

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 11/27/2024
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35770</p> <p>Based on medical record review and staff interview, the facility failed to ensure residents' Medicaid coverage was maintained. This affected two (Residents #14 and #15) out of three residents reviewed for payor source. The facility census was 52 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #14 revealed an admitted [DATE] with diagnoses including insomnia, psychosis, anxiety, depression, and schizophrenia.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #14 dated 08/27/24 the resident was cognitively intact and required extensive assistance with activities of daily living (ADLs).</p> <p>Review of the medical record for Resident #15 revealed an admitted [DATE] with diagnoses including encephalopathy, diabetes mellitus, and cerebral infarction.</p> <p>Review of the MDS assessment for Resident #15 dated 10/03/24 revealed the resident was severely cognitively impaired deficits and required extensive assistance to total dependence with ADLs.</p> <p>Review of the facility daily census dated 11/26/24 revealed Resident #14 and Resident #15 had Medicaid pending listed as their primary payor source.</p> <p>Interview on 11/26/24 at 2:46 P.M. with [NAME] President of Operations (VPO) #35 confirmed the facility failed to provide the needed information to ensure Resident #14 and #15 had ongoing Medicaid coverage. VPO #35 confirmed Resident #14 and #15's Medicaid lapsed as a result and the facility was in the process of completing new Medicaid applications to reinstate Medicaid coverage for the residents.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00159262.</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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>35770</p> <p>Based on record review and staff interview, the facility failed to have a Registered Nurse (RN) on duty for eight consecutive hours every day. This had the potential to affect all residents residing in the facility. The facility census was 52 residents.</p> <p>Findings include:</p> <p>Review of the staffing schedule dated 10/26/24 through 10/31/24 revealed the facility did not have an RN scheduled on 10/26/24 and 10/27/24.</p> <p>Interview on 11/27/24 at 12:21 P.M. with [NAME] President of Operations (VPO) #35 confirmed the facility did not have an RN work on 10/26/24 and 10/27/24.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00159379.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35770</p> <p>Based on medical record review, observation, staff interview, and review of the facility policy, the facility failed to ensure staff followed guidelines for wearing personal protective equipment (PPE) during care for residents on enhanced barrier precautions (EBP.) This affected one (Resident #16) of three residents reviewed for catheter care. The facility census was 52 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #16 revealed an admitted [DATE] with diagnoses including depression, neuromuscular dysfunction of bladder, and paraplegia.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #16 dated 10/21/24 revealed the resident had no cognitive deficits and required substantial assistance to total dependence with activities of daily living (ADLs).</p> <p>Observation of catheter care for Resident #16 on 11/27/24 at 11:07 A.M. per Certified Nursing Assistant (CNA) #40 revealed the resident was in EBP due to the catheter and the aide did not wear a gown while providing direct care to the resident.</p> <p>Interview on 11/27/24 at 11:10 A.M. with CNA #40 confirmed Resident #16 was in EBP and further confirmed she should have donned a gown and worn it while providing direct care to the resident.</p> <p>Review of the facility policy titled Enhanced Barrier Precautions dated 04/01/24 revealed the facility would utilize enhanced barrier precautions to prevent broader transmission of multidrug-resistant organisms. Residents with indwelling catheters should be placed on EBP and staff should wear a gown and gloves during high contact care activities.</p>		