

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2020
NAME OF PROVIDER OF SUPPLIER THE CHATEAU AT MOUNTAIN CREST NURSING & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP 2586 LAFEUILLE AVENUE CINCINNATI, OH 45211	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews, the facility failed to maintain a safe environment by maintaining the building roof. This had the potential to affect 22 Residents (#2 and #23) who resided in Building #2 on Harmony Court on the COVID 19 unit. The current census was 159 residents in the facility. Findings include: On 07/07/20 at 5:35 P.M., observations in the Harmony Court Building #2 revealed dark stained areas on the ceiling tiles in the hallway. The ceiling tiles outside rooms [ROOM NUMBERS] had dark discoloration tiles and they were bowing down from the ceiling. The main hall walls, where resident rooms were located, were scuffed and dingy. rooms to the right end of the hall were blocked off from resident use. On 07/08/20 at 10:55 A.M., a telephone interview with Licensed Nurse (LPN) #20 revealed the roof leaked in the hall by the outside door near rooms [ROOM NUMBERS] when it rained, with large water stains on the ceiling. On 07/08/20 at 12:20 P.M., a telephone interview with Maintenance #92 revealed he was the assigned maintenance man for Harmony Court and did not work any other unit. Maintenance #92 revealed there were no work slips used in that building. He stated he had reported by phone, the leaking roof, to the corporate person and the facility maintenance coordinator but could not recall the specific day. On 07/10/20 at 8:56 A.M., a telephone interview with the Administrator revealed when the new corporation took over the facility the residents were evacuated from the Harmony building due to structural issues. A new Heating, Ventilation and Air Conditioning (HVAC) unit was installed. The Administrator denied knowledge of the roof leaking. On 07/10/20 at 9:00 A.M., a telephone interview with Corporate Director of Plant Operations #1 revealed knowledge of the leaking roof on 07/09/20. He stated he had guys recover the suspected areas with gravel as it was a flat roof. On 07/10/20 at 9:11 A.M., a telephone interview with Environmental Director #100 stated that the first time he had saw the floor wet was on Monday 07/06/20 when it rained. He stated he had noticed the ceiling tiles wet before. He stated it was reported to Corporate Director of Plant Operations #1 when they talked on Wednesday (07/09/20) during a meeting. Nothing had been done to the roof since last year in October, 2019 when they moved the rocks back down over the roof. The Building had been closed for about a year and reopened the end of February, 2020 or beginning of March, 2020 when the COVID started. He state they had tried to see the roof from above the ceiling tiles but were unable to see where the roof was leaking. This deficiency substantiates Complaint Number OH 887.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.