

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  10/03/2024
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 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**</b> 35033</p> <p>Based on medical record review, observations, staff interviews, and policy review, the facility failed to provide oral hygiene per physician orders and care plan. This affected one (#5) of one resident reviewed for activities of daily living. The facility census 59.</p> <p>Findings include</p> <p>Review of the medical record revealed Resident #5 had an admitted [DATE]. Diagnoses included diffuse traumatic brain injury, dysphagia, moderate intellectual disabilities, hypertension, cognitive communication deficit, and epilepsy.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident had severe cognitive impairment. The resident was dependent on staff for oral hygiene.</p> <p>Review of the care plan dated 03/04/24 revealed the resident had potential for oral/dental health problems. The resident was noted as resistant to brushing and flossing teeth at times. Interventions included to brush and floss teeth after each meal and at bedtime.</p> <p>Review of a physician order dated 01/19/24 revealed an order to brush teeth and floss after every meal and at bedtime.</p> <p>Review of a dental progress note dated 06/24/24 revealed the resident had a lot of plaque. Please make sure the resident's teeth were cleaned after every meal and flossed.</p> <p>Review of a dental note dated 09/19/24 revealed the resident's teeth had moderate plaque. Please brush and floss after each meal.</p> <p>Review of the nursing assistant task documentation from 09/02/24 through 10/02/24 revealed the resident's teeth were brushed per physician orders only once in the past 30 days.</p> <p>Review of the nurses notes dated 09/01/24 through 10/02/24 revealed the resident had not refused oral hygiene.</p> <p>Observation on 10/02/24 at 8:42 A.M. revealed Resident #5 had completed his breakfast meal in the dining room.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 10/02/24 at 9:04 A.M. revealed State tested Nursing Assistant (STNA) #528 assisted the resident to his room and checked the resident for incontinence. Resident #5 had yellow discolored teeth. STNA #528 did not offer to brush Resident #5's or floss teeth after the breakfast meal.</p> <p>Interview on 10/02/24 at 9:08 A.M., STNA #528 revealed the resident required no further care and had not brushed or flossed Resident #5's teeth after breakfast. When asked about brushing the resident's teeth, STNA #528 revealed the resident's teeth were brushed before breakfast and not after. STNA #528 revealed the resident's teeth were brushed twice per day in the morning and at night.</p> <p>Observation on 10/02/24 at 12:45 P.M. revealed Resident #5 had completed his lunch meal in the dining room. STNA #532 and STNA #528 assisted Resident #5 to his room and transferred the resident with the mechanical lift from the wheelchair to the bed to check for incontinence. STNA #528 and STNA #532 then transferred Resident #5 back to his wheelchair and revealed his care was complete. Resident #5's teeth were not brushed or flossed.</p> <p>Interview on 10/02/24 at 12:55 P.M., STNA #532 revealed when asked about brushing and flossing Resident #5's teeth, the resident's teeth would not be brushed until after dinner.</p> <p>Interview on 10/02/24 at 1:08 P.M. with Licensed Practical Nurse (LPN) #542 verified Resident #5 had a physician order to brush and floss teeth after meals and at bedtime.</p> <p>Interview on 10/02/24 at 2:09 P.M. the Director of Nursing (DON) reviewed the oral care documentation for Resident #5 and revealed the resident's teeth were not brushed and flossed per physician orders and care plan.</p> <p>Review of the facility policy Morning Care/AM Care revised 11/08/23, and review of the policy Evening Care/PM Care, revised 06/15/20, revealed staff would assist with or provide oral hygiene.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>38091</p> <p>Based on observation and staff interview, the facility failed to ensure resident care equipment (fall mats) were maintained in a clean and sanitary condition. This affected four (#5, #26, #28 and #32) of four residents reviewed who use a fall matt for safety. The facility census was 59.</p> <p>Findings include:</p> <p>Observation on 10/03/24 between 11:00 A.M. and 11:34 A.M. with Maintenance Director(MD) #534 revealed the falls mats utilized by Residents #5, #26, #28 and #32 were old bed mattress that were held in place by velcro. Observations of these mattresses noted the velcro that held the mattress in place was brown in color and with numerous areas of stains, dirt and other debris on the velcro its self. The outer areas of the mattress had various levels of other dust, dirty and debris as well. An interview with MD #534 verified the condition of the fall mats at the time of observation.</p>