

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Ayden Healthcare of Madeira		STREET ADDRESS, CITY, STATE, ZIP CODE 5970 Kenwood Road Cincinnati, OH 45243	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39702</p> <p>Based on medical record review, observations and resident and staff interviews, the facility failed to ensure perineal care was provided for a resident. This affected one (#38) of three reviewed for incontinent care. The facility census is 87.</p> <p>Findings include</p> <p>Medical record review for Resident #38 revealed an admission on 02/10/26 with diagnoses including but not limited to congestive heart failure, asthma, hypotension, and neuromuscular dysfunction of the bladder.</p> <p>Review of the comprehension Minimum Data Set (MDS) assessment dated [DATE] for Resident #38 revealed the resident had intact cognition. Resident #38 was not coded with refusals or rejections of care. Resident #38 required set up for meals, dependent for toileting, maximum assistance for transfers and moderate assistance for bed mobility. Resident #38 was coded as incontinent of bladder and bowel.</p> <p>Review of the plan of care for Resident #38 revealed resident required assistance with activities of daily living (ADL) due to hypertension, diabetes, obesity, chronic pain,osteoarthritis, asthma, heart failure and overall medical condition. She is at risk for decline in ADL self-care. Interventions include toileting with extensive to total assistance with one or two staff members.</p> <p>Review of the plan of care for Resident #38 revealed resident has bladder incontinence related to neurogenic disorder dated 02/21/24. Interventions include clean peri-area with each incontinence episode, encourage fluids during the day to promote prompted voiding responses.</p> <p>Review of the facility bladder and bowel review for Resident #38 revealed the resident was continent of bowel and bladder. Assessment indicated Resident #38 has not had a change in continence status and as not been checked for a urinary tract infection. Resident #38 is alert and oriented with adequate vision and uses a wheelchair for mobility. Resident #38 requires one person assist and is occasionally incontinent and frequently incontinence of bladder. Resident #38 takes diuretics daily.</p> <p>Review of the electronic health record state testing nursing assistant (STNA) documentation for the toileting task for Resident #38 dated 04/19/24 through 05/13/24 revealed only two shifts, on 04/23/24 and 05/12/24, with documented episodes of perineal care on night shift. All other days for the thirty day look back period contained no documentation for incontinent services on the night shift.</p> <p>(continued on next page)</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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview and observation on 05/13/24 at 12:30 P.M. with Resident #38 states the STNA's put two incontinent pads on her at night and do not check until the morning. Resident #38 states she is always wet and cold in the morning.</p> <p>Interview on 05/13/24 at 2:10 P.M. with Director of Nursing (DON) verified the facility only had two episodes of charting for incontinent care for Resident #38 on the night shift. Additionally, the DON stated Resident #38 should be checked and changed every two hours. The DON was unable to provide any additional documentation that Resident #38 was provided incontinent care during the night shift.</p> <p>Review of the facility policy titled Incontinence Care, dated 08/2022 was silent for any directions of documentation related to the task.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152805.</p>		