

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Briar Hill Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Sterling Dr North Baltimore, OH 45872	

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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41528</p> <p>Based on medical record review and staff interview, the facility failed to ensure resident assessments were completed timely. This affected one (#41) of two residents review for discharged resident assessments. The census was 43.</p> <p>Findings include:</p> <p>Review of the closed medical record review revealed Resident #41 was admitted on [DATE] and discharged home on 01/26/24. Diagnoses included fracture of unspecified part of neck of left femur, hypertensive chronic kidney disease, chronic kidney disease stage 4, essential (primary) hypertension, non-Hodgkin lymphoma, and unspecified osteoarthritis.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 01/09/24, revealed the resident had an admission assessment completed. No further MDS assessments were entered.</p> <p>Interview on 06/18/24 at 4:37 P.M., with Licensed Practical Nurse (LPN) #559 and Corporate Registered Nurse (RN) #591 verified Resident #41 did not have a discharge MDS assessment completed.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41528</p> <p>Based on medical record review and staff interview, the facility failed to ensure an accurate resident assessment was completed for an anticoagulant medication. This affected one (#21) of thirteen residents reviewed for accurate resident assessments. The facility census was 43.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #21 was admitted on [DATE]. Diagnoses included atherosclerotic heart disease of native coronary artery without angina pectoris, unspecified dementia, type two diabetes mellitus without complications, major depressive disorder, anxiety disorder, and essential hypertension.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 05/06/24, revealed the resident was rarely understood. According to the MDS assessment one of the high-risk medications the resident was taking included anticoagulant medications.</p> <p>Review of physician orders dated April and May 2024 (including discontinued orders) and current orders for June 2024, revealed no anticoagulant medications had been prescribed.</p> <p>Interview on 06/18/24 at 4:39 P.M., with Licensed Practical Nurse (LPN) #559 and Corporate Registered Nurse (RN) #591 verified Resident #21 was not prescribed an anticoagulant medication and was documented inaccurately.</p>