

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365830	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2024
NAME OF PROVIDER OR SUPPLIER  Bryan Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1104 Wesley Avenue Bryan, OH 43506	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44815</b></p> <p>Based on staff interview, resident interview, record review and review of the facility policy, the facility failed to ensure residents dependent for care received showers as scheduled or per request. This affected one (#14) of four residents reviewed for showers. The facility census was 90.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #14 revealed an admitted [DATE]. Diagnoses included fracture of right lower leg, spinal stenosis and heart failure.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment, dated 04/26/24, revealed Resident #14 had intact cognition, did not reject care, and was dependent for transfers and showers.</p> <p>Review of the shower task documentation for the previous 30 days revealed Resident #14 was scheduled for routine showers on Mondays and Thursdays and received showers 05/02/24, 05/06/24, 05/16/24, and 05/27/24. Further review revealed Resident #14 refused a shower on 05/20/24. There was no evidence Resident #14 received showers on 05/09/24, 05/13/24 or 05/23/24 as scheduled or on 05/24/24 as requested.</p> <p>Interview on 05/29/24 at 2:00 P.M. with Resident #14 revealed she refused her shower on 05/20/24 because she did not feel well. However, Resident #14 stated she asked twice for a shower on Thursday, 05/23/24 and reported a male State tested Nurse Aide (STNA), whom she could not identify, told her he did not know when her shower was scheduled. Resident #14 stated she did not receive a shower on Thursday, asked again on Friday, 05/24/24 for a shower and still did not receive a shower. Resident #14 confirmed she wanted a shower on 05/23/24 and did not receive one until her next scheduled shower day 05/27/24.</p> <p>Interview on 05/29/24 at approximately 6:00 P.M. with the Interim Director of Nursing (DON) confirmed the facility had no evidence Resident #14 received a shower on 05/09/24, 05/13/24, 05/23/24 or 05/24/24.</p> <p>Review of the policy Personal Care, revised 01/2021, revealed bath/showers may be given at any time the resident chooses and a shower is typically scheduled twice a week unless the resident requests additional showers.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00153677.</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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