

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365712	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2024
NAME OF PROVIDER OR SUPPLIER Brookwood Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE 12100 Reed Hartman Highway Cincinnati, OH 45241	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48570</p> <p>Based on record review, observations, staff interview and policy review, the facility failed to maintain a resident privacy when an employee took a photo of a resident without her permission and shared the photo via text message. This affected one (#150) of four residents reviewed for privacy. The facility census was 100.</p> <p>Findings included:</p> <p>Review of Resident #150's closed medical record revealed an admitted [DATE], with diagnoses including: paranoid schizophrenia and Alzheimer's disease, unspecified. Resident expired on [DATE]. Review of Minimum Data Set (MDS) assessment dated [DATE], revealed the resident had severe cognitive impairment. Resident #150 required supervision with eating, partial assistance with oral hygiene, substantial assistance with bathing, toileting hygiene, and personal hygiene, and was dependent with dressing and bed mobility.</p> <p>Review of the Care Plan dated [DATE] revealed Resident #150 had Alzheimer's dementia, cognitive / communication deficit, has short term / long term memory problems with impaired decision-making abilities, and the facility would preserve resident's dignity.</p> <p>Interview with on [DATE] at 11:06 A.M., with State tested Nurse Assistant (STNA) #301 confirmed a text message was sent to her phone on [DATE] from STNA #352 of a picture of Resident #150. Observations, at the time of the interview, of STNA #301's phone, revealed a photo of Resident #150 sitting in bed, fully dressed, with a blanket over the lower portion of her body. STNA #352's name was at the top of photo and date shown on the right side of the phone as [DATE]. STNA #301 confirmed Resident #150 had severe cognitive impairment and was unable to give consent for photo to be taken and shared with others.</p> <p>Review of the policy titled Resident Rights - Advance Directives And Advance Care Planning dated [DATE], revealed taking photographs or recordings (audio or video), of a resident and/or the resident's private/personal space (i.e., resident's room or furnishings) without the resident's or designated representative's written consent is a violation of the resident's right to privacy and confidentiality.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00154222.</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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(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>Note: The nursing home is disputing this citation.</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** 48570</p> <p>Based on record review, observation, staff interview, and policy review, the facility failed to provide timely incontinence care to a resident who was dependent on staff for incontinence care. This affected one (#78) of four residents reviewed for incontinence care. The facility census was 100.</p> <p>Findings include:</p> <p>Review Resident #78's medical record revealed an admitted [DATE], with diagnoses of central cord syndrome at C-6 level of cervical spinal cord, neuromuscular dysfunction of bladder, and neurogenic bowel. Review of the most recent annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #78 was cognitively intact, and was dependent on staff for all activities of daily living.</p> <p>Review of the Care Plan dated 06/29/21 revealed Resident #78 is incontinent of bowel/bladder, staff to keep call light within reach at all times, answer call light promptly, check and change every 3 hours and as needed. Pericare when incontinent, keep clean and dry, assist with hygiene and clothing as needed.</p> <p>Observation on 06/18/24 at 10:18 A.M., revealed State tested Nursing Assistant (STNA) #336 and STNA #340 in Resident #78's room to perform incontinence care. Resident #78 was transferred to bed with Hoyer lift. The Hoyer pad was already under the resident in wheelchair. Resident #78's Hoyer pad, sweat pants and incontinence brief were observed to be saturated with urine. Incontinence care was provided per the STNA's.</p> <p>Interview on 06/18/24 at 10:18 A.M., during incontinence care, with STNA #336 and STNA #340, stated they had not been in Resident #78's room since the start of the shift at 7:00 A.M. Both STNAs stated in shift change report this morning, they were told Resident #78 had last been changed at 3:00 A.M. and was up in the wheelchair since then. STNA #336 and #340 verified Resident #78's incontinence brief, sweatpants and the Hoyer pad were soaked through with urine.</p> <p>Review of the policy titled, Incontinence / Peri-Care dated November 2023 revealed the facility will provide care to minimize the risk of skin breakdown, prevent infections and promote comfort and dignity.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00154222.</p>		