STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366037	A. Building B. Wing	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bowerston Hills Nursing & Rehabilitation	9076 Cumberland Road Bowerston, OH 44695

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, interviews, and facility policy review, the facility failed to ensure current advance directives were implemented for one resident, (Resident #1), out of seven residents reviewed for advanced directives. The facility census was 21.Findings Include:Review of Resident #1's medical record revealed an admission date [DATE] with diagnoses including but not limited to Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), high blood pressure, and anxiety.Review of Resident #1's quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #1 had intact cognition with a Brief Interview Mental Status (BIMS) score of 13 out of possible 15 and required assistance from staff to complete Activities of Daily Living (ADL) tasks.Review of Resident #1's DNR order form dated [DATE] revealed Resident #1's advanced directive was for Do Not Resuscitate Comfort Care - Arrest (DNRCC-A) no intubation.Review of Resident #1's physician orders revealed an order dated [DATE] for DNRCC-A no intubation.Review of Resident #1's advance directive care plan dated [DATE] revealed Resident #1's advance directive was for DNRCC-A.Observation on [DATE] at 2:03 P.M. revealed Resident #1's medical record chart located in a cabinet at the nurse's desk. On the spine of the chart there was a blue dot and inside the chart there was no DNR form or any other type of form indicating what Resident #1's advance directive had been requested or ordered.An interview on [DATE] at 3:45 P.M. with Licensed Practical Nurse (LPN) #206 revealed the blue dot on Resident #1's medical record chart indicated Resident #1's advance directive request was for a full code, (meaning Cardio-Pulmonary Resuscitation CPR would be performed with possible intubation). LPN #206 stated if Resident #1 was a DNRCC-A the dot would be yellow and Resident #1's completed DNR form would be in the front of the chart. During a code situation the staff would look at the colored dot on the spine of the chart and also check for the any form indicating the advance directive in the front of the chart.An interview on [DATE] at 3:50 P.M. with the Director of Nursing (DON) confirmed Resident #1's advance directive physician order dated [DATE] for DNRCC-A did not match the blue dot on Resident #1's medical record chart, which indicated Resident #1 was a full code and there was no DNR form in the front of Resident #1's medical record chart.Review of the facility's policy titled Code Status Interpretation Full Code/Don Not Resuscitation/ DNRCC-A dated 05/2016 revealed in accordance with the state of Ohio DNR Comfort Care Protocol the facility will ensure a resident's wishes are carried out as they desire. Every effort to maintain a resident's wishes and dignity will be carried out as requested by the resident and/or responsible party.

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
	366037	A. Building B. Wing	04/29/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of the medical record, interview with staff, and review of the facility policy, the facility failed to ensure fall interventions were in place as ordered for Resident #7. This affected one resident (Resident #7) of two observed for fall interventions. Review of the medical record revealed Resident #7 was admitted to the facility on [DATE]. Diagnoses included major depressive disorder, restlessness and agitation, hyperlipidemia, hyperparathyroidism, chronic fatigue, Alzheimer's disease, generalized anxiety disorder, and diabetes. Review of the plan of care dated 03/04/25 revealed Resident #7 was at risk for falls related to memory impairment and neuropathy. Interventions included encourage to wear non-skid socks when out of bed, keep bed in the lowest position when in occupied, keep call light within reach, left assist bar to the bed, night light on at night, and therapy screen as needed. Review of the April 2026 physician's orders revealed Resident #7 had an order for the bed to be in the low position when the resident was in bed dated 02/27/26. Review of the quarterly Minimum Data Set assessment dated [DATE] revealed Resident #7 had severely impaired cognition, was dependent for all activities of daily living, had a prognosis of less than six months, and had no falls since the last assessment. Review of the Fall Risk assessment dated [DATE] revealed Resident #7 was at moderate risk for falls. Observation on 04/29/26 at 9:45 A.M. revealed Resident #7 was in watching television in bed and the bed was not in the lowest position. An interview at this time with Certified Nursing Assistant #222 verified Resident #7's bed was not in the lowest position and she proceeded to lower the bed into the lowest position with the remote control device. Review of the facility policy titled, Post Fall Protocol Policy and Procedure, dated 01/22/26 revealed the purpose of the policy was to provide guidelines for nursing staff for protocol post fall of a resident.