

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366156	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER LINCOLN CRAWFORD CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1346 LINCOLN AVENUE CINCINNATI, OH 45206	
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 0695 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, staff interviews and facility policy review the facility failed to store respiratory equipment in a clean and sanitary manner. This affected one (Resident #29) of one resident reviewed for respiratory care. The census was 83. Findings include: Review of the medical record for Resident #29 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of the annual Minimum Data Set (MDS) assessment, dated 01/01/20, revealed the resident had impaired cognition and required total dependence for all activities of daily living. (ADLs) Review of the physician orders [REDACTED].M. and at 12:32 P.M. revealed respiratory tubing with the mouthpiece attached used for nebulizer treatment (a treatment used for asthma or other respiratory treatments where medication is turned into a fine mist that residents can inhale through a facemask or mouthpiece) was draped across the trash can. Interview on 03/02/20 at 12:32 P.M. with Licensed Practical Nurse (LPN) #91 confirmed the respiratory tubing with mouthpiece attached was draped across the resident's trash can. Review of facility policy titled Administering Medications through a Small Volume (Handheld) Nebulizer, revision date of 10/2010, revealed nebulizer equipment was to be rinsed and disinfected and placed on a paper towel to dry and place in a plastic bag when dry. .		

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.