

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2026
NAME OF PROVIDER OR SUPPLIER Bridgetown Nursing and Rehabilitation Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on medical record review, observation, staff interview, and review of the facility policy, the facility failed to ensure staff wore the proper personal protection equipment (PPE) while providing care to residents in enhanced barrier precautions (EBP). This affected one (Resident #17) of three residents reviewed for incontinence care. The facility census was 44 residents. Findings include: Review of the medical record for Resident #17 revealed an admission date of 03/11/25 with diagnoses including acute respiratory failure, depression, anxiety, history of infectious and parasitic diseases, and gastrostomy status. Review of the Minimum Data Set (MDS) assessment for Resident #17 dated 12/16/25 revealed the resident had severe cognitive deficits, required substantial assistance with activities of daily living (ADLs), and was incontinent of bowel and bladder. Review of the physician's orders for Resident #17 revealed an order dated 03/12/25 for EBP related to gastrostomy tube and tracheostomy. Observation on 03/02/26 at 1:18 P.M. of incontinence care for Resident #17 per Certified Nursing Assistants (CNAs) #44 and #46) revealed neither aide was wearing a gown while providing care. Interviews on 03/02/26 at 1:18 P.M. CNAs #44 and #46 confirmed neither aide had worn a gown while providing care to Resident #17. The CNAs confirmed they should have each worn a gown while providing incontinent care to Resident #17, because the resident was on EBP. Review of the facility policy titled Enhanced Barrier Precautions dated 05/2024 revealed EBP referred to an infection control intervention designed to reduce the transmission of multi-resistant organisms that employed targeted gown and glove use during high contact resident care activities. High-contact resident care activities included: dressing, bathing, transferring, providing hygiene changing linens, changing briefs or assisting with toileting, device care or use including central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, hemodialysis catheters, midline catheters, wound care.</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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