

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366131	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2024
NAME OF PROVIDER OR SUPPLIER Bellevue Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE One Audrich Square Bellevue, OH 44811	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31638</p> <p>Based on medical record review, staff interview, physician interview, and policy review, the facility failed to ensure wound care was completed as required. This affected one (#69) of three residents reviewed for wound care. The facility census was 59.</p> <p>Findings Included:</p> <p>Review of Resident #69's medical record revealed an admitted [DATE]. Diagnoses included post operative orthopedic care of the right ankle, rib fracture, sacrum fracture, and cervical fracture due to a motor vehicle accident and congestive heart failure.</p> <p>Review of Resident #69's hospital note dated 09/18/24 revealed the resident was involved in a motor vehicle accident and suffered a fracture and dislocation of the right medial ankle joint. On release to the long-term care facility, the sutures remained intact along with wearing a hinged knee brace locked in extension and a foot/ankle splint.</p> <p>Review of Resident #69's admission Minimum Data Set (MDS) assessment dated [DATE] revealed her cognition was intact. The resident was assessed with one surgical wound.</p> <p>Review of Resident #69's care plan revealed a start date of 09/23/24 which indicated the resident had a surgical wound to her right leg due to surgery on a fracture and a laceration to the right ankle.</p> <p>Review of Resident #69's physician order dated 10/01/24 revealed staff were to cleanse the sutures with normal saline, pat dry, apply an abdominal pad, cover with Kerlix, and apply the Seattle splint (a brace used to treat orthopedic trauma/surgical repairs). The ordered ended on 10/09/24.</p> <p>Review of Resident #69's treatment administration record (TAR) for October 2024 revealed the resident did not have a dressing change completed to the right ankle wound between 10/10/24 and 10/24/24.</p> <p>Review of Resident #69's weekly observation review dated 10/16/24 revealed the resident assessment included an ORIF (open reduction and internal fixation) of the ankle which included a surgical wound.</p> <p>(continued on next page)</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #69's physician order dated 10/25/24 revealed staff were to change the dressing daily to the right lower extremity, cleanse with normal saline, apply adaptic, an abdominal pad, and Kerlix once daily. The ordered had an end date of 10/31/24.</p> <p>Review of Resident #69's progress note dated 10/31/24 revealed the resident was being admitted to the hospital for surgery and debridement of the right ankle wound.</p> <p>Telephone interview with Orthopedic Surgeon (OS) #500 on 11/25/24 at 3:37 P.M. revealed Resident #69 suffered a severe ankle injury and had a lack of blood flow to the area. OS #500 stated the facility should have sought treatment for Resident #69's ankle wound because the resident had an open surgical wound and no active treatment orders from 10/10/24 through 10/24/24. OS #500 stated Resident #69 had many underlying factors and could not definitively say the lack of wound treatment orders between 10/10/24 and 10/24/24 caused the need for surgical intervention and debridement of the resident's right ankle.</p> <p>Interview with the Director of Nursing (DON) on 11/26/24 at 11:00 A.M. revealed Resident #69 had no wound treatment orders for the right ankle between 10/10/24 and 10/24/24. The DON stated she spoke with the wound care nurse and both were unaware of the reason Resident #69 failed to have wound care provided from 10/10/24 through 10/24/24.</p> <p>Review of the facility policy titled, Pressure Injury Prevention and Treatment Policy, revised 09/18/23, revealed injuries will be documented and orders obtained from providers for treatment.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00160062 and Complaint Number OH00159749.</p>		