STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365892	A. Building B. Wing	05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Burlington House Rehab & Alzheimer's Care Center	2222 Springdale Road Cincinnati, OH 45231

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44080 Based on record review, observations, staff interviews, and review of facility policy, the facility failed to provide timely incontinence care. This affected one resident (#04) out of three reviewed for incontinence care. The facility census was 98. Findings Included: Review of medical record for Resident #04 was admitted [DATE]. Diagnosis included Alzheimer's disease, dementia, epilepsy, hemiplegia, and hemiparesis. Review of the Bowel assessment dated [DATE] revealed Resident #04 was incontinent of bowel and required to be checked and changed every two hours. Review of the Urinary Incontinence assessment dated [DATE] revealed Resident #04 was incontinent with multiple episodes daily. Resident #04 wore an incontinent brief and was required to be checked and changed every two hours. Review of Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #04 had a Brief Interview of Mental Status (BIMS) of 03 which indicated she was severely cognitively impaired. Resident #04 was dependent on staff for all activities of daily living (ADLs). Review of the plan of care dated 04/18/24 revealed Resident #04 was at risk for complications associated with episodes of urinary incontinence and was at risk due to self-care performance deficit related to dementia, Alzheimer's disease, and weakness. Interventions included two or more staff required for toileting, check the resident every two to three hours and as needed (PRN) for incontinent episodes, provide incontinence and perineum (peri) care after each incontinent episode, remind resident to go to bathroom every two to three hours, and report changes in bladder status to the physician. Numerous observations of Resident #04 on 05/29/24 starting at 9:56 A.M., revealed the resident was located in the lobby by herself and near the south hall nurses station dressed, covered in blanket and seated in a Geri-chair. At 10:20 A.M., Activity Aide #800 took the resident to the Music Hall dining room for activities. At 11:53 A.M., Activity Aide #800 took the resident to the dining room for lunch. At 12:22 P.M., Resident #04's daughter arrived and wheeled the resident to her room to assist with lunch. (continued on next page)

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
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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with Resident #04's daughter on 05/29/24 at 12:25 P.M. revealed she visited the resident daily before noon to assist in her mother's meal. Resident #04's daughter stated when she arrived today, she asked the staff to check and change the resident because she smelled like urine. Resident #04's daughter indicated staff reported they would check and change the resident after 2:00 P.M. Observation of Resident #04 on 05/29/24 at 2:00 P.M. revealed Resident #04's daughter pushed the resident from her room to the dining room and exited the facility. Observation of incontinence care for Resident #04 on 05/29/24 2:20 P.M. by State tested Nursing Assistant (STNA) #390 and Registered Nurse (RN) #395 revealed the resident's incontinence brief was saturated with urine and bowel. Resident #04 had no skin issues. Interview with RN #395 at the same time, revealed he was tasked with caring for Resident #04 as the STNA during the day shift (7:00 A.M. to 7:00 P.M.) due to staffing issues. RN #395 verified he had not checked and/or changed Resident #04's incontinence brief since arriving at 7:00 A.M. RN #395 indicated the resident should have been checked and/or changed every two hours. Interview with STNA #390 on 05/29/24 at 2:22 P.M. revealed she was also tasked with caring for Resident #04 during the day shift. STNA #390 verified she had not checked and/or changed Resident #04's incontinence brief since arriving at 7:00 A.M. Interview with STNA #370 on 05/29/24 at 4:12 P.M. revealed she was tasked to care for Resident #04 during the night shift (7:00 P.M. to 7:00 A.M.) which started on the evening of 05/28/24. STNA #370 stated she last cared for Resident #04 at 5:45 A.M. which included changing her incontinence brief. STNA #370 stated she left for the day at 6:00 A.M. Review of the facility policy titled Routine Resident Care undated revealed it was the policy of this facility to promote and provide routine daily care by a certified nurse assistance that can maintain proper body position and alignment for all residents, implement and maintain program for skin care, maintain a bladder and bowel training program, toileting, provide care for incontinence with dignity and maintaining skin integrity, and providing therapeutic interventions for cognitively impaired residents. This deficiency represents non-compliance investigated under Complaint Number OH00153822 and Complaint Number OH00153607.