STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365218	A. Building B. Wing	06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Blue Ash Health & Rehab	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on medical record review, and staff interview, this facility failed to ensure documentation of medication being administered was charted in residents' electronic medication administration record. (Emar). This affected 11 residents (Resident #60, #62, #64, #66, #68, #70, #72, #74, #76, #78, and #80) of the 12 residents reviewed for medication administration. The facility census was 35. Findings include:Review of the medical records for Resident #60, #62, #64, #66, #68, #70, #72, #74, #76, #78, and #80 revealed each resident had physician orders to receive nighttime or evening medications. Continued review of each resident's electronic medication administration record revealed medication was not documented as being administered for the evening of 05/26/2026. Attempted contact on 05/29/2026 at 2:10 P.M. and again at 3:20 P.M. with Licensed Practical Nurse (LPN) #131 who was the nurse noted to have worked the evening of 05/26/2026 with no success. A voice message could not be left due to the voice mail box not being set up at that time. Attempted to contacted LPN #116 on 05/29/2026 at 2:15 P.M. and again at 3:15 P.M. with no success. LPN #116 was noted to be the nurse who was scheduled to work the evening of 05/26/2026 but was noted to be a no call, no show. Interview on 05/29/2026 with Registered Nurse (RN) #113 at 4:40 P.M. and LPN #76 at 4:45 P.M. revealed when a medication is administered to a resident, the electronic medication record will display a check mark in the box for that medication along with a time and the initials of who administered the medication. If the medication was refused it will have a R or REF marked in the box for that medication along with the time the medication was refused and the initials of who attempted to administer the medication. When the electronic medication record had a blank for a medication, it indicates that the medication was not given as per order or that the medication was not documented as being given even if it was administered. Interview via email on 06/01/2026 at 5:21 A.M. with the Director of Nursing (DON) revealed, When reviewing a medication administration record, if a medication has been administered, a check mark will be noted. When a medication has been refused, RD is noted in the box. When the box is empty/blank, the nurse may have not signed off on the medication, or the medication was not administered. Further interview with DON revealed she could not verify if Resident #60, #62, #64, #66, #68, #70, #72, #74, #76, #78, and #80 received their medication or LPN #131 forgot to sign off the medications on the Emar.

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