STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365445	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beechwood Home for Incurables	2140 Pogue Avenue Cincinnati, OH 45208

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37100 Based on medical record review, staff interview, and facility policy review, the facility failed to discuss and notify the resident's family of changes in his care/treatment. This affected one (Resident #22) of three residents reviewed for notification of change. The census was 74. Findings include: Resident #22 was admitted to the facility on [DATE]. His diagnoses were Parkinsonism, dementia, change in skin texture, erythema, mixed incontinence, abnormal posture, dry eye syndrome, cognitive communication deficit, dysarthria and anarthria, repeated falls, lack of coordination, major depressive disorder, preglaucoma, muscle weakness, anxiety disorder, hyperlipidemia, hypertension, adjustment disorder, vitamin D deficiency, spondylosis, arthropathy, osteoporosis, dysphonia, hypothyroidism, hypothyroidism, and neuromuscular dysfunction of bladder. Review of his minimum data set (MDS) assessment, dated 08/01/24, revealed he had a severe cognitive impairment. Review of Resident #22's progress notes, dated 09/12/24, revealed a note that stated the following, Resident no longer attempts to get out of his w/c (wheelchair) independently. It was IDT (interdisciplinary team) decision to discontinue the seat belt. Review of Resident #22's progress notes and medical records found no evidence to support the family was contacted, consulted, or notified about the discontinuation for Resident #22's seat belt as a fall intervention. Interview with Director of Nursing (DON) and Administrator on 11/15/24 at 2:30 P.M. and 5:36 P.M. confirmed there was no evidence to support Resident #22's family was notified or consulted about the removal of the seat belt. DON confirmed it is typical for the facility staff to speak with various members of a resident's IDT, which includes the physician, facility staff, and resident/representative prior to removing a fall intervention, and the resident/representative should be notified at the time it's removed as well. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility Change in Health Status policy, dated 07/01/23, revealed resident will be routinely monitored by all associates to determine the need for additional health services monitoring of chronic, unstable, or acute changes in condition. Upon the identification of a change in condition in a resident, non-nurse associates will notify the nurse. Upon the identification of a change in condition in a resident the nurse will observe the resident's status, and document findings in the resident's electronic medical record. The nurse will inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident's representative regarding the following: an accident involving the resident which results in injury and has the potential for requiring physician intervention or a significant change in resident's physical, mental, or psychosocial status such as a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications. The notification shall include a description of the circumstances and cause, if known, of the illness, injury, or death. A notation of change in health status and any intervention taken shall be documented in the medical record. This deficiency represents non-compliance investigated under Complaint Number OH00158993.