

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365218	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2020
NAME OF PROVIDER OF SUPPLIER BLUE ASH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 4900 COOPER ROAD CINCINNATI, OH 45242	
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 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on staff and resident interviews, record review and observations the facility failed to ensure a clean and sanitary environment. This affected two (#30 and #39) residents of 43 residents observed for clean and sanitary environment. The facility census was 43. Findings include: 1. Review of the medical record for Resident #30 revealed an admission date of [DATE]. [DIAGNOSES REDACTED]. Review of the annual Minimal Data Set (MDS) assessments dated 02/20/20 revealed the resident had intact cognition. She was listed as extensive physical assist for toileting and personal hygiene. Observation on 03/09/20 at 9:15 A.M. on Resident #30's room and bathroom revealed two dirty briefs lying on the bathroom floor and she was wearing a soiled brief with yellowish brown stains on her bed linens. The room smelled strongly of urine. Interview on 03/09/20 at 9:20 A.M. with Licensed Practical Nurse (LPN) #100 confirmed there were two dirty incontinence briefs lying on the bathroom floor and her linens had a yellowish-brown stain that she was sitting on. She stated the staff was get her in bed to be changed because she was getting ready to leave for [MEDICAL TREATMENT]. 2. Review of the medical record for Resident #39 revealed an admission date of [DATE]. [DIAGNOSES REDACTED]. Review of the quarterly MDS assessment dated [DATE] revealed the resident had intact cognition. He was listed as limited one person assist for toileting. Observation on 03/10/20 at 9:15 A.M. of Resident 39's room revealed a urine soaked brief lying on the floor of his room. Interview on 03/10/20 at 9:20 A.M. with the Director of Nursing verified the dirty brief on the floor. The facility does not have a policy on keeping a clean and sanitary environment. This deficiency substantiates Complaint Number OH 437.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.