

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2024
NAME OF PROVIDER OR SUPPLIER Blue Ash Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4900 Cooper 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)
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42492</p> <p>Based on medical record review, review of hospital records, and resident and staff interviews the facility failed to provide adequate care and services to prevent constipation. This resulted in harm on 08/22/2024 when Resident #15 was sent to the hospital and received treatment for a large fecal impaction. This affected one of three resident sampled for constipation. The facility census was 51.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #15, was admitted to the facility on [DATE]. Diagnoses included unspecified neuromuscular dysfunction of the bladder, stage IV sacral pressure ulcer, unstageable pressure ulcer to the left heel, generalized anxiety disorder, unspecified major depressive disorder, and hemiplegia with hemiparesis following cerebral infarction affecting the left non-dominant side.</p> <p>Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident was cognitively intact, had no behaviors, occasionally rejected care, and did not wander. Resident #15 had an indwelling catheter. Urinary continence was not rated. Resident #15 was frequently incontinent of bowel and was not on a toileting program. Resident #15 required maximum assist with toileting.</p> <p>Review of care plan dated 08/21/2024 revealed Resident #15 was at risk for constipation related to decreased mobility and medication side effects. Interventions included administer medications as ordered, encourage consumption of high fiber foods, monitor and record bowel movements, monitor /report signs of constipation, and auscultate bowel sounds as needed.</p> <p>Review of task documentation dated August 2024 revealed Resident #15 had a medium formed bowel movement on 08/13/2024. Resident #15 had documentation stating she had no bowel movements from 08/14/2024 to 08/19/2024. Resident #15 had a small bowel movement documented on first shift on 08/20/2024 at 1:58 P.M. and documentation which specified No bowel movement from 08/20 on night shift to 08/23/2024 on day shift. Resident #15 had a small bowel movement documented on 08/23/2024 on night shift and had specific documentation indicating No bowel movement from 08/24/2024 to 08/26/2026.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2024
NAME OF PROVIDER OR SUPPLIER Blue Ash Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4900 Cooper 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)		
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of hospital documentation dated 08/22/2024 revealed Resident #15 presented to the hospital emergency room for evaluation and treatment on 08/21/2024 at 2:15 P.M. The resident stated she was concerned she had a urinary tract infection (UTI) related to not having her catheter changed in 37 days, fevers, chills, general malaise, and lower abdominal pain. Additionally, the resident complained she had not had a bowel movement in 11 days. Upon physical examination she had a large fecal impaction, and a large amount of hard, brown stool was disimpacted. The resident was discharged back to the facility on [DATE] at 2:41 A.M.</p> <p>During an interview on 08/26/2024 at 3:06 P.M. Regional Registered Nurse (RN) #120 stated the facility did not have a policy for constipation or tracking bowel movements. Regional RN #120 stated if a resident had not had a bowel movement in three days, it would pop up on the electronic health record as a clinical alert, and the nurse would follow up with PRN orders or contact the provider for new orders.</p> <p>During an interview on 08/26/2024 at 3:06 P.M. Assistant Director of Nursing (ADON) #176 verified Resident #15 had not had a bowel movement from 08/14/to 08/20/2024. The ADON stated when a resident had no bowel movements for three days, it should have triggered a clinical alert for the nurse to administer PRN's or call the doctor for new orders. ADON #176 verified there had been no clinical alert in response to Resident #15 not having bowel movements, Resident #15 had no PRN orders for constipation, and there was no provider notification.</p> <p>This deficiency represents noncompliance investigated under complaint #OH00157088.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2024
NAME OF PROVIDER OR SUPPLIER Blue Ash Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4900 Cooper 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)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42492</p> <p>Based on observation, review of the medical record, resident and staff interview, and policy review, the facility failed to ensure urine collection bags were stored in a sanitary manner. The facility identified one resident (Resident #15) with a catheter. The facility census was 51.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #15, was admitted to the facility on [DATE]. Diagnoses included neuromuscular dysfunction of the bladder, stage IV sacral pressure ulcer, unstageable pressure ulcer to the left heel, generalized anxiety disorder, unspecified major depressive disorder, and hemiplegia with hemiparesis following cerebral infarction affecting the left non-dominant side.</p> <p>Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident was cognitively intact, had no behaviors, occasionally rejected care, and did not wander. Resident #15 had an indwelling catheter. Urinary continence was not rated. Resident #15 was frequently incontinent of bowel and was not on a toileting program. Resident #15 required maximum assist with toileting.</p> <p>Review of the care plan dated 08/08/2024 revealed Resident #15 had an indwelling catheter related to neurogenic bladder. Interventions included to change the catheter bag as needed, change catheter as ordered, document output, enhanced barrier precautions for Foley catheter, position tubing below the bladder, report signs of discomfort or infection, and catheter care every shift.</p> <p>Observation on 08/26/2024 at 11:17 A.M. revealed Resident #15 in bed with the head elevated and a urine collection bag lying on the floor under the bed.</p> <p>During an interview on 08/26/2024 at 11:17 A.M. Resident #15 stated staff last emptied her bag at 9:00 PM on 08/25/2024 and the bag fell on the floor frequently when the bed position was changed.</p> <p>During an interview on 08/26/2024 at 11:21 A.M. State tested Nurse Aide (STNA) #171 verified the urine collection bag lay on the floor under the bed. STNA #117 stated she had not been in Resident #15's room all morning. STNA #171 verified the bag was to be stored clipped to the bed and was not supposed to be touching the floor.</p> <p>Review of policy titled Catheter Care Policy & Procedure dated 12/01/2018 revealed The facility provided catheter care to keep the resident free from infection and cross contamination.</p> <p>This deficiency represents noncompliance investigated under complaint #OH00157088.</p>