STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365462	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bridgetown Nursing and Rehabilitation Centre	4307 Bridgetown Road Cheviot, OH 45211

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** 49771 Based on record review, staff interview, and review of facility policy, the facility failed to notify the resident's representative of a significant change in the resident's care and treatment. This affected one (Resident #34) of three residents reviewed for notification of change in condition. The census was 42. Findings include: Review of the medical record revealed Resident #34 was admitted on [DATE] with presence of prosthetic heart valve, cerebral infarction with left sided hemiplegia and hemiparesis, vascular dementia, atrial fibrillation, and obesity. Review of the Minimum Data Set (MDS) annual assessment dated [DATE] revealed Resident #34 had moderate cognitive impairment and was always incontinent of bowel and bladder. The resident required supervision with eating, maximal assistance with oral hygiene and was dependent for toileting, bathing, dressing, personal hygiene, bed mobility, and transfers. Review of the physician orders for Resident #34 revealed that on 06/17/24, Nurse Practitioner (NP) #1001 discontinued the order for Warfarin Sodium oral tablet 4 Milligrams (mg), give one tablet by mouth in the morning for clot prevention and on 06/13/24, ordered Eliquis oral tablet 5 mg. (Apixaban), give one tablet by mouth two times a day related to paroxysmal atrial fibrillation, coagulation defect, unspecified. Review of the care plan for Resident #34 revealed the facility is to notify the legal representative of new orders or changes in status (nursing or social services). Review of the progress notes for Resident #34 revealed no documentation that the facility notified the resident's representative of the change from Coumadin to Eliquis on 06/13/24. Interview on 08/29/24 at 1:10 P.M. with Licensed Practical Nurse (LPN) #403 revealed the physician changed the anti-coagulant for Resident #34 from Coumadin to Eliquis on 06/13/24 due to inconsistencies with the consulting laboratory's ability to obtain blood draws and provide PT-INR results needed for the physician to monitor the Coumadin dosing. (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
	365462	A. Building B. Wing	09/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bridgetown Nursing and Rehabilitation Centre	4307 Bridgetown Road Cheviot, OH 45211

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	Interview on 08/29/24 at 3:54 P.M. with Resident #34's family revealed the representative was not notified of the medication change from Coumadin to Eliquis until around 07/11/24. Interview on 08/29/24 at 5:10 P.M. with the Administrator and LPN #403 confirmed the facility failed to notify the legal representative for Resident #34 of the medication change on 06/13/24 from Coumadin to Eliquis. Review of the facility policy titled, Notification of Changes, revealed the facility must inform the resident, consult with the resident's physician and/or notify the resident's family member or legal representative when there is a change requiring such notification. Circumstances requiring notification include a need to alter treatment and this may include a new treatment.