

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365470	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/22/2024
NAME OF PROVIDER OR SUPPLIER  Ohio Living Llanfair		STREET ADDRESS, CITY, STATE, ZIP CODE  1701 Llanfair Avenue Cincinnati, OH 45224	

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 review of Quality Assessment and Assurance (QAA) committee sign-in sheets and staff interview, the facility failed to ensure all required members of the QAA committee attended meetings at least quarterly. This had the potential to affect all 35 residents residing in the facility. The census was 35.</p> <p>Findings include:</p> <p>Review of the QAA committee meeting sign-in sheets for the last year revealed, for quarterly meetings held on 07/17/23 and 10/09/23, Medical Director (MD) #800 nor MD #800's designee attended the meetings as required.</p> <p>Interview on 02/22/24 at 5:13 P.M. with the Administrator and Director of Nursing (DON) verified MD #800 nor a designee attended the quarterly QAA committee meetings on 07/17/23 and 10/09/23.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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