

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2025
NAME OF PROVIDER OR SUPPLIER Lincoln Crawford Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1346 Lincoln Avenue Cincinnati, OH 45206	

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>Based on observation, interview, and facility policy review, the facility failed to ensure 1 (300 hall) of 2 shower rooms were maintained in a clean condition. Findings included: An undated facility policy titled, Bathrooms revealed 1. Bathrooms, including showers, whirlpools, century baths, commodes, etc., will be cleaned daily in accordance with our established procedures. An observation on 08/04/2025 at 1:54 PM revealed the 300 hall shower room had pieces of cotton from a wound dressing on the shower floor in stall #1, the floor throughout the entire shower room appeared with a thick brown grime substance on the tiles, a large shower chair with a broken seat which exposed a jagged and sharp appearance along the inner ring, a shower bench/riser with dirty areas and white substance in spots on the seat and rusty metal legs, and multiple open and unlabeled bottles of body wash, peri-wash, and deodorant. The shower nozzle from the shower head was hanging in the downward position to the floor and thick black hair covering all the drains in the three shower stalls. A toilet located in the common area with no curtain for privacy contained feces and thick brownish rings in the inside of the toilet bowl and a hand washing sink that contained a rust color rings in the basin of the sink with a large puddle of water in the floor between the toilet and the sink. An observation and interview with the Administrator present on 08/05/2025 at 4:13 AM revealed the 300 hall shower room remained in the same appearance as the above observation from the day prior. The Administrator acknowledged there should not have been a cotton dressing on the floor in the stalls, he stated the toilet should have been cleaned and feces should not remain in the toilet. He stated the broken chair should be taken out of use and not remain in the shower room. He also verified there should not be water standing in the floor and the sink should have been cleaned from the brown substance in the sink basin. He stated he would expect the shower room to be cleaned by the nursing department and sanitized at all times for bathing to be a good experience for each resident during their use. An observation and interview were conducted with the Housekeeping Director (HD) on 08/08/2025 at 10:56 AM. The HD observed and revealed the 300 hall shower room was to be cleaned by the housekeeper assigned to the 300 hall odd numbered rooms. She stated the shower room was to be cleaned daily by the assigned housekeeper. The HD acknowledged the floor was dirty and stated the floors should be mopped and the drains checked daily, although she stated housekeeping was not responsible for removing hair from the clogged drain and she was unsure who was responsible for that portion of drain checks. She stated the water standing in the floor was from the sink or toilet leaking which caused the puddle to reform each time it was mopped. During an interview on 08/08/2025 at 10:56 AM, the Director of Nursing (DON) indicated she would expect the shower rooms to be cleaned by the aides after each resident use by picking up the personal items used and tidying up the area, then housekeeping was to mop and sanitize the rest of the shower room at least one to two times per day. This deficiency represents non-compliance investigated under Complaint Number 1348402 (OH00167337) and 1348400 (OH00166666).</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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