

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365455	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Ivy Woods Healthcare Center.		STREET ADDRESS, CITY, STATE, ZIP CODE 2025 Wyoming Avenue Cincinnati, OH 45205	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35770</p> <p>Based on record review, observation, staff interview, and policy review, the facility failed to follow proper techniques while providing incontinence care. The affected one (#16) of the three residents reviewed for incontinence. The facility census was 90.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #16 revealed the resident was admitted on [DATE]. Diagnosis included diabetes, dementia, anxiety, and dysphagia.</p> <p>Review of Resident #16's care plan dated 07/19/22, revealed the resident had bladder/bowel incontinence. Interventions included checking resident for incontinence, and wash, rinse, and dry perineum and change clothing as needed after incontinence episodes.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #16 had moderate cognitive deficits and required extensive assistance with all activities of daily living (ADLs).</p> <p>Observation of incontinence care for Resident #16 on 06/24/24 at 3:41 P.M. with State Testing Nursing Assistant (STNA) #20 revealed the resident was observed to be incontinent of urine and stool as STNA #20 removed the resident's incontinent brief. During care, STNA #20 was observed to clean the resident from back to front with stool. Interview at the same time with STNA #20 verified she wiped Resident #16 the wrong way, but it stated it was too hard to do the correct way.</p> <p>Review of the 2018 facility policy titled Perineal Care Male/Female, revealed to wash perineal area wiping from front to back and wash the rectal area thoroughly, wiping from the base of the labia towards and extending over the buttocks.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00154279.</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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