room. Observation of tracheostomy care for Resident #79 per Licensed Practical Nurse (LPN) #143 revealed the nurse did not perform hand hygiene with alcohol-based hand sanitizer or soap and water prior to entering the resident's room and donning a gown. After donning the gown LPN #143 performed hand hygiene with soap and water for eight seconds. LPN #143 utilized the resident's overbed table as workspace but did not disinfect the tabletop prior to use. LPN #143 then opened the sterile tracheostomy kit and emptied the contents on the resident's overbed tabletop. LPN #143 then placed his non-sterile gloved thumb inside of the sterile tracheostomy kit to move it. The Surveyor then asked LPN #143 not to proceed with tracheostomy care due to infection control concerns. Interview on 04/16/25 at 10:08 A.M. with LPN #143 confirmed he did not perform hand hygiene upon entering Resident #79's room prior to donning the gown. LPN #143 confirmed he washed his hands for approximately eight seconds. LPN #143 confirmed he did not disinfect the resident's overbed tabletop prior to dumping the sterile contents of the tracheostomy kit on the dirty surface of the overbed tabletop. LPN #143 confirmed he should not have placed his non-sterile gloved thumb inside of the tracheostomy kit to move it. Interview on 05/07/25 at 11:21 A.M. with the Director of Nursing confirmed LPN #143 did not adhere to EBP guidelines for handwashing before entering Resident #79's room, did not perform hand hygiene for the recommended period of time, and did not maintain aseptic technique while attempting to perform tracheostomy care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365375	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowbrook Care Center	8211 Weller Road Cincinnati, OH 45242

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled Enhanced Barrier Precautions (EBP) dated 04/24/24 revealed EBPs were utilized to prevent the spread of multi drug-resistant organisms (MDROs) to residents. EBPs employed targeted gown and glove use during high contact resident care activities when contact precautions did not otherwise apply. Examples of high-contact resident care activities which required the use of gown and gloves for EBPs included dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, central line, urinary catheter, feeding tube, tracheostomy/ventilator, wound care with any skin opening requiring a dressing. Review of the facility policy titled Handwashing/Hand Hygiene undated revealed the facility considered hand hygiene the primary means to prevent the spread of healthcare-associated infections. Hand hygiene was indicated before performing an aseptic task. When washing hands staff should wet hands first with warm water, then apply an amount of product recommended by the manufacturer to hands and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. The use of gloves did not replace hand washing/hand hygiene. Review of the facility policy titled Standard Precautions undated revealed standard precautions were used in the care of all residents regardless of their diagnoses or suspected or confirmed infection status. Standard precautions presumed that all blood, body fluids, secretions, and excretions (except sweat), non-intact skin and mucous membranes might contain transmissible infectious agents. Review of the facility policy titled Tracheostomy Care dated 04/30/24 revealed the purpose of the policy was to guide tracheostomy care and the cleaning of reusable tracheostomy cannulas. Aseptic technique should be used during cleaning and sterilization of reusable tracheostomy tubes, and during tracheostomy tube changes, either reusable or disposable. Gloved hands should be used on both hands during any or all manipulation of the tracheostomy. Sterile gloves should be used during aseptic procedures. Staff should perform hand hygiene and apply clean gloves, remove old dressings, pull soiled glove over dressing and discard into appropriate receptacle; and perform hand hygiene, open tracheostomy cleaning kit and set up supplies on sterile field and put on sterile gloves. 2. Review of the medical record for Resident #18 revealed an admission date of 02/22/25 with diagnoses including rhabdomyolysis,COPD, and chronic respiratory failure. Review of the MDS assessment for Resident #18 dated 03/06/25 revealed the resident had severe cognitive impairment and required staff assistance with ADLs. Observation on 05/06/25 at 10:59 A.M. revealed Certified Nursing Assistant (CNA) #882 was wearing gloves and entered Resident #18's room Observation on 05/06/25 at 11:00 A.M revealed CNA #882 exited Resident #18's room still wearing gloves and assisted the resident to the dining room. Interview on 05/06/25 at 11:02 AM with CNA #882 confirmed she entered Resident #18's room and she was wearing gloves. CNA #882 confirmed she assisted Resident #18 to the dining room and she was still wearing the same gloves that she was wearing upon entry to the resident's room. This deficiency represents noncompliance investigated under Master Complaint Number OH00165072 and Complaint Number OH00162543.