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	05/22/2025

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, record review, review of the facilities Self-Reported Incident (SRI) and investigation, and policy review, the facility failed to report to law enforcement an allegation of staff-to-resident physical abuse. This affected one (Resident #70) of one resident reviewed for abuse. The facility census was 73. Findings include: Review of Resident #70's medical record revealed Resident #70 admitted to the facility on [DATE]. Resident #70 had a medical history which included pseudobulbar effect and post-traumatic stress disorder. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #70 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. Resident #70 was dependent on staff assistance for toileting hygiene. Review of the care plan initiated 11/28/23 revealed Resident #70 had impaired communication, including impaired speech, and communicated by typing on their cell phone. Interventions included directing staff to allow the resident time to respond/text and do not rush, observe for nonverbal communication, and keep call light in reach. The care plan also included a focus area initiated 11/28/23 which indicated Resident #70 had an alteration in elimination. Interventions included directing staff to assist with toileting transfers and provide dignity and privacy when giving incontinence care. Review of the facility's SRI dated 03/27/25, revealed an allegation of physical abuse that occurred on 03/26/25 at 1:40 P.M. The SRI indicated the alleged perpetrator was a Certified Nursing Assistant (CNA). Resident #70 alleged CNA #14 was rough when providing care to the resident. The SRI included resident statements, staff statements, and a statement from the alleged perpetrator (CNA #14). The SRI revealed no evidence the facility reported the allegation of abuse to law enforcement. The facility unsubstantiated the allegation of staff-to-resident physical abuse. (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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's investigation documentation included a typed statement, dated 003/27/25 and signed by the Administrator, that indicated Resident #70 stated CNA #14 had strong-armed the resident and the resident received a small bruise to the inner part of their eye near the bridge of their nose. The Administrator's statement indicated the contents of video surveillance of the resident's room on the date of the alleged incident showed CNA #14 providing incontinence care to Resident #70, who had been incontinent of bowel. While CNA #14 had the resident rolled to the side and was cleaning the resident, Resident #70 was pushing back against the CNA. The CNA was holding Resident #70 to the side with one arm while cleaning with her other hand. Due to the angle of the video, the Administrator was unable to clearly see the resident's face and could not ascertain whether there was a bruise or reddened area to the same area of the resident's face where the bruise was subsequently identified. The facility's investigation documentation also contained a print-out of screenshots of a text conversation between the Director of Nursing (DON) and CNA #14. CNA #14 indicated in her text messages to the DON that she had provided incontinence care to Resident #70 and the resident got upset during the care and wanted their phone but CNA #14 was in the midst of cleaning the resident and was unable to hand the phone to Resident #70. CNA #14 denied being rough with Resident #70 and indicated the resident turned back over while CNA #14 was attempting to clean the resident, then Resident #70 started yelling for CNA #14 to get out of the room. CNA #14 indicated she complied with Resident #70's request and went to the nurse to report what had happened. During an interview on 05/22/25 at 12:38 P.M., the Administrator confirmed the abuse allegation made by Resident #70 was not reported to law enforcement. The Administrator stated they would have reported the allegation if there was reasonable evidence or information that could prove an abuse incident happened. Review of the facility's undated policy titled Abuse Policy revealed all reports of suspected crime and/or alleged sexual abuse must be immediately reported to local law enforcement to be investigated.