STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365033	A. Building B. Wing	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedarwood Plaza	12504 Cedar Road Cleveland Heights, OH 44106

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. (continued on next page)

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
	365033	A. Building B. Wing	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedarwood Plaza	12504 Cedar Road Cleveland Heights, OH 44106

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, interview, review of infection surveillance logs and review of facility policy, the facility failed to ensure catheter care was performed per appropriate standards of practice to mitigate the potential for contamination and urinary tract infection. This affected one resident (#6) of one resident reviewed for catheter care and had the potential to affect four additional residents (#2, #49, #59, and #90) who the facility identified as having indwelling urinary catheters. The facility census was 102. Findings include:Review of the medical record for Resident #6 revealed an admission date of 11/12/24 with diagnoses including paranoid schizophrenia, arthritis due to bacteria right hip, hemiplegia or hemiparesis following cerebral infarction affecting right dominant side and left non-dominant side, paraplegia, slow transit constipation, benign prostatic hyperplasia without lower urinary tract symptoms, and neuromuscular dysfunction of the bladder. Review of the physician's order dated 02/04/25 revealed Resident #6 was to have Foley catheter (a thin, flexible tube inserted into the bladder to drain urine), care every shift and as needed. Review of the care plan last updated on 06/12/25 revealed Resident #6 was at risk for infection related to an indwelling catheter, obstructive uropathy, and a neurogenic bladder. Interventions included provision of catheter care every shift and maintaining enhanced barrier precautions (EBP), including the use of a gown and gloves, for catheter care and toileting hygiene. The care plan for EBP further stated that EBP was to be maintained throughout the duration of Resident #6's stay or until reason for the precautions was resolved, such as discontinuation of the indwelling urinary catheter. Further review of the care plan revealed Resident #6 had bowel incontinence and required staff to change soiled briefs and provide incontinence care. Review of the Minimum Data Set (MDS) 3.0 assessment completed on 07/16/25 revealed Resident #6 had intact cognition and was dependent on staff for bathing, dressing, grooming, and toileting hygiene. Resident #6 had an indwelling catheter and was always incontinent of bowel. Review of the Lab Results Report dated 09/10/25 revealed the urine specimen collected on 09/05/25 resulted in turbid light-yellow urine with mucous that was positive for leukocytes and red blood cells. Further review of the final lab report revealed growth of greater than 100,000 colony forming units (CFU) per milliliter (ml) of Morganella Morganii (an-aerobic gram-negative bacterium found in the intestines of people, the oral cavity of animals, and the environment). Review of the assessment titled UTI Decision Flow Sheet - V2 dated 09/16/25 revealed Resident #6 had an indwelling catheter, a urine specimen that showed greater than 100,000 CFU/ml of any number of organisms, and had experienced either an acute change in mental status or acute functional decline with no alternate diagnosis and leukocytosis (an increase in the number of white cells in the blood, typically occurring with infection). The assessment further revealed Resident #6 had signs of a urinary tract infection (UTI) according to McGreer's criteria (a standardized set of clinical definitions used to identify and define infections in long-term care facilities). Review of the progress note authored by the [NAME] Services Nurse Practitioner (NP) #441 on 09/25/25 at 10:25 A.M. revealed Resident #6 had a history of increased behaviors associated with bacteriuria and UTI related to chronic urinary indwelling catheter. Review of the Resident Infection Control Log for September 2025 revealed Resident #6 first began on an antibiotic for signs and symptoms of a UTI, including a change in mental status, on 09/08/25, and that the antibiotic was changed on 09/10/25, after receiving results of the urine culture and sensitivity. Observation on 10/07/25 from 2:45 P.M. to 3:04 P. M. of catheter care and bowel incontinence care for Resident #6, performed by Certified Nurse Aide (CNA) #413 revealed Resident #6 was not checked for bowel incontinence prior to the start of catheter care. Further observation revealed CNA #413 wet two washcloths in a sink of warm running water and laid the wet washcloths, plus one dry washcloth, directly on the uncleaned overbed table which had some of Resident #6's personal items on it. Once the appropriate personal protective equipment (PPE) was donned and Resident #6's brief was loosened and opened on the front, CNA #413 took one of the wet washcloths off the overbed table and briskly washed back and forth under the abdominal fold, just above the pubic area, then back and forth between skin folds of the left groin, then briefly on the head of the penis with two swipes, and then back and forth between the skin folds of the right groin. During this observation, CNA #413 did not use any method with the washcloth to ensure that a different, clean part of the cloth was used with each stroke, there were no soap suds noted during the cleansing of the perineal area, the area around the catheter insertion site was not fully cleaned from meatus outward, and no part of the catheter was secured or cleaned using the first washcloth during catheter care. Continued observation revealed CNA #413 picked up the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365033	A. Building B. Wing	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedarwood Plaza	12504 Cedar Road Cleveland Heights, OH 44106

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365033	A. Building B. Wing	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedarwood Plaza	12504 Cedar Road Cleveland Heights, OH 44106

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, interviews, hospital record review and facility policy review, the facility failed to timely address a significant weight loss for Resident #104. This affected one resident (#104) out of three residents reviewed for nutrition. The facility census was 102. Findings include:Review of the closed medical record for Resident #104 revealed an admission date of 08/22/23 and a discharge date of 09/04/25. Pertinent diagnoses included schizophrenia, severe sepsis with septic shock, adrenocortical insufficiency (a condition when adrenal glands don't make enough of the hormone cortisol with weight loss being one of the symptoms), other diseases of plasma-protein metabolism, depression, thyrotoxicosis (a condition when there is too much thyroid hormone in the body with unexplained weight loss being one of the symptoms) with diffuse goiter. Review of Resident #104's care plan initiated on 08/29/23 revealed the resident had altered nutritional status related to thyroid disorder, schizophrenia, fluid shifts, refusal of meals, weights, and supplements, and significant weight loss. Interventions included diet per dietitian recommendations and physician's orders, encourage adequate meal intake, accommodate food preferences, give supplements as ordered and alert nurse/dietitian if not consuming on a routine basis, and monitor and record resident's intake of food/fluids after each meal. Offer and appropriate meal substitutions or dietary supplement when the resident consumes less than 75% of a meal or when a resident refuses a meal. Review of Resident #104's physician orders revealed the resident had been on a regular diet, regular texture, and thin liquids diet for her entire stay at the facility. Review of Resident #104's Significant Change Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident was cognitively intact, rejection of behaviors were exhibited one to three days of the seven-day assessment reference period, required set-up help for eating for eating, had no weight loss with a weight of 191 pounds. Review of Resident #104's medical record revealed the resident's weight had been stable between 190 and 192 pounds between 02/13/25 and 05/08/25. On 06/23/25, the residents refused to be weighed. On 07/10/25, the resident weighed 146 pounds, which reflected a significant weight loss of 46 pounds or 23.9 percent (%) weight loss between 05/08/25, when the resident had last been weighed by the facility and had weighed 192 pounds, and 07/10/25. Review of the hospital records revealed Resident #104 was hospitalized between 05/29/25 to 06/05/25 for an altered mental status. Resident #104's initial weight at the hospital was noted to be 190.0 pounds on 05/30/25 at 2:00 A.M. A second weight of 166.2 pounds was obtained on 05/30/25 at 4:16 A.M. which reflected a 23.8 pound or 12.5 % weight loss from the first weight of 190.0 pounds. A third weight of 166.2 pounds was obtained on 05/30/25 at 4:47 P.M. which verified the 166.2 weight was the accurate weight for the resident. Continued review of Resident #104's weights in the medical record revealed the 07/10/25 weight of 146 pounds reflected a 20 pound or 12.0% significant weight loss from the hospital weight of 166.2 pounds on 05/30/25. Further review of Resident #104's medical record revealed there had been nothing noted in the record about the resident's significant weight loss between 05/08/25 and 07/10/25. Continued review of Resident #104's medical record revealed a quarterly nutritional assessment, dated 08/04/25, which noted the last weight of Resident #104 was 192 pounds on 05/08/25 and a new monthly weight was pending. (The assessment didn't address the hospital weights on 05/30/25 or the 07/10/25 facility weight). The assessment noted Resident #104 hadn't had any significant weight loss but did indicate Resident #104's meal intakes were varied with the resident averaging 50 percent of meals being consumed over the past seven days. A supplement of Ensure twice a day was recommended for added calories and protein and with diet and the recommended supplement, the resident nutritional needs would likely meet the resident's estimated nutritional needs. Review of the physician's orders for Resident #104 revealed an order dated 08/04/25 for Ensure twice a day. Continued review of Resident #104's medical record revealed the resident was not weighed again until 08/07/25 when the resident weighed 139 pounds, which reflected a seven pound or 4.7% additional weight loss from the 07/10/25 weight. Weights of 139 pounds on 08/11/25 and 138 on 08/26/25 revealed weight loss appeared to have stabilized. Further review of Resident #104's medical record revealed the resident had a seizure like activity on 08/12/25 and was sent to the hospital and was admitted for bradycardia, seizure like activity, altered mental status, and septic shock due to a urinary tract infection (UTI). The resident didn't readmit back to the facility until 08/26/25. The Ensure order was discontinued on 08/12/25 when the resident was admitted to the hospital. Review of Resident #104's five-day Medicare MDS 3.0 assessment dated [DATE] revealed the resident was cognitively intact, exhibited other behavioral

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365033	A. Building B. Wing	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedarwood Plaza	12504 Cedar Road Cleveland Heights, OH 44106

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365033	A. Building B. Wing	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedarwood Plaza	12504 Cedar Road Cleveland Heights, OH 44106

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews, observation, interviews and facility policy review, the facility failed to ensure Residents #9, #35 and #36 received a two-gram sodium (low sodium) and/or cardiac diet as ordered. This affected three residents (#9, #35, and #36) out of four residents reviewed for therapeutic diets but had the potential to affect an additional six residents (#3, #7, #42, #54, #70, and #84) the facility identified as being on a two-gram sodium and/or a cardiac diet. The facility census was 102. Findings include:1. Review of the medical record for Resident #9 revealed an admission date of 01/07/25. Pertinent diagnoses included type two diabetes mellitus, chronic obstructive pulmonary disease (COPD), respiratory failure, hypertension (HTN), and hyperlipidemia. Review of the physician orders for Resident #9 revealed an order dated 03/27/25 for a low sodium, regular texture, thin consistency, two-gram sodium diet. Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #9 was cognitively intact, required setup or cleanup assistance for eating and was on a therapeutic diet. Further review of Resident #9's medical record revealed a quarterly nutritional assessment dated [DATE] which indicated the low sodium diet was appropriate due to the diagnosis of HTN. Review of Resident #9's nutritional care plan dated 01/14/25 revealed Resident #9 had altered nutritional needs related to COPD diagnosis and difficulty breathing while eating. Interventions included administering medications as ordered and provide diet per dietitian recommendations and physician's order. 2. Review of the medical record for Resident #35 revealed an admission date of 11/01/22. Pertinent diagnoses included type two diabetes mellitus, chronic pulmonary edema, diastolic congestive heart failure (CHF), chronic kidney disease (CKD), and hyperlipemia. Review of Resident #35's nutritional care plan dated 11/09/22 revealed the resident had altered nutritional status related to being on a therapeutic diet and having type two diabetes mellitus, CKD, HTN, and hyperlipidemia diagnoses. Interventions included administering medications as ordered and providing diet per dietitian recommendations and physician's orders. Review of the physician orders for Resident #35 revealed an order dated 02/04/24 for a low sodium (two-gram), controlled carbohydrate diet (CCD), regular texture, thin consistency. Review of Resident #35's quarterly MDS 3.0 assessment dated [DATE] revealed Resident #9 was cognitively intact, required setup or cleanup assistance for eating and was on a therapeutic diet. Further review of Resident #35's medical record revealed a nutritional assessment dated [DATE] which indicated the resident was receiving a low sodium and CCD diet due to the diagnoses of CHF, CKD, and diabetes mellitus type two. 3. Review of the medical record for Resident #36 revealed an admission date of 08/14/25. Diagnoses included hypertensive heart disease with heart failure, acute on chronic systolic CHF, ischemic cardiomyopathy, and atherosclerotic heart disease. Review of Resident #36's nutritional care plan dated 08/18/25 revealed Resident #36 had altered nutritional status as evidenced by systolic heart failure/ischemic cardiomyopathy and hypertension requiring a cardiac diet and a fluid restriction. Interventions included administering medications as ordered, diet per dietitian recommendations and physician order, and fluid restriction as ordered. Review of Resident #36's physician orders revealed an order dated 08/18/25 for a cardiac diet, regular texture, thin consistency, 70-gram fat, two to three grams sodium and a 2000 milliliter (ml) fluid restriction. Review of Resident #36's admission MDS 3.0 assessment dated [DATE] revealed the resident was cognitively intact, required setup or cleanup assistance for eating and was on a therapeutic diet. Further review of Resident #36's medical record revealed a significant change nutrition assessment dated [DATE] which indicated the resident was on a cardiac, regular texture, thin consistency fluids diet and meal intakes would be monitored for adequacy and tolerance. 4. Review of the facility's week four fall and winter menu for 2024 and 2025 revealed for lunch on 10/08/25 creamy mushroom chicken, herb buttered noodles, zucchini and onion, and creamy lemon pie was to be served. Review of the facility's four week fall and winter menu's spread sheet for lunch on day 25 (10/08/25) revealed residents on a cardiac diet or a two-gram (low sodium) diet were to receive one three-ounce chicken breast with sauteed mushrooms instead of one three-ounce chicken breast with mushroom gravy. Observation of the steam table on 10/08/25 prior to the start of tray line at 11:48 A.M. revealed there was no pan of sauteed mushrooms in the steam table. Observation of tray line on 10/08/25 from the beginning at 12:38 P.M. to the end at 1:27 P.M. revealed all residents, which included Residents #9, #35, and #36, had received mushroom gravy over their chicken, except for one unidentified resident who had received brown gravy over the chicken due to either a dislike or an allergy to mushroom gravy. Interview during tray line on 01/08/25 at 12:41 P.M. with Dietary [NAME] #311 confirmed everyone was receiving

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365033	A. Building B. Wing	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedarwood Plaza	12504 Cedar Road Cleveland Heights, OH 44106

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365033	A. Building B. Wing	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedarwood Plaza	12504 Cedar Road Cleveland Heights, OH 44106

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on observations, interviews, record reviews, review of facility menus and facility policy review, the facility failed to ensure the zucchini and onions were palatable and served at a preferred temperature and failed to ensure the noodles were palatable for lunch on 10/08/25. This affected five residents (#5, #29, #41, #60, and #100) out of five residents reviewed for meal palatability but had the potential to affect an additional 94 residents the facility identified as receiving meals from the kitchen. The facility identified three residents (#21, #43, and #55) as not receiving meals from the kitchen. The facility census was 102. Findings include:1. Observation on 10/08/25 at 11:48 A.M. of Dietary [NAME] #311 taking the temperatures of meal items in the steam table revealed the parsley noodles were 161.3 degrees Fahrenheit (F), the baked chicken was 130.4 degrees F, the mushroom gravy was 157.9 degrees F, the zucchini and onions were 169.1 degrees F. Observation of the items on the steam table revealed the noodles appeared to seasoned with dried herbs, the chicken appeared to be moist, and the zucchini and onions were in a large pan with a large amount of what appeared to be water. At the time of observation, the chicken was reheated until it reached a temperature of 180 degrees F. Interviews on 10/08/25 between 12:12 P.M. and 12:17 P.M. with Dietary Consultant (DC) #650 revealed three wells of the steam table weren't working correctly, and the steamer was not operational, which had negatively affected the facility's ability to maintain a holding temperature of 135 degrees F. Observation at the time of the interview revealed the steamer was not being used, and part of the steam table didn't appear warm to the touch. Interview on 10/08/25 at 12:41 P.M. with Dietary [NAME] #311 revealed he used basil and parsley to season the herb noodles and hadn't put any seasoning or margarine on the zucchini and onions. Interview on 10/08/25 at 12:49 P.M. with DC #650 revealed the facility only had enough thermal pellet bases, used to help keep food items warm, for the residents on the third floor. He stated all residents received a heated plate and a dome lid to help with heat retention. Observations throughout the tray line revealed residents on the first and second floor had food placed on a heated plate and a dome lid was then placed over the plate. There was no observation of any thermal bases being used until meal trays were being plated for residents who resided on the third floor. On 10/08/25 at 1:09 P.M. at the start of the last food cart, the surveyor asked for a test tray. At 1:15 P.M., the kitchen ran out of noodles and mushroom gravy resulting in the tray line being stopped until more noodles and mushroom gravy could be made. Heated thermal pellets were observed sitting on residents' meal trays on the tray line while more food was being made. At 1:24 P.M. Dietary [NAME] #311 drained the cooked noodles into a colander and then dumped the noodles from the colander into a pan in the steam table without adding anything else. Dietary Consultant #650 poured new cooked mushroom gravy into a pan in the steam table and tray line started back up at 1:25 P.M. There was no observation of the heated thermal pellets, which had been left sitting on residents' meal trays on the tray line while more food items were made, being reheated. At 1:27 P. M. test tray was plated and placed onto a thermal pellet base and covered with a dome lid and then was placed into a covered food cart. The food cart then immediately left the kitchen to be delivered to the third floor. At 1:29 P.M. the food cart with the test tray arrived on the third floor, and staff immediately started to pass the meal trays. At 1:37 P.M. the last resident meal tray had been passed, and the test tray was taken out from the covered food cart by DC #650 and was placed on top of the food cart. DC #650 then took the temperature of the items on the meal tray using a facility thermometer while the surveyor tasted the meal items. The zucchini and onions were 101.5 degrees F and tasted cold and had no flavor. The herb butter noodles were 121 degrees F and tasted warm but had no flavor. There was no observation of any herbs on the noodles. The creamy mushroom chicken was 130 degrees F, tasted warm, had a good flavor, and was moist. After taking the temperature of the meal items, DC #650 tasted the zucchini and onions and stated it tastes like zucchini to me but confirmed the 101.5 degrees F was too cold. After tasting the noodles, he confirmed no margarine, or herbs had been added to the noodles made after the kitchen had run out of cooked noodles. Review of the facility recipe for zucchini and onions revealed for 104 servings, one pound and one ounce of margarine, one tablespoon and one teaspoon of margarine, and one teaspoon of pepper should be added to cooked zucchini and sauteed onions. Review of the facility recipe for herb buttered noodles revealed for 104 servings a herb mixture consisting of four tablespoons of rosemary, parsley flakes, oregano, and paprika should be added along with one pound and one ounce of margarine to the cooked egg noodles. Review of the facility policy Food Temperatures at Point of Service, revised on 01/06/25, revealed hot food items must be cooked to appropriate internal temperature, held and served at a temperature of at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365033	A. Building B. Wing	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedarwood Plaza	12504 Cedar Road Cleveland Heights, OH 44106

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365033	A. Building B. Wing	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedarwood Plaza	12504 Cedar Road Cleveland Heights, OH 44106

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on observations, interviews, food temperature log review and facility policy review, the facility failed to ensure the mechanical soft chicken was held at a safe holding temperature for lunch on 10/08/25, which had the potential to affect 18 residents (#3, #4, #8, #10, #11, #15, #20, #22, #30, #42, #45, #52, #61, #63, #69, #82, #93, and #99) the facility identified as receiving a mechanical soft diet. The facility census was 102. Findings include:Review of the facility Food Temperature Log, dated 10/08/25, revealed all regular, mechanical and puree items for lunch had been cooked to safe internal temperatures with the regular texture chicken 179 degrees Fahrenheit (F), the noodles 169 degrees F, zucchini and onions 169 degrees F, mechanical soft chicken 176 degrees F, mechanical soft zucchini and onions 168 degrees F, puree chicken 174 degrees F, puree noodles 174 degrees F, and the puree zucchini and onions 169 degrees F. Observation on 10/08/25 at 11:48 A.M. of Dietary [NAME] #311 taking the food temperatures of the food items on tray line revealed the following concerns: The regular texture baked chicken was 130.4 degrees F. The mechanical chicken was 123.0 degrees F. The puree chicken was 96.6 degrees F. At the time of observation and prior to tray line starting, the puree chicken and the regular texture baked chicken were taken out of the steam table, and the puree chicken was reheated to 170.2 degrees F and the regular texture baked chicken was reheated to 178 degrees F and both were placed back into the steam table. The mechanical soft chicken remained on the steam table and had not been reheated. Interviews conducted between 12:12 P.M. and 12:17 P.M. with Dietary Consultant (DC) #650 revealed three wells of the steam table had not been working correctly for an unknown amount of time and the steamer hadn't been operational for approximately a week and half, which had negatively affected the facility's ability to hold hot food items at a safe temperature of 135 degrees F or higher. He indicated he had obtained a quote from an equipment repair company, and the reason why the steam table hadn't been fixed was because the steam table was old and there were no parts available to repair it. He indicated the steamer hadn't been repaired due to a parts issue. Observation at the time of interview confirmed the steamer was not operational and parts of the steam table were not fully operational with some wells not being able to be filled with water and some areas of the steam table not warm to the touch. At 12:32 P.M. DC #650 stated tray line was ready to go. At 12:33 P.M. the surveyor asked for a verification of the temperature of the ground chicken. Dietary [NAME] #311 took the temperature using a facility thermometer of the ground chicken and it was 109.2 degrees F. At time of observation, DC #350 stated to the dietary staff all items needed to be checked to ensure all items were being held at a safe temperature of 135 degrees F or higher and if items didn't meet the 135 degrees holding temperature, those items would need to be reheated. Various food items were reheated on the tray line, but the mechanical soft chicken was never reheated. At 12:37 P.M. all reheated food items had been returned to the tray line, and DC #650 confirmed the tray line was ready to go. At 12:38 P.M. the surveyor asked for tray line to be stopped and asked for the temperature of the mechanical soft chicken to be taken. DC #650 used a facility thermometer to take the temperature of the ground chicken, and it was 108.7 degrees F. At the time of observation, DC #650 confirmed the mechanical soft chicken was not at a safe holding temperature and then took the pan of mechanical soft chicken off the steam table to reheated it. At 12:40 P.M. DC #650 took the temperature of the reheated mechanical soft chicken, using a facility thermometer, and it had reached a safe holding temperature of 180 degrees F. The tray line then restarted. Review of the facility policy Food Temperatures at Point of Service, revised on 01/06/25, revealed hot food items needed to be held and served at a temperature of at least 135 degrees F. Temperatures should be taken periodically to assure hot foods stayed above 135 degrees F., and the tray line and service areas would avoid holding food in the danger zone (41 degrees F to 135 degrees). Review of a professional kitchen equipment supplier/repair company Repair Estimate Summary, dated 10/01/25, revealed the heating elements and thermostat needed replaced for the steam table to be functional. There was no indication noted on the Repair Estimate Summary that parts were unavailable for the repair or the facility had okayed the repair. Review of a professional kitchen equipment supplier/repair company invoice, dated 10/09/25, revealed the steamer was able to be repaired the same day as the service call by replacing the hose with a PVC pipe. There was no indication noted in the service report that parts were unavailable for the repair. Interview on 10/15/25 at 12:09 P.M. with Representative #675 from the professional kitchen equipment supplier/repair company revealed the request to repair the steamer had not been called in by the facility until 10/08/25 at 3:05 P.M. This deficiency was an incidental finding identified at the time of the complaint survey

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365033	A. Building B. Wing	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedarwood Plaza	12504 Cedar Road Cleveland Heights, OH 44106

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365033	A. Building B. Wing	10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedarwood Plaza	12504 Cedar Road Cleveland Heights, OH 44106

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on record review, observation, interview and review of the facility policy, the facility failed to ensure proper infection control procedures were followed during care for Resident #6, including appropriate donning and doffing procedures with use of personal protective equipment (PPE), appropriate catheter care, and proper handling of soiled linen and other soiled items. This affected one resident (#6) of one resident reviewed for catheter care and had the potential to affect all 16 residents (#6, #10, #19, #28, #31, #33, #43, 348, #56, #63, #68, #71, #75, #78, #98, and #102) who resided on the North unit of the second floor. The facility census was 102. Findings include:Review of the medical record for Resident #6 revealed an admission date of 11/12/24 with diagnoses including paranoid schizophrenia, arthritis due to bacteria right hip, hemiplegia or hemiparesis following cerebral infarction affecting right dominant side and left non-dominant side, paraplegia, slow transit constipation, benign prostatic hyperplasia without lower urinary tract symptoms, and neuromuscular dysfunction of the bladder. Review of the care plan initiated on 11/12/24 and last updated on 06/12/25 revealed Resident #6 had bowel incontinence. Interventions included checking Resident #6 for incontinence, removing soiled briefs, providing incontinence care, and applying a protective barrier after each incontinent episode. Further review of the care plan revealed Resident #6 was at risk for infection related to an indwelling catheter (a thin, flexible tube inserted into the bladder to drain urine), obstructive uropathy, and a neurogenic bladder. Interventions included provision of catheter care every shift and maintaining enhanced barrier precautions (EBP), including the use of a gown and gloves, for catheter care and toileting hygiene. The care plan for EBP further stated that EBP was to be maintained throughout the duration of Resident #6's stay or until reason for the precautions was resolved, such as discontinuation of the indwelling urinary catheter. Review of the Minimum Data Set (MDS) 3.0 assessment completed on 07/16/25 revealed Resident #6 had intact cognition and was dependent on staff for bathing, dressing, grooming, and toileting hygiene. Resident #6 had an indwelling catheter and was always incontinent of bowel. Review of the physician's order dated 09/23/25 revealed Resident #6 was to have EBP, which included use of a gown and gloves for high-contact resident care, including dressing, bathing, showering, transfers, hygiene care, changing linens, changing briefs, assisting with toileting, dressing changes, and device care related to having an indwelling urinary catheter. Observation on 10/07/25 from 2:45 P.M. to 3:04 P.M. of catheter care and incontinence care for Resident #6, performed by Certified Nurse Aide (CNA) #413, revealed CNA #413 wet two washcloths in sink of warm running water and laid the wet washcloths, plus one dry washcloth, directly on the uncleaned overbed table which had some of Resident #6's personal items on it. While wearing a surgical mask, a gown, and the gloves used to carry the washcloths from the sink on the room to the overbed table, CNA #413 proceeded to pull down the bedsheet, loosen and open Resident #6's brief, and explain that she was about to clean the catheter. Using the same gloves, CNA #413 was observed using one washcloth to briskly swipe back and forth under the abdominal fold, above the pubic area, then back and forth between skin folds of the left groin, then briefly on the head of the penis with two swipes, and then back and forth between the skin folds of the right groin. During this observation, CNA #413 was not observed using any method with the washcloth to ensure that a different, clean part of the cloth was used with each stroke, there were no soap suds noted during the cleansing of the perineal area, the area around the catheter insertion site was not fully cleaned from meatus outward, and no part of the catheter was secured or cleaned using the first washcloth during catheter care. The observation continued with CNA #413 laying the soiled washcloth on the outside corner of the opened brief, which remained underneath Resident #6, picking up the second wet washcloth from the overbed table, and following the same steps as with the first washcloth (briskly swiped back and forth above the suprapubic area under the abdominal fold, then back and forth between skin folds of the left groin, then briefly on the head of the penis using two swipes, and then back and forth between the skin folds of the right groin). At no time was CNA #413 observed cleaning or rinsing directly around the urinary meatus/catheter insertion site or any length of the catheter. The second washcloth was not folded in a manner to ensure a different, clean part of the cloth was used to rinse each part of the body during catheter and perineal care. The second wet washcloth was laid on the outside corner of the brief that remained under Resident #6, and the dry cloth was taken from the overbed table to pat dry the left groin area, the suprapubic area, then the shaft and left lateral ridge of the head of the penis, then the right groin. Further observation revealed CNA #413 rolled Resident #6 on the right side to remove the brief and noted it was lightly soiled. Resident #6 was rolled back onto the soiled brief, and CAN #413 walked to